

see [spinal dural arteriovenous fistula treatment](#)

If diagnosed early, vascular embolization or neurosurgical excision may be curative ¹⁾.

In some cases, both modalities are used.

Successful embolization of the vascular malformation can halt progression of the disease and may result in clinical improvement. Vascular embolization procedures are required in patients in whom surgery is contraindicated.

Many authors consider direct surgical obliteration of spinal dural arteriovenous (AV) fistulas to be the criterion standard of management, since the surgery reportedly provides better disability scores and lower recurrence rates than do embolization procedures.

Moreover, surgical management is required if lesions are not amenable to endovascular treatment or if such therapy has failed ²⁾.

¹⁾

Mishra R, Kaw R. Foix-Alajouanine syndrome: an uncommon cause of myelopathy from an anatomic variant circulation. *South Med J*. 2005 May;98(5):567-9. PubMed PMID: 15954517.

²⁾

Sivakumar W, Zada G, Yashar P, Giannotta SL, Teitelbaum G, Larsen DW. Endovascular management of spinal dural arteriovenous fistulas. A review. *Neurosurg Focus*. 2009 May;26(5):E15. doi: 10.3171/2009.2.FOCUS098. Review. PubMed PMID: 19408993.

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