Not seen on angiography, not seen by the surgeon, and not demonstrated pathologically but assumed to be present.

Most of the patients presented with hemorrhage, seizures, or episodic or progressive neurological symptoms suggestive of a neoplasm. The diagnosis of angiographically occult AVM was highly suspected preoperatively in each case based on the combination of computerized tomography (CT) and magnetic resonance (MR) findings. The CT scans in all cases showed moderately hyperdense lesions which enhanced mildly or moderately in a nonhomogeneous pattern with administration of contrast material. The MR image showed one or more bright areas interspersed with areas of low or absent signal peripherally or centrally on both T1- and T2-weighted images. The AVM was totally excised in seven patients and partially excised in one patient, with favorable results in all. The clinical management and differential diagnosis of angiographically occult AVM's are discussed. In patients with a clinical course and radiological studies suggestive of an occult AVM, removal of the lesion, if accessible, should be performed in order to rule out a neoplasm and prevent subsequent hemorrhage and progression of symptoms [1)].

1)
Ogilvy CS, Heros RC, Ojemann RG, New PF. Angiographically occult arteriovenous malformations. J Neurosurg. 1988 Sep;69(3):350-5. Erratum in: J Neurosurg 1989 Feb;70(2):293. PubMed PMID: 3404231.