# Perimedullary arteriovenous fistula treatment

- Progressive quadriparesis in a young woman due to a spinal perimedullary arteriovenous fistula (PMAVF type IVa) successfully treated with endovascular therapy: A case report
- Endovascular treatment of a craniocervical junction dural arteriovenous fistula associated with lateral medullary syndrome: A case report
- Treatment of 23 spinal perimedullary arteriovenous fistulas in a single center: A simple and practical treatment strategy
- Rare and Easily Misdiagnosed Intracranial and Craniocervical Junction Dural Arteriovenous Fistulas With Spinal Perimedullary Drainage
- Evaluating the Role of Onyx Embolization in the Management of Spinal Dural Arteriovenous Fistulas: A 20-Year Single-Center Experience
- Successful endovascular treatment for pediatric ruptured cervical spinal perimedullary arteriovenous fistula: A case report
- Surgical Management of Spinal Dural Arteriovenous Fistula: A Case Report
- Microsurgical resection of a perimedullary conus medullaris arteriovenous fistula type IVa: a case report

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Treatment options include endovascular embolization or direct surgical obliteration at the level of the arteriovenous shunt

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see also Arteriovenous fistula treatment.

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The location and size of the fistula dictate the treatment strategy.

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The treatment of perimedullary arteriovenous fistulas (PAVFs) typically involves medical intervention to close off the abnormal connections between arteries and veins near the spinal cord. The choice of treatment method depends on the specific characteristics of the PAVF, such as its location, size, and the patient's overall health. Here are the primary treatment options for PAVFs:

Endovascular Embolization: This is a minimally invasive procedure performed by an interventional radiologist. It involves the use of a catheter, which is inserted into the arteries, to navigate to the site of the PAVF. Once the catheter is in place, a variety of embolic agents, such as coils or glue, are used to block the abnormal arteriovenous connection, thus stopping the abnormal blood flow. Endovascular embolization is often the first choice for treating PAVFs because it is less invasive than surgery.

Surgery: In some cases, particularly if the PAVF is complex or cannot be effectively treated with endovascular embolization, surgical intervention may be necessary. Neurosurgeons perform a microsurgical procedure to remove or obliterate the abnormal vessels and connections. The decision to perform surgery depends on the specific characteristics of the PAVF, the location, and the patient's

overall health.

Radiosurgery: Stereotactic radiosurgery is an option for some PAVFs, particularly if they are small and located in a challenging or deep-seated area near the spinal cord. This treatment uses precisely focused radiation to close off the abnormal blood vessels over time. It is a non-invasive procedure, but it may take several months to see the full effects.

Combination Therapy: In some cases, a combination of these treatments may be required, especially for larger or complex PAVFs. The specific approach will depend on the individual patient's condition and the expertise of the medical team.

The choice of treatment and the success of treatment will depend on various factors, including the PAVF's location, size, and the presence of associated symptoms. It's crucial for individuals with PAVFs to consult with a medical specialist, often a neurosurgeon or interventional radiologist, who can evaluate their specific case and recommend the most appropriate treatment plan. The goal of treatment is to close off the abnormal connections, restore normal blood flow, and prevent further neurological damage.

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The tiny filum terminale lesions appear to be a good indication for surgical treatment owing to accessibility problems with the endovascular approach. However, surgical treatment is no less challenging as sometimes a fistula embedded between congested veins is difficult to find intra-operatively, and localization and eradication of the shunt may become very difficult [1)].

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Mourier KL, Gobin YP, George B, Lot G, Merland JJ. Intradural perimedullary arteriovenous fistulae: results of surgical and endovascular treatment in a series of 35 cases. Neurosurgery. 1993 Jun;32(6):885-91; discussion 891. PubMed PMID: 8327088.