

Posterior fossa dural arteriovenous fistula

Dural arteriovenous fistula of the posterior fossa are defined as intracranial direct shunts involving the tentorium and the dura that covers the remainder of the posterior fossa ¹⁾.

On the basis of their drainage, dAVFs of the posterior fossa can be divided into 2 entities: benign fistulas, ²⁾ draining into a sinus, and those with a high risk of bleeding, with a subarachnoid venous drainage. If one excluded shunts of the transverse and sigmoid sinuses, posterior fossa fistulas are the most dangerous fistulas due to their cortical drainage at risk of rupture and their eloquent location ^{3) 4)}

Posterior fossa dural arteriovenous fistulas (dAVFs) presenting clinically as a carotid-cavernous fistula (CCF) are rarely encountered in clinical practice.

Common locations:

1. transverse/sigmoid: the most common ⁵⁾ (63% of cases) with a slight left-sided predominance, ⁶⁾ with the epicenter of these almost invariably at the junction of the transverse and sigmoid sinuses

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Tentorial/petrosal

Foramen Magnum Dural Arteriovenous Fistula

Treatment

When intervention is indicated, the cornerstone of dAVF treatment is the disconnection of the vein foot. Proximal draining veins must be occluded at the end of the treatment ⁹⁾.

Due to their rarity, endovascular treatment of posterior fossa dAVFs has been less often described. Nevertheless, the arterial approach is the most common one even if a transvenous or combined approach can be a safe and effective option ^{10) 11)}.

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