q9903

Left parietal Cerebral arteriovenous malformation

Past medical history

Acute myocardial infarction treated with stenting.

Cerebrovascular Accident (Sequela of Spastic hemiparesis predominantly in the right upper limb).

Deep-Vein Thrombosis anticoagulated with Acenocoumarol.

Gangrenous cellulitis

One Renal agenesis

Hearing loss

Chief complaint

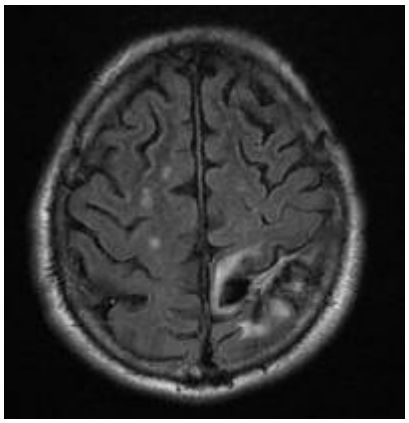
New-onset right facial paresis and incapacity for autonomous ambulation with a feeling of weakness in the lower limbs and fall with Traumatic brain injury due to motor deficit in both lower limbs. He commented that he had slept on the floor and after a few hours he got up without help and went back to bed.

Physical examination

Conscious, oriented. Preserved language. Central right facial paralysis. Right hemiparesis 4/5 distal in MID, 2/5 in MSD with spasticity (sequela of previous bleeding episode, 2020). Strength 5/5 in the left hemibody. He wanders with support.

CRANIAL CT

Residual encephalomalacia area in the frontal and right temporal region and in the left parietal region. Age-dependent involutional changes. Patchy hypodensities in bihemispheric white matter, residual appearance.



The Diffusion-weighted imaging does not show signs of acute-subacute ischemia. Laminar collection of up to 4cm, intraaxial, in the upper left posterior parietal that is hyperintense on T2 with a blooming periphery in FFE. It is isointense on T1 with fine enhancement after contrast subtraction; the findings are of subacute / chronic intraaxial hematoma. A cortical venous dilation is associated in the entire left convexity without observing a clear arterial supply in cerebral MRI angiography ; the findings show a base vascular malformation at this level. Increased signal in the bilateral frontal white matter, clearly predominantly right and with involvement of the ipsilateral temporal white matter, without enhancement or restriction and does not associate typical signs of chronic ischemia.

Various ill-defined hyperintense lesions in T2 and Flair located in the periventricular and subcortical white matter, suggestive of moderate chronic small vessel ischemia.