

Vasospasm Due to Arteriovenous Malformation-Associated Hemorrhage

Although it is well characterized in [aneurysmal subarachnoid hemorrhage](#), [vasospasm](#) is exceedingly rare in [ruptured intracranial arteriovenous malformation](#). Subsequently, this complication is poorly characterized with regard to delayed cerebral ischemia (DCI).

[Cerebral vasospasm](#) (CVS) after a [Ruptured Intracranial Arteriovenous Malformation](#) is rarely reported.

A total of 160 patients with ruptured [Intracranial Arteriovenous Malformation](#) were admitted to the Department of Neurosurgery [University Hospital Frankfurt](#), from 2002 to 2018. The frequency of cerebral vasospasm after AVM hemorrhage and the impact of AVM-associated aneurysms were evaluated. They compared different bleeding patterns, such as [intracerebral hemorrhage](#) (ICH), [subarachnoid hemorrhage](#) (SAH) or a combination of both (ICH + SAH) and evaluated predictive variables for outcome in last follow-up.

A total of 62 (39%) patients had AAA, mostly located prenidal (75.8%). AVMs with ruptured aneurysms often resulted in ICH with SAH component ($p < 0.001$). Eighty-two patients (51%) presented a SAH component, and CVS occurred in 6 patients (7.3%), mostly due to a ruptured infratentorial AVM ($p < 0.03$). Infratentorial location and the amount of SAH component ($p < 0.001$) predicted the incidence of CVS significantly. Cerebral infarction was significantly associated with CVS ($p < 0.02$).

SAH component and infratentorial location of ruptured AVMs may harbor a higher risk for CVS. Follow-up with angiographic imaging should be considered in patients with infratentorial AVM hemorrhage and delayed neurologic deterioration to rule out CVS ¹⁾.

¹⁾

Dinc N, Won SY, Eibach M, Quick-Weller J, Konczalla J, Berkefeld J, Seifert V, Marquardt G. Cerebral Vasospasm Due to Arteriovenous Malformation-Associated Hemorrhage: Impact of Bleeding Source and Pattern. *Cerebrovasc Dis.* 2019 May 8;1-6. doi: 10.1159/000500596. [Epub ahead of print] PubMed PMID: 31067536.

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