

Vein of Galen Malformation Clinical Features

Vein of Galen malformations may carry life-threatening and catastrophic sequelae in **children**. Their clinical presentations are different variables between cardiac and cerebral **syndromes**.

Newborns tend to present with **congestive heart failure** in the first few weeks of life (due to high blood flow) ¹⁾ and a cranial **bruit**. **Hydrocephalus** may result from obstruction of the **Sylvian aqueduct** by the enlarged Vein of Galen Malformation, or it may be caused by the increased venous pressure (which can also produce prominence of the scalp veins ²⁾). Parenchymatous AVMs are usually diagnosed later in life due to neurological manifestations, ³⁾ including focal neurologic deficit and hemorrhage.

There may be a possible relationship between the Galenic angioarchitecture and the clinical presentation.

Significant **stenosis** (>70%) of the draining sinus is a significant factor for **Vein of Galen malformation** aneurysmal enlargement and the occurrence of **hydrocephalus**. Probably, venous outflow impairment decreases the incidence of **high-output heart failure** and increases the incidence of **hydrocephalus** ⁴⁾.

References

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