

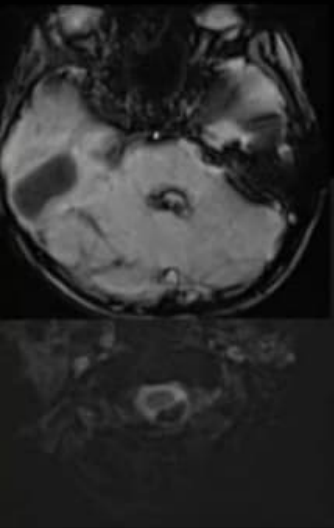
Cervical Perimedullary spinal AVF (PMAVF)

Embolization can be an optimum treatment strategy

M/11 years

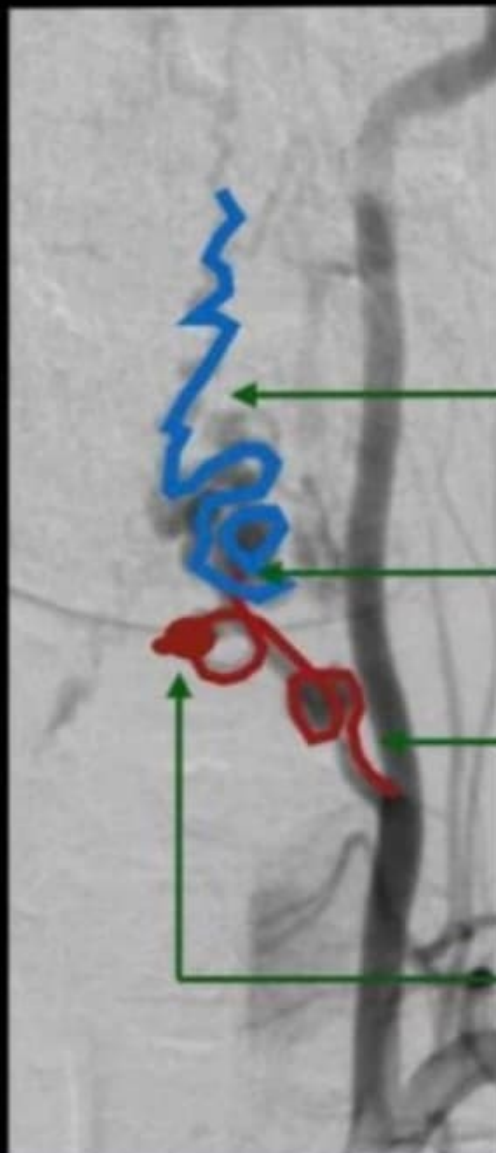
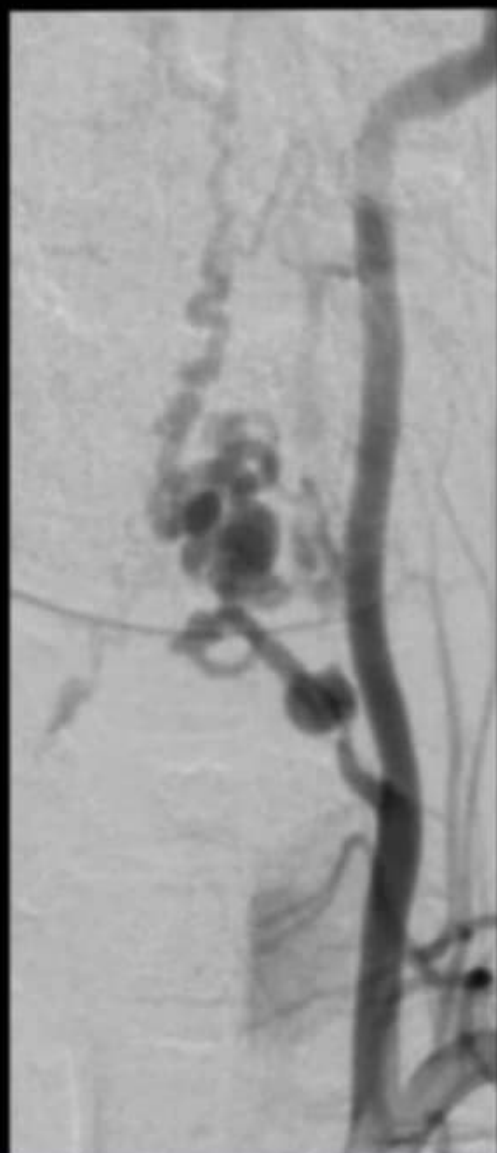
Presented with headache , vomiting, neck pain & neck rigidity.

H/o similar complaints in the past



Cervical PMAVF was confirmed on spinal angio
Ventral location with feeding Radiculomedullary
artery aneurysm causing SAH





Draining
perimedullary vein

Fistula site

feeder -
Radiculomedullary
artery

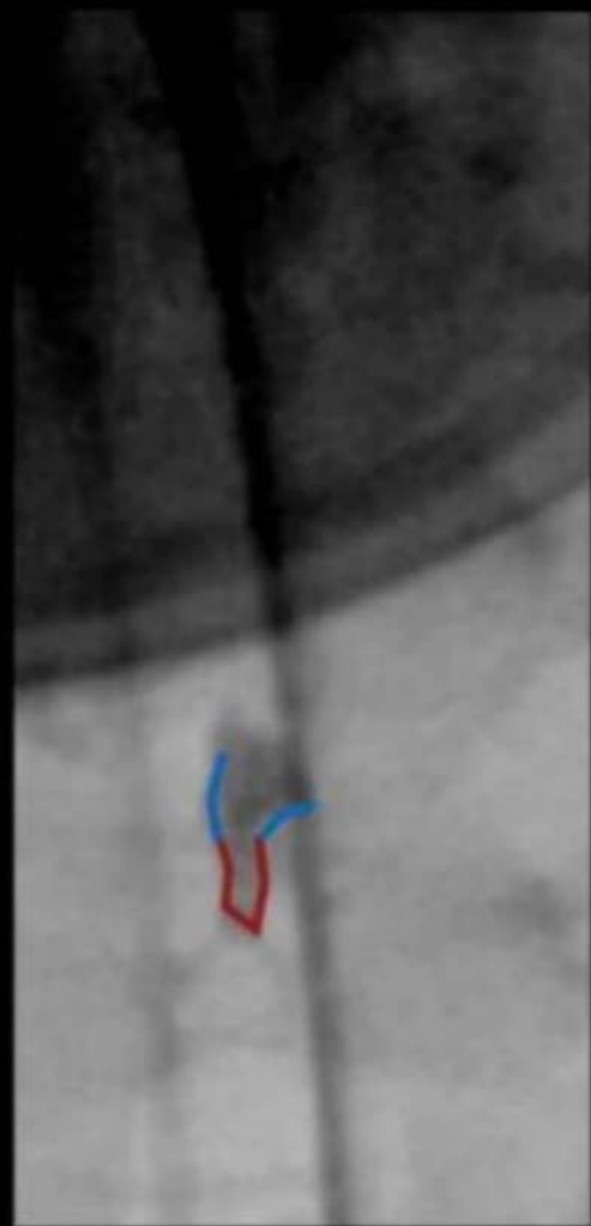
feeding artery
aneurysm



Inferior axis normally opacified



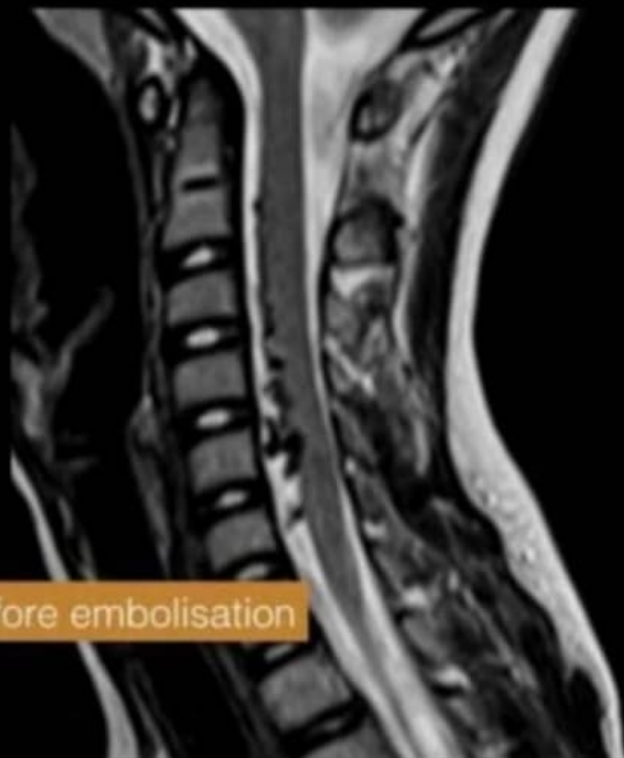
Selective micro catheterization with opacification of fistula site



Glue Cast



Obliteration of PMAVF



Before embolisation



6 month follow-up

Clinical course

- No deficits
- No fresh bleed
- 2 years follow up - asymptomatic
- 6 month follow up MRI – disappearance of malformation

Key Points

- .Spinal PMAVFs are rare anomaly, more commonly found in children
- .Often present with hematomyelia or SAH
- .Association with HHT
- . Angiographic assessment & selective embolization can achieve cure.
- . Liquid embolics like concentrated glue are used to disconnect the fistula and occlude the foot of the vein

Case courtesy- Dharav Kheradia, Cochin