After this procedure recovery was rapid and her condition remains stable. At last examination on October 9, 1952 no neurologic signs were evident and the patient was free from seizures on an anticonvulsant medication. There has been no recurrence of intracranial hemorrhage.

Case 2.—A 16 year old previously healthy girl suddenly had a grand mal convulsion while in school, becoming unconscious and paralyzed shortly thereafter. Examination at the Garfield Memorial Hospital, Washington, D.C., revealed her to be stuporous and totally paralyzed and

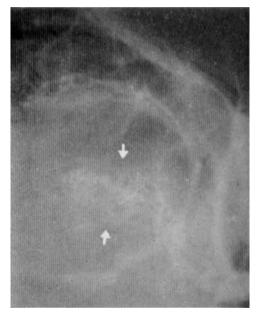


Fig. 1. Arteriovenous malformation (between arrows) of choroidal-galenic type. Anteroposterior arteriogram; anterior cerebral artery below, middle cerebral artery above. (From Murphy, J. P.: Cerebrovascular Disease. Used with permission of Year Book Publishers, Inc.)

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insensate on the left. The neck was stiff and Kernig signs were elicited. The spinal fluid was grossly bloody.

Right carotid angiography on March 25, 1954 demonstrated a large arteriovenous malformation which occupied a major portion of the thalamus and basal ganglia (figure 1). In a lateral film the lesion could be seen to drain into the lesser vein of Galen or one of its tributaries. On April 1, 1954 right parietal craniotomy was performed. A sizeable blood clot, liquid and solid, was removed from the vicinity of the internal capsule. All of the malformed and anomalous blood vessels surrounding the clot were coagulated and Gelfoam was packed in the interior of the hematoma cavity.

The postoperative course was precarious and stormy. Signs of decerebrate rigidity developed and it became necessary to perform tracheotomy. Eventual clinical improvement permitted discharge from the hospital. At present the patient is able to walk with slight assistance; the hemiplegia has persisted. She has been free from convulsions on an anticonvulsant medication, and there has been no recurrence of intracranial bleeding.

SUMMARY

Two cases are reported of arteriovenous malformation involving the vascular fields of the anterior choroidal artery and the lesser vein of Galen or tributaries. Both patients were treated surgically, with an excellent clinical result in one instance and only preservation of life and prevention of further hemorrhage in the other. It is suggested that so-called angiomas of the basal forebrain nuclei, a recognized cause of cerebral apoplexy in the young, may actually represent choroidal-galenic arteriovenous malformations.

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CORRECTION

In Dr. Lewis P. Rowland's article, "Prostigmin-Responsiveness and the Diagnosis of Myasthenia Cravis," pages 612-624 of the September 1955 issue of NEUROLOGY, the correct spelling of the drug should have been Prostigmin. This drug is a product of Hoffmann-LaRoche, Inc., Nutley, New Jersey.



CORRECTION

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