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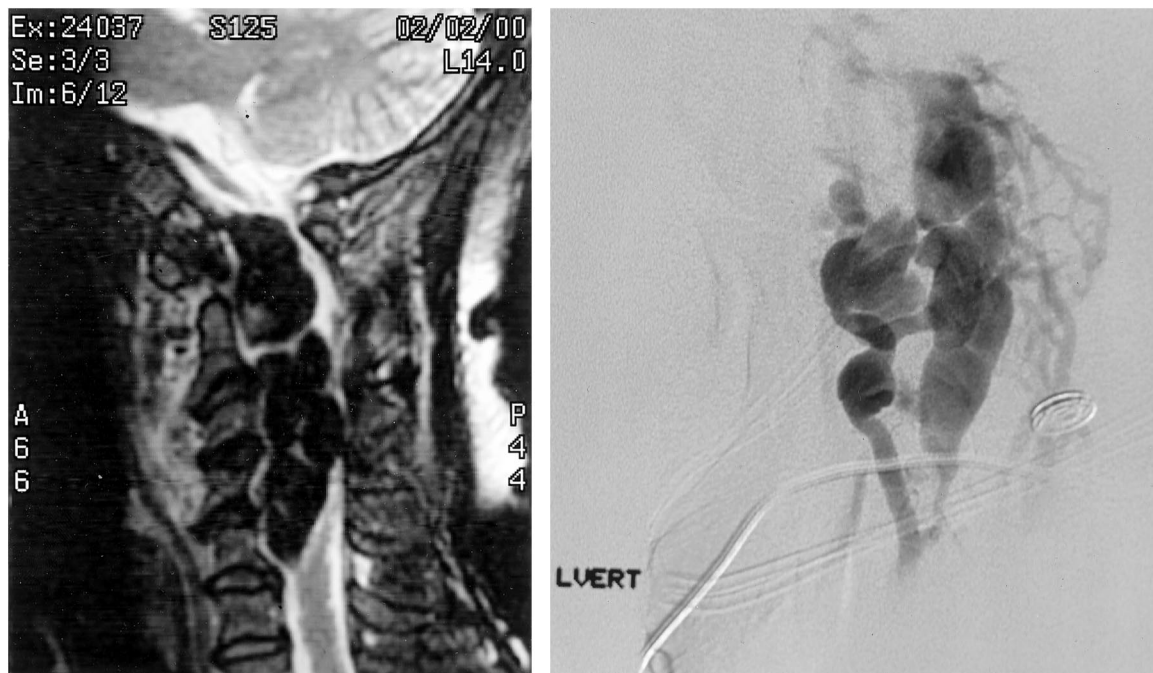


Figure. (A) MRI of cervical spine shows large flow voids, representing a vertebral arterial–epidural venous fistula, extending to the C5-6 level with cord compression. (B) Left vertebral angiogram demonstrates a dilated, tortuous vertebral artery supplying an arteriovenous fistula, which drains into large epidural veins in the spinal canal at the C3-4 level.

Arteriovenous fistula in neurofibromatosis

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A 32-year-old woman with a history of neurofibromatosis type I presented with a subacute onset of left hemiparesis, neck pain, and urinary retention. Neurologic examination demonstrated a left hemiparesis and bilateral diffuse hyperreflexia. A loud bruit was auscultated on the

back of her neck. MRI of the cervical spine and vertebral angiography were completed (figure, A and B).

Neurofibromatosis type I is associated with central and peripheral nervous system tumors, but also cerebrocervical arterial lesions such as arteriovenous malformations, cervical artery aneurysms, and arteriovenous fistulas.¹ Vertebral arteriovenous fistulas can present as a radiculomyelopathy with neck pain and associated cervical bruits.¹

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