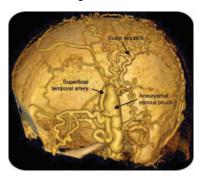
Symptomatic left temporal arteriovenous traumatic fistula

Figure 1 Three-dimensional CT reconstruction showing arteriovenous fistula



A 25-year-old right-handed man presented with left greater than right tinnitus several months after receiving a blow to the left temporal area.

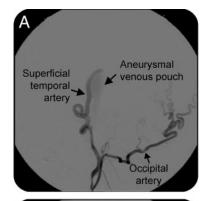
Bruit was noted during auscultation. CT angiography (figure 1) and catheter angiography (figure 2, A and B) showed a traumatic left scalp arteriovenous fistula. The fistula was fed by an enlarged left superficial temporal artery and by hypertrophic branches of the occipital artery (figure 2, A and B). There was also recruitment of contralateral external carotid branches. Therapeutic options include surgical or endovascular disconnection of the fistula. The patient underwent Onyx and coil embolization of the fistula with complete obliteration (figure 2C) and resolution of the bruit. Scalp arteriovenous fistulas can result from blunt trauma. Obliteration of the fistulous connections and of the proximal portion of the draining vein is the mainstay of endovascular therapy to prevent recurrence.

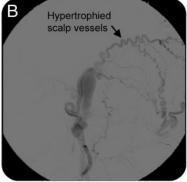
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Figure 2 Left external carotid angiogram







(A) Early phase and (B) midarterial phase. There is early filling of a post-traumatic arteriovenous fistula with a large venous pouch fed by a hypertrophic superficial temporal artery and hypertrophic branches of the occipital artery. (C) Complete obliteration of the fistula after Onyx embolization is shown.

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