

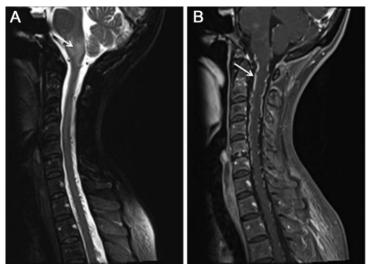
Section Editor Mitchell S.V. Elkind, MD, MS

# Teaching Neuro *Images*: Intracranial dural arteriovenous fistula presenting as ascending paralysis

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Figure 1 Sagittal MRI



T2 MRI (A), hyperintensities in the medulla and cervical cord. T1 with gadolinium (B) shows dilated epidural venous plexus.

A 50-year-old woman presented with 4 weeks of ascending paralysis associated with nausea, vomiting, hypophonia, and dyspnea. Examination revealed hypophonia, diminished strength in the upper and lower extremities, increased reflexes throughout, and a T10 sensory level. Imaging (figures 1 and 2) demonstrated an intracranial dural arteriovenous fistula (DAVF) with spinal drainage.

DAVFs represent an acquired abnormal communication between arterial and venous channels within the dura and produce the dilated tortuous veins with resultant venous hypertension. The venous drainage of intracranial arteriovenous fistulas is usually into intracranial veins; however, this case highlights the

potential for drainage into the spinal region, which can cause progressive myelopathy.<sup>1,2</sup>

#### **AUTHOR CONTRIBUTIONS**

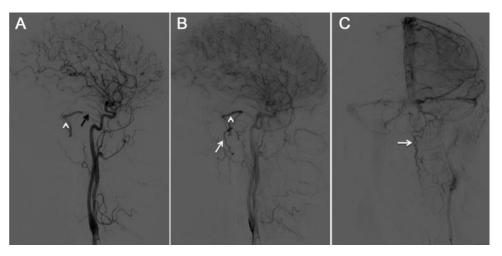
W. Guerrero: author, organization, image collection. H. Dababneh: author, organization, image collection. J. Cook: author, supervisor. K. Peters: figure author, interpretation of angiogram and MRI, supervisor.

#### **REFERENCES**

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<sup>\*</sup>These authors contributed equally to this work.

Figure 2 Angiogram of left internal carotid



Angiogram demonstrates a dural arteriovenous fistula supplied by the tentorial artery of meningohypophyseal trunk (black arrow, A) draining into a transcortical vein, occipital sinus (arrowhead, A, B), and epidural venous plexus (white arrows, B, C).



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