

Accepted Manuscript

Lessons To be remembered from A Dural Arteriovenous Fistula Mimicking Medulla and High Cervical Cord Glioma

Bernard florian, M.D, Jean-Michel Lemée, MD, PhD, Rogatien Faguer, MD, Henri, -
Dominique Fournier, MD, PhD



PII: S1878-8750(18)30434-0

DOI: [10.1016/j.wneu.2018.02.161](https://doi.org/10.1016/j.wneu.2018.02.161)

Reference: WNEU 7576

To appear in: *World Neurosurgery*

Received Date: 15 December 2017

Revised Date: 22 February 2018

Accepted Date: 26 February 2018

Please cite this article as: florian B, Lemée J-M, Faguer R, Fournier H,-D, Lessons To be remembered from A Dural Arteriovenous Fistula Mimicking Medulla and High Cervical Cord Glioma, *World Neurosurgery* (2018), doi: 10.1016/j.wneu.2018.02.161.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

LESSONS TO BE REMEMBERED FROM A DURAL ARTERIOVENOUS FISTULA
MIMICKING MEDULLA AND HIGH CERVICAL CORD GLIOMA.

ABSTRACT

Background: The radiological signs of intracranial dural arteriovenous fistulas (ICDAVFs) are heterogenous. While it is commonly accepted that hyper intense T2 Wedge MRI of the brainstem and cervical cord mainly concern gliomas, it is so far uncommon and probably unknown that ICDAVFs can imitate similar radiological pattern, especially with gadolinium contrast enhancement and cord enlargement. Thus the angiography is poorly documented in the diagnostic work-up.

Case: We report the unusual history of ICDAVFs, revealed by clinical and radiological features that mimicked a medulla or cervical spinal cord glioma.

Conclusion: This observation provides information on the management of atypical lesions mimicking medulla or cervical cord glioma and arguments for a careful radiological study. Looking for dilated veins around the brainstem and the cord is mandatory in the workup of a supposed infiltrating brainstem or spinal cord lesion, in order to rule out an ICDAVF. Even if the hyperintense T2 images associated with contrast enhancement is in favor of a brainstem or spinal cord glioma, additional cerebral angiography should be mandatory. Moreover, this clinical case highlights the need for a multidisciplinary approach including neuroradiologist, oncologist and neurosurgeon.

Download English Version:

<https://daneshyari.com/en/article/8691711>

Download Persian Version:

<https://daneshyari.com/article/8691711>

[Daneshyari.com](https://daneshyari.com)