

Cranial Arteriovenous Malformations (AVMs) and Cranial Dural Arteriovenous Fistulas (dAVFs): A Comprehensive Overview

Cranial arteriovenous malformations (AVMs) and cranial dural arteriovenous fistulas (dAVFs) are two types of neurovascular disorders that affect the brain. AVMs are congenital malformations of the blood vessels in the brain, while dAVFs are acquired connections between arteries and veins in the brain.



Cranial Arteriovenous Malformations (AVMs) and Cranial Dural Arteriovenous Fistulas (DAVFs), An Issue of Neurosurgery Clinics (The Clinics: Surgery Book 23)

by Dr. Hakim Saboowala

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Both AVMs and dAVFs can cause a variety of symptoms, including headaches, seizures, and neurological deficits. The symptoms of AVMs

and dAVFs can vary depending on the size and location of the malformation or fistula.

Diagnosis of AVMs and dAVFs

Diagnosis of AVMs and dAVFs is typically made with imaging studies, such as MRI and CT scans. MRI scans are the most sensitive imaging modality for detecting AVMs and dAVFs, and can provide detailed information about the size and location of the malformation or fistula.

CT scans can also be used to diagnose AVMs and dAVFs, but they are less sensitive than MRI scans. CT scans can be helpful in detecting calcifications in the walls of the blood vessels, which is a sign of an AVM.

Treatment of AVMs and dAVFs

Treatment options for AVMs and dAVFs include surgery, endovascular embolization, and radiosurgery.

- **Surgery** is the most common treatment for AVMs and dAVFs. Surgery involves removing the malformation or fistula. Surgery is a high-risk procedure, but it is the most effective treatment option for AVMs and dAVFs.
- **Endovascular embolization** is a less invasive treatment option for AVMs and dAVFs. Endovascular embolization involves injecting a liquid embolic agent into the malformation or fistula to block the blood flow. Endovascular embolization is a less risky procedure than surgery, but it is not as effective as surgery.
- **Radiosurgery** is a non-invasive treatment option for AVMs and dAVFs. Radiosurgery involves using a high-energy beam of radiation to

damage the blood vessels in the malformation or fistula. Radiosurgery is a less risky procedure than surgery or endovascular embolization, but it is not as effective as either of these treatments.

Prognosis of AVMs and dAVFs

The prognosis for AVMs and dAVFs depends on the size and location of the malformation or fistula, as well as the patient's overall health. Patients with small, asymptomatic AVMs or dAVFs have a good prognosis. Patients with large, symptomatic AVMs or dAVFs have a more guarded prognosis.

The risk of rupture for an AVM is about 2% per year. The risk of rupture for a dAVF is about 1% per year. The risk of rupture is higher in patients with large, symptomatic AVMs or dAVFs.

If an AVM or dAVF ruptures, it can cause a hemorrhagic stroke. Hemorrhagic strokes are often fatal or disabling.

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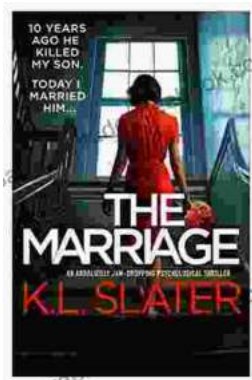


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