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Figure. (A) Axial T2-weighted MRI—right temporal brain abscess with surrounding edema; (B) chest x-ray shows mass at right base; (C) axial chest CT—enhancing vascular mass at right base; (D) three-dimensional chest CT reconstruction demonstrates a right pulmonary arteriovenous fistula.

Pulmonary arteriovenous fistula and brain abscess

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A 23-year-old woman presented with 3 days of headache followed by complex partial seizures. Stereotactic aspiration of a large right temporal mass revealed purulent material with Gram-positive cocci (*Streptococcus milleri*). Chest radiograph and CT scan demonstrated a pulmonary arteriovenous fistula (PAVF). PAVF are low resistance, abnormal connections between a pulmonary artery and

distended vein. They may occur as an isolated entity or associated with hereditary hemorrhagic telangiectasia (Osler Weber Rendu syndrome). PAVF often present with neurologic symptoms, usually stroke, TIA, or brain abscess from the right to left shunt that bypasses the normal filtering action of the lungs.

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Neurology 2001;56;418

DOI 10.1212/WNL.56.3.418

This information is current as of February 13, 2001

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