Teaching *NeuroImages*: Intracranial dural arteriovenous fistula presenting as ascending paralysis

Waldo R. Guerrero,
MD*
Haitham Dababneh,
MD*
James Cook, MD
Keith R. Peters, MD

Correspondence & reprint requests
to Dr. Guerrero:
waldo.guerrero@neurology.ufl.edu

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.^{1,2}

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.

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*These authors contributed equally to this work.

From the Departments of Neurology (W.R.G., H.D., J.C.) and Radiology (K.R.P.), University of Florida, Shands Hospital, Gainesville.

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Figure 2 Angiogram of left internal carotid

Angiogram demonstrates a dural arteriovenous fistula supplied by the tentorial artery of meningohipophyseal 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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