A refractory lower extremity variceal ulcer associated with perimedullary arteriovenous fistula

Figure 1 Photograph of the patient

Photograph showing an ulcer with chronic bleeding (arrow) (A) and its alleviation (B).

A 16-year-old male presented with a 3-year history of bilateral lower limb paresthesia and a refractory ulcer next to the swollen right medial malleolus (figure 1A). Lumbar MRI revealed a spinal vascular malformation (figure 2A). Digital subtraction angiography demonstrated a giant perimedullary arteriovenous fistula (PMAVF)¹ originating from an anterior spinal artery at T10-11, draining into the inferior vena cava, and a few vascular malformations involving the right ankle (figure 2, B–F). Combination surgery and embolization was successfully performed for the PMAVF. Of note, the ulcer resolved without any direct treatment within 7 days (figure 1B).

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Lumbar MRI (A). Digital subtraction angiography (DSA) demonstrated a fistula (arrow) fed by right T9 (B), T10 (C), T11 (D), and left T10 (E) intercostal arteries via anterior spinal artery (arrowhead). A few small vascular malformations involved the right ankle (F).

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