Teaching NeuroImage: Intracerebral Seroma Secondary to Arterial-Venous Malformation

Chun Ma, MD, Jie Li, MD, and Su Lui, MD, PhD

Neurology® 2021;97:e1866-e1867. doi:10.1212/WNL.0000000000012275

Correspondence
Dr. Lui
lusuwcums@tom.com

Figure Intracerebral Seroma Due to Arterial-Venous Malformation (AVM)

(A–F) Multiparameter images show a cyst-like mass with hemosiderin deposition (arrowhead) on susceptibility-weighted imaging, no enhancement on enhanced T1-weighted imaging, and no abnormalities on the cerebral blood volume map and proton magnetic resonance spectroscopy. (G, H) Time-of-flight magnetic resonance angiography and sagittal thin-slab maximum intensity projection enhanced T1-weighted imaging show an AVM fed by the middle cerebral artery (long arrow) and drained by Labbe vein (short arrow).

From the Departments of Radiology (C.M.) and Neurology (J.L.), People’s Hospital of Deyang City; and Department of Radiology (S.L.), West China Hospital of Sichuan University, Chengdu, Sichuan, China.

Go to Neurology.org/N for full disclosures. Funding information and disclosures deemed relevant by the authors, if any, are provided at the end of the article.
A 44-year-old man presented with worsening weakness of the right upper and lower limbs and a 26-year history of epilepsy. Images showed a cyst-like mass with hemosiderin deposition in the left hemisphere neighboring an arterial-venous malformation (AVM) (Figure). Imaging findings were consistent with seroma secondary to an AVM. After receiving oral antiepileptic treatment, muscle strength of affected limbs recovered from grade 4 to 5. Seroma usually occurs as a complication of radiosurgery; few cases are attributed to untreated intracerebral AVMs. This case suggests that intracerebral seroma associated with AVMs could be a long-term consequence of prior intracranial bleeding episodes.

Study Funding
The Deyang City Science and Technology Research Foundation (grant 2018SZS059).

Disclosure
The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.

Appendix Authors

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<td>Chun Ma, MD</td>
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<td>Drafting and revision of manuscript</td>
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<td>Jie Li, MD</td>
<td>People’s Hospital of Deyang City, China</td>
<td>Drafting and revision of manuscript</td>
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<td>Su Lui, MD, PhD</td>
<td>West China Hospital of Sichuan University, China</td>
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References
Teaching NeuroImage: Intracerebral Seroma Secondary to Arterial-Venous Malformation
Chun Ma, Jie Li and Su Lui
Neurology 2021;97:e1866-e1867 Published Online before print May 26, 2021
DOI 10.1212/WNL.00000000000012275

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