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Teaching NeuroImages: Intracerebral Seroma Secondary to Arterial-Venous Malformation

Author(s):

Chun Ma, MD¹; Jie Li, MD²; Su Lui, MD, PhD³

Corresponding Author:

Su Lui

lusuwcums@tom.com

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Affiliation Information for All Authors: 1. Department of Radiology, People's Hospital of Deyang City, Deyang, Sichuan, China; 2. Department of Neurology, People's Hospital of Deyang City, Deyang, Sichuan, China; 3. Department of Radiology, West China Hospital of Sichuan University, Chengdu, Sichuan, China

Contributions:

Chun Ma: Drafting/revision of the manuscript for content, including medical writing for content

Jie Li: Drafting/revision of the manuscript for content, including medical writing for content

Su Lui: Drafting/revision of the manuscript for content, including medical writing for content

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Intracerebral seroma secondary to arterial-venous malformation

A 44-year-old male 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.¹ After receiving oral anti-epileptic treatment, muscle strength of affected limbs recovered from grade 4 to 5. Seroma usually occurs as a complication of radiosurgery,² 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.

Appendix I. Authors		
Name	Location	Contribution
Chun Ma, MD	People's Hospital of Deyang City	Drafting and revision of manuscript
Jie Li, MD	People's Hospital of Deyang City	Drafting and revision of manuscript
Su Lui, MD, PhD	West China Hospital of Sichuan University	Revision of manuscript

Teaching Slides-<http://links.lww.com/WNL/B438>

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Figure Legend

Figure Intracerebral seroma due to arterial-venous malformation (AVM)

(A-F) Multi-parameter images show a cyst-like mass with hemosiderin deposition (arrowhead) on SWI, no enhancement on enhanced-T1WI, and no abnormalities on the CBV map and H-MRS. (G, H) TOF-MRA and sagittal thin-slab MIP enhanced-T1WI show an AVM fed by the MCA (thin arrow) and drained by Labbe vein (short arrow).

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