Progressive Cognitive Decline With Bithalamic and Basal Ganglia Lesions Caused by Dural Arteriovenous Fistula

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Hongchun Yang: Drafting/revision of the manuscript for content, including medical writing for content; Major role in the acquisition of data
Yanli Du: Drafting/revision of the manuscript for content, including medical writing for content; Major role in the acquisition of data
Peng Zhang: Major role in the acquisition of data
Hui Qi: Study concept or design

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A 55-year-old previously healthy man was admitted because of a 3-month history of progressive cognitive decline with MMSE score 17, characterizing mainly by apathy, memory impairment, speech disturbances, anosognosia, hypersomnia. MRI revealed engorged veins, T2 hypersignal in bilateral thalamus and basal ganglia, with no restricted diffusion on DWI (Fig.1). Angiography revealed an anterior skull base DAVF draining through the inferior sagittal sinus to the internal cerebral and basal vein of Rosenthal with the straight sinus occlusion (Fig.2).

The clinical picture explained predominantly by bithalamic venous congestion due to the DAVF and occlusion of the straight sinus [1, 2].
Legends:

Fig 1

Brain MRI on T2-weighted (A) and diffusion-weighted (B) and contrast-enhancing (C and D) images.
Fig 2 Angiogram of the DAVF

L-ECA angiogram shows the DAVF draining into the inferior sagittal sinus (A) with filling Rosenthal (arrowheads) and internal cerebral vein(asterisks) with no visualization of the straight sinus (B and C).
<table>
<thead>
<tr>
<th>Name</th>
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References


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