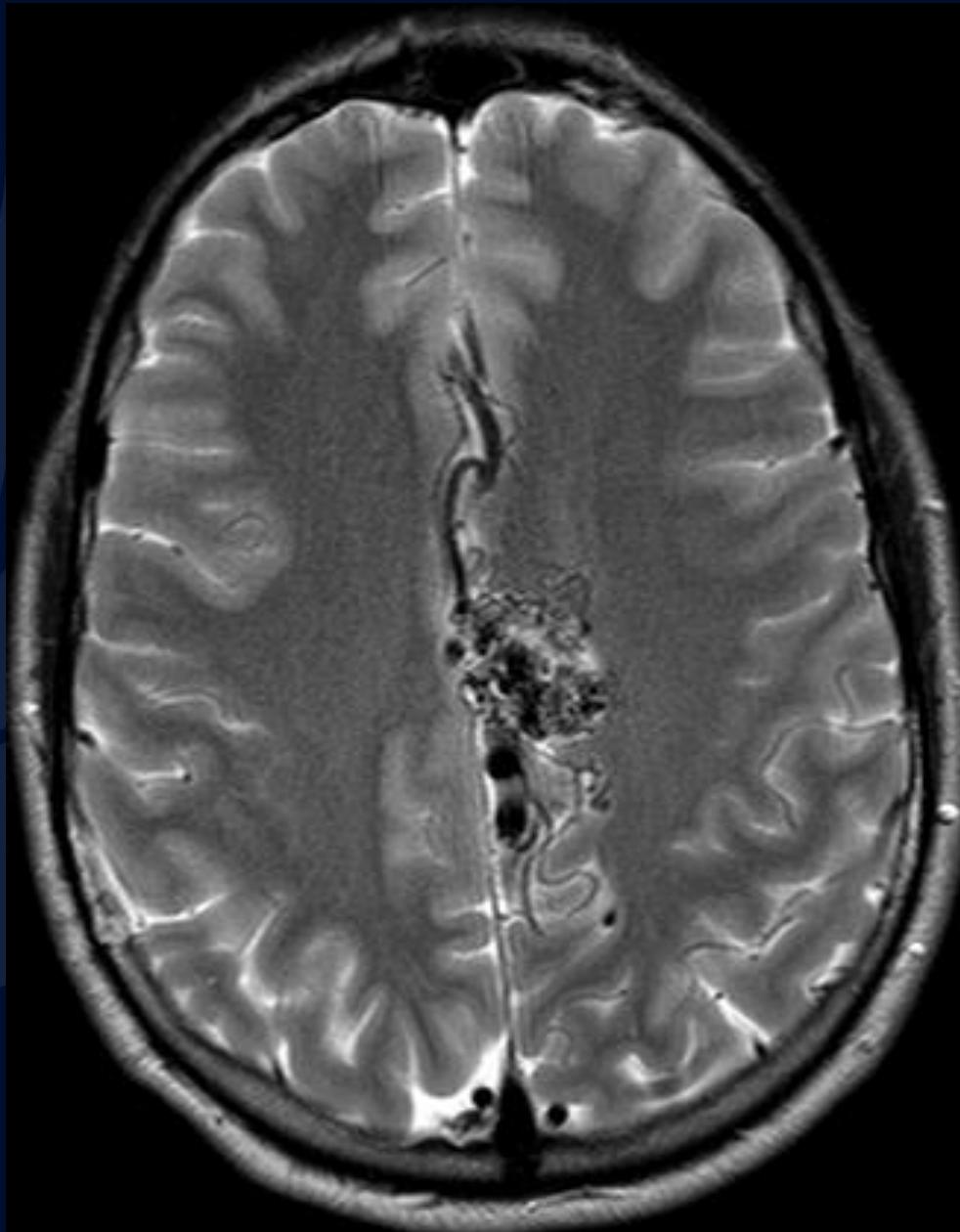


50-year-old male presenting with headaches and recurrent seizures

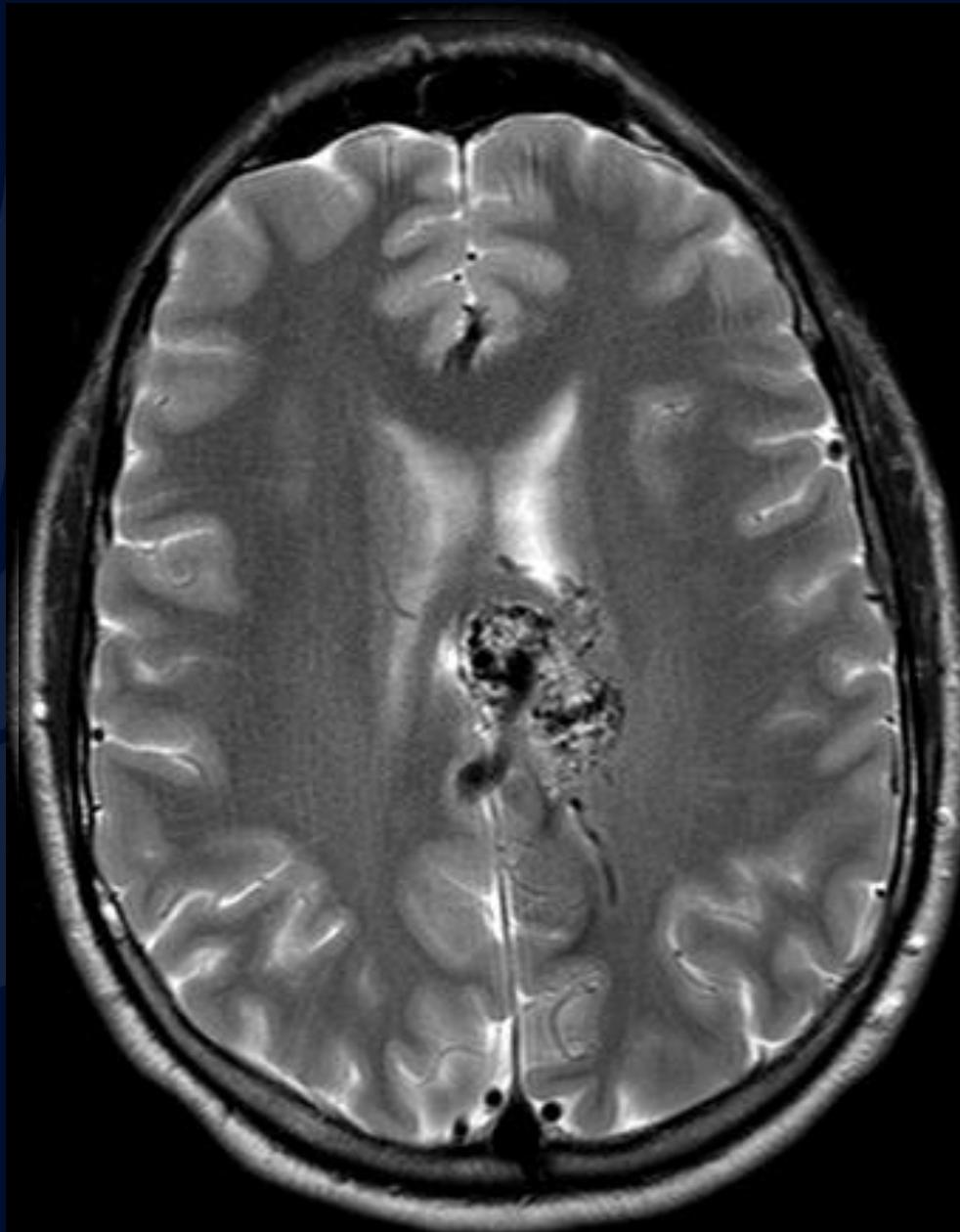
Andrew Klufas, MD, MBA
Racquel Helsing, MD

MRI T2



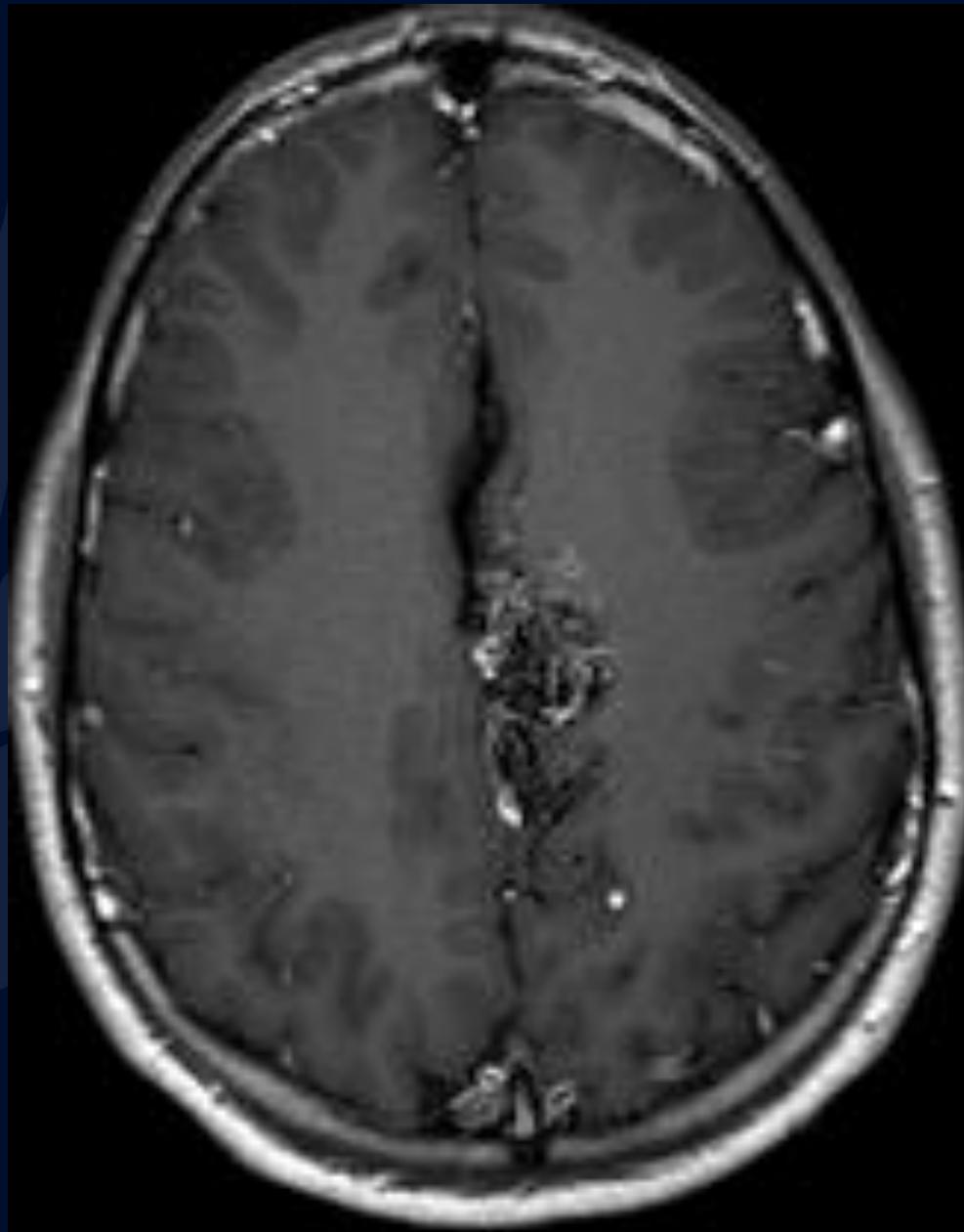
UCONN
HEALTH
RADIOLOGY

MRI T2

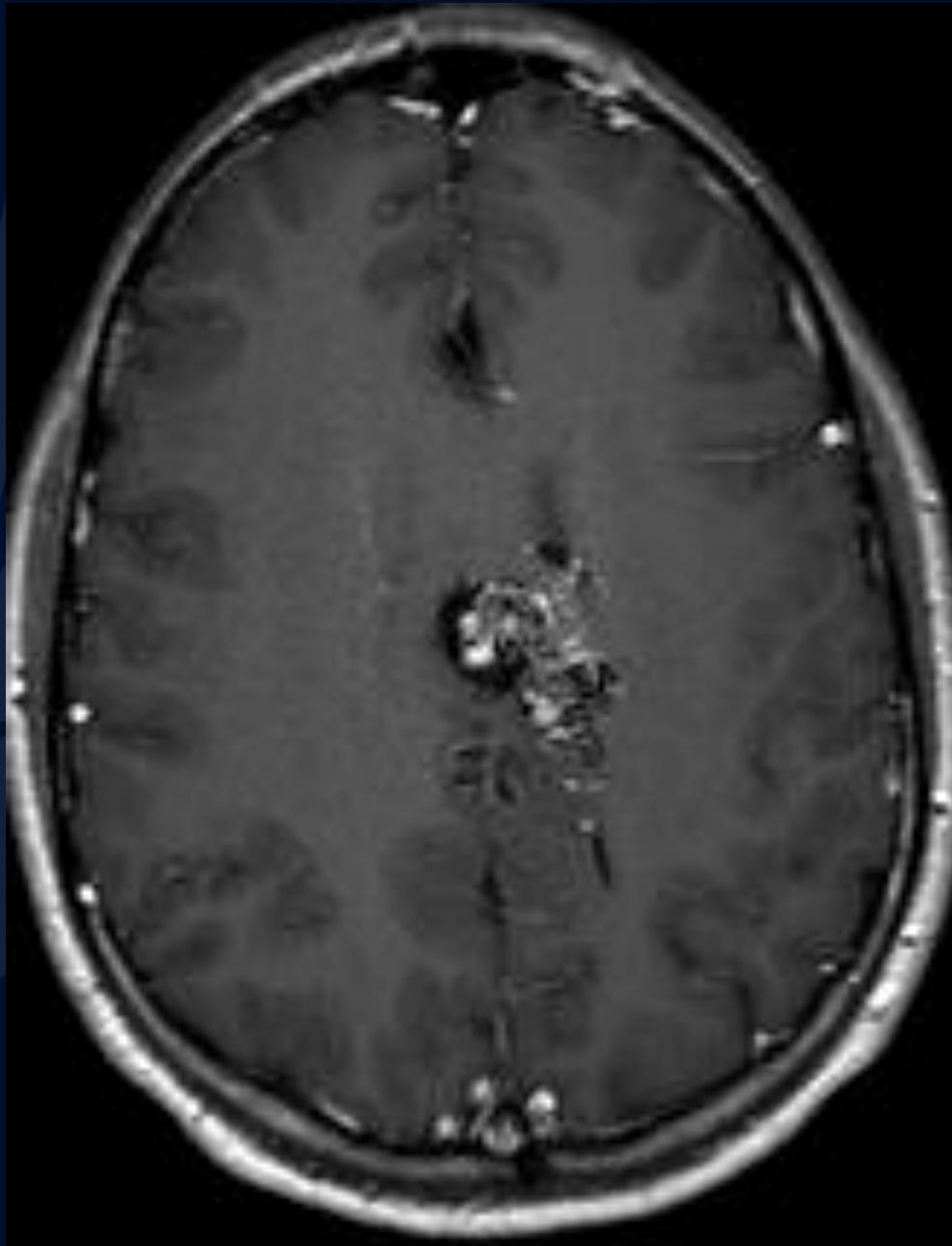


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RADIOLOGY

MRI T1 + Gad



MRI T1 + Gad



MR 3D Angiogram



UCONN
HEALTH
RADIOLOGY

MR 3D Angiogram



UCONN
HEALTH
RADIOLOGY



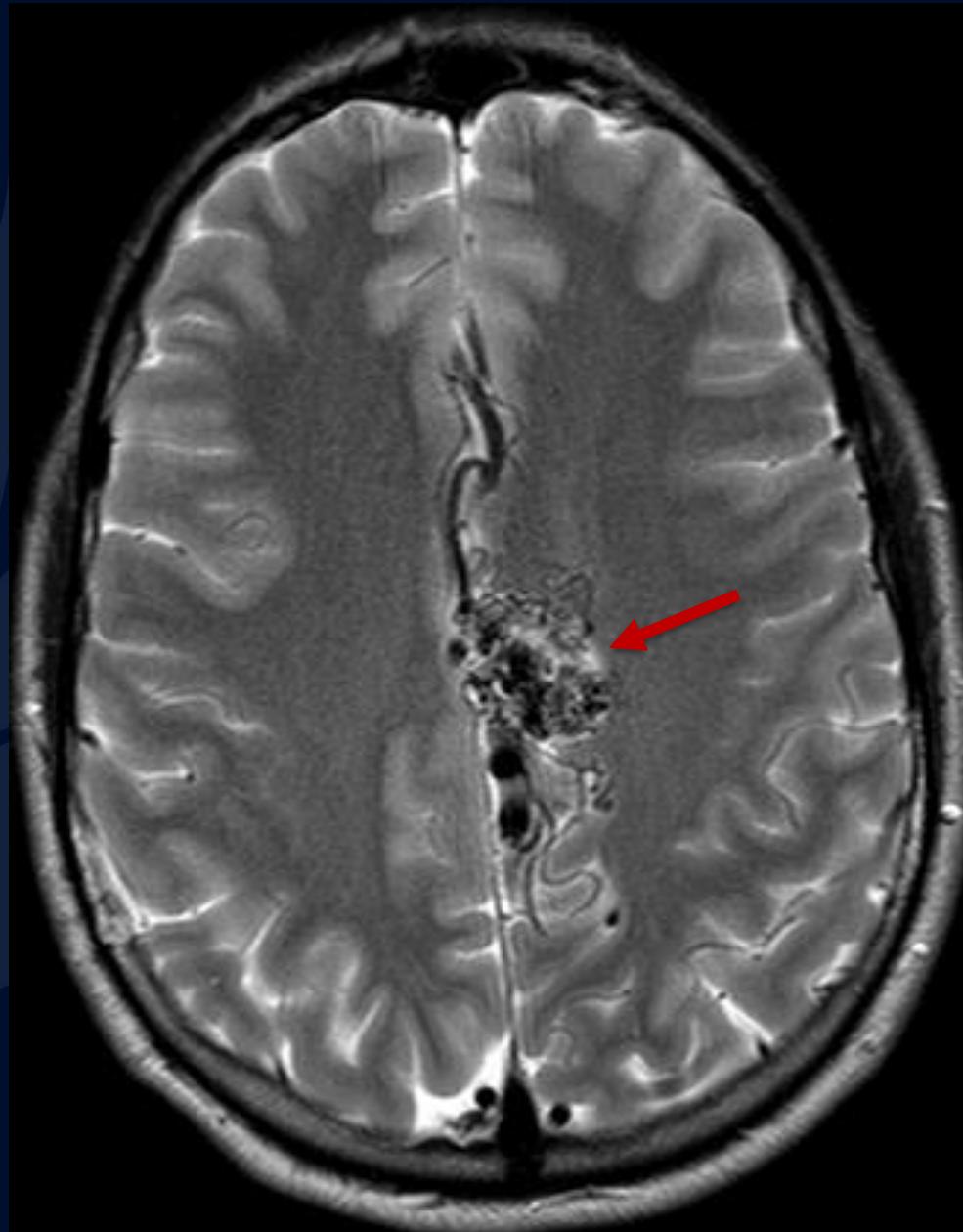
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Arteriovenous Malformation

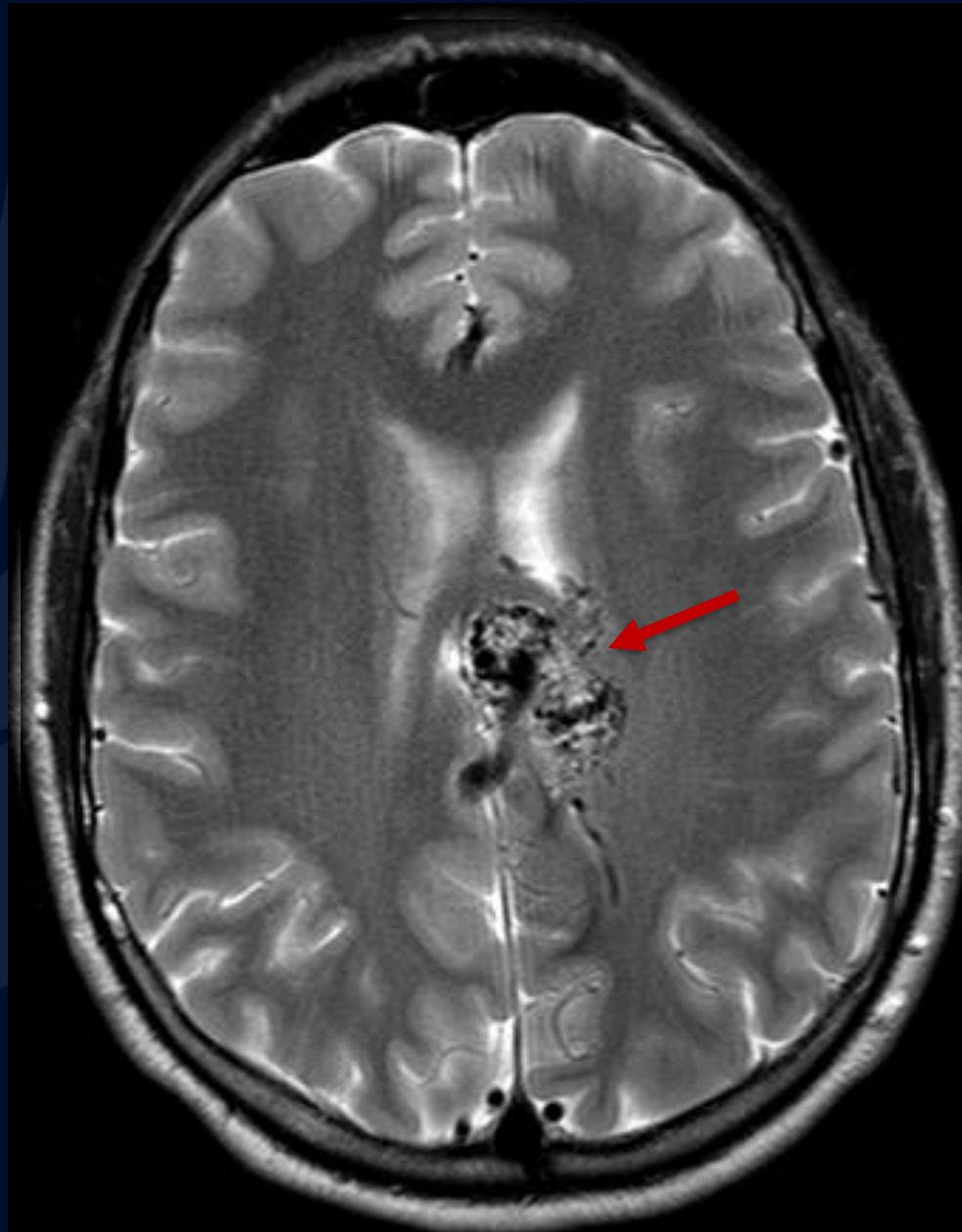
MRI T2

Hypointense “flow void” signal
representing
arteriovenous
malformation



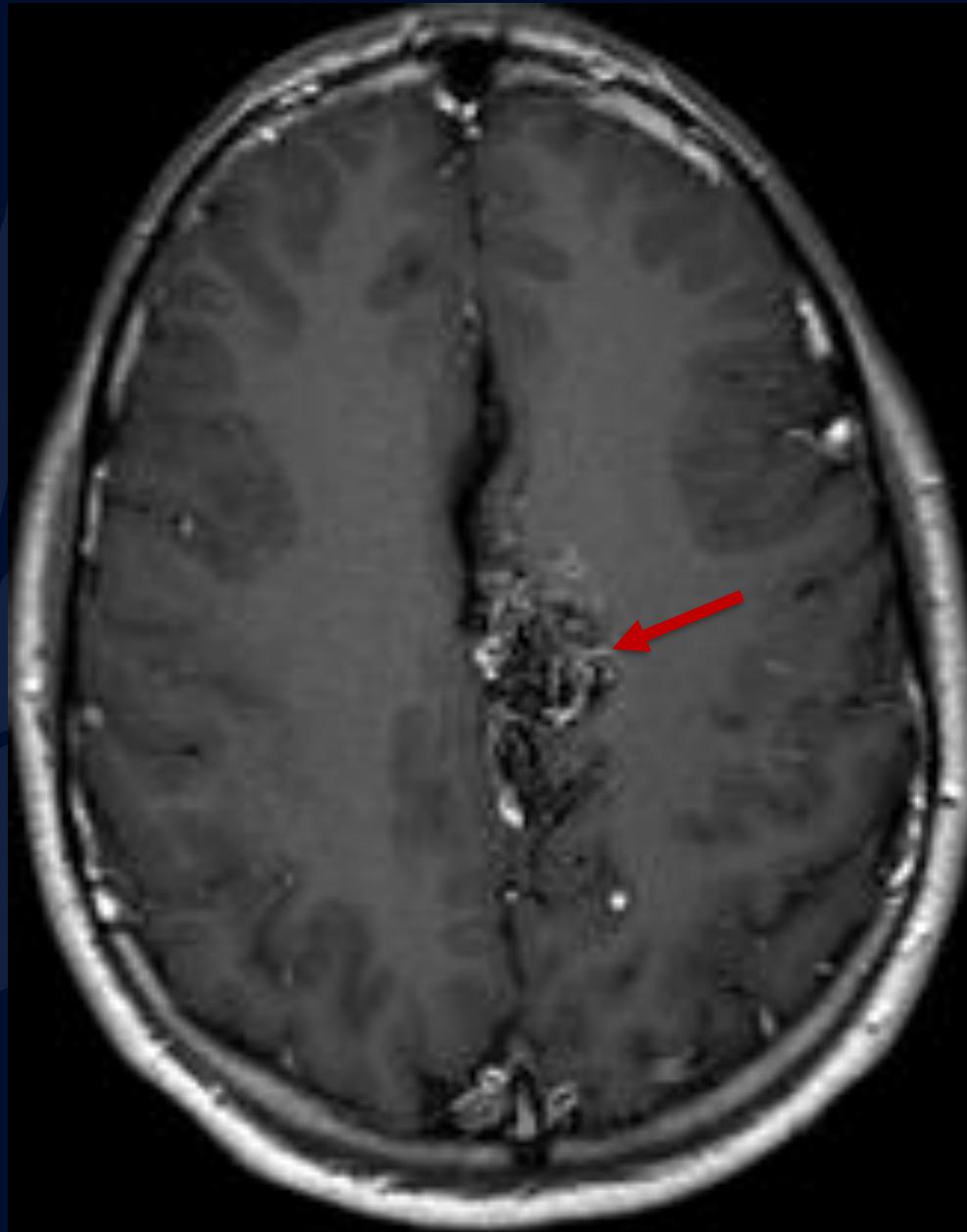
MRI T2

Hypointense “flow void” signal
representing arteriovenous
malformation



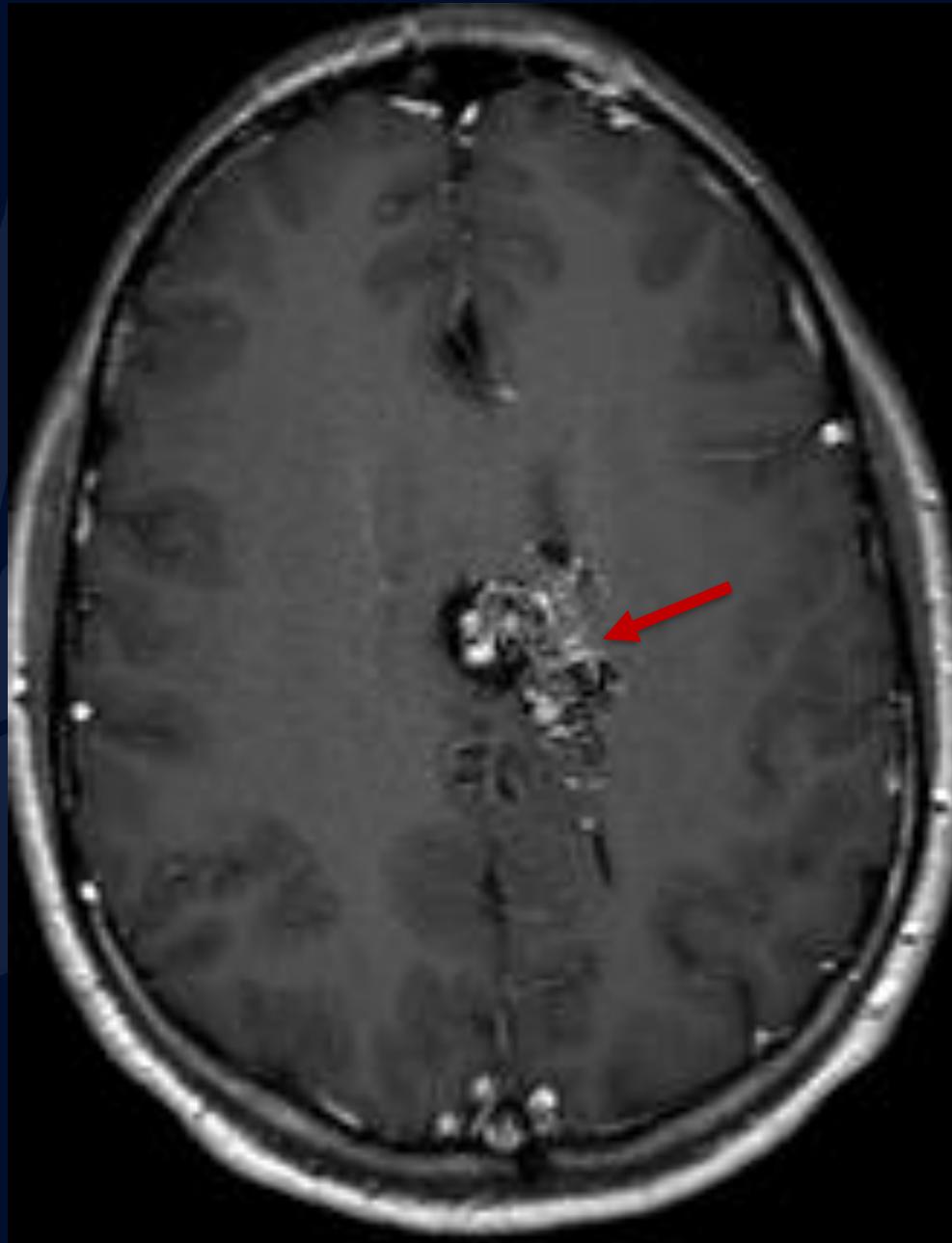
MRI T1 + Gad

Multiple enlarged,
tortuous vessels
and flow voids



MRI T1 + Gad

Multiple enlarged,
tortuous vessels
and flow voids



MR 3D Angiogram

Hyperintense
signal
abnormality
representing
arteriovenous
malformation



MR 3D Angiogram

Hyperintense
signal
abnormality
representing
arteriovenous
malformation



Arteriovenous Malformation

AVMs are congenital vascular malformations which are often found during evaluation of cerebral hemorrhage

- Often asymptomatic, when symptomatic typically present with seizures, headaches, or ischemic events
- Tend to be supratentorial and superficial
- Often solitary
- MRI is needed for assessment and diagnosis

Differential

- Cerebral oroliferative angiopathy
- Dural arteriovenous fistula
- Glioblastoma
- Non-specific vascular tumor

Imaging Findings

CT

- Non-contrast- Hyperdense compared to adjacent parenchyma

CTA

- "Bag of Worms" appearance due to complex architecture

MRI

- T1- Usually hypointense
- T1 + Gad - Mild enhancement
- T2- Hypointense, Fast flow generates “flow voids”

MRA

- Beneficial in separating an AVM from a hematoma in the setting of acute cerebral hemorrhage

References

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