

## A RARE CASE OF MULTIPLE DEVELOPMENTAL VENOUS ANOMALIES WITH CEREBRAL VENOUS VARIX

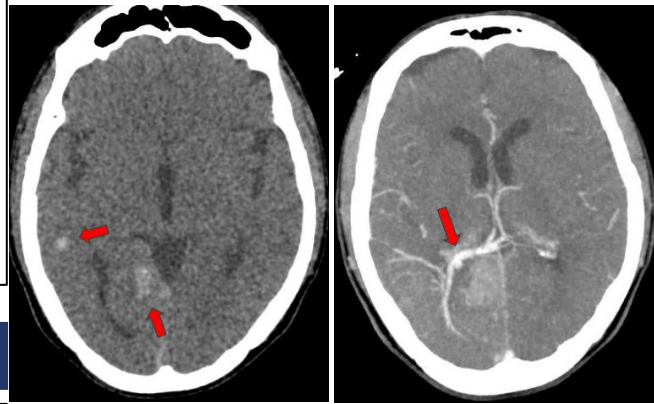
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### INTRODUCTION

Developmental Venous Anomaly (DVA) is the most common cerebral vascular malformation; however, in most of the patients it is asymptomatic and incidentally detected on contrast enhanced CT scans and MRI scans. It is considered to be congenital and formed due to arrested medullary vein development. Association of a DVA with a cerebral venous varix is very rare. Most common vascular anomaly associated with a DVA is cavernous malformation followed by arteriovenous (AV) fistula. Here we present a case of DVA associated with venous varix presented with seizures and loss of consciousness.

### MATERIALS / METHODS

A 47-year-old male patient presented with 2 episodes of seizures followed by loss of consciousness. There was no neurological deficit. No similar complaints in the past or in other members of the family. A CT Brain with Angiogram was done using 128-slice SIEMENS machine.



### RESULTS & DISCUSSION

On plain CT brain, two ill-defined hyperdense areas with bleed HU values were noted, one in right temporal lobe and the other in right parieto-occipital region. On CT brain Angiogram multiple enhancing anomalous vascular structures with dilated medullary veins showing “caput medusae” appearance were noted adjacent to the bleed which were draining into the dilated Vein of Galen which were diagnosed as Developmental Venous Anomaly (DVA). Another anomalous tortuous vascular structure was noted arising from the transverse sinus and draining into the dilated Vein of Galen with adjacent dense capillary stain which was diagnosed as a venous varix. Other findings include a dilated anastomotic vein of Labbe and absent straight sinus.

**DISCUSSION-** Developmental Venous Anomaly is also known as cerebral venous angioma are Cerebral Vascular Malformations (CVMs) without any arteriovenous shunt. They are asymptomatic in most of the patients (~98%) and are detected incidentally. Some (~2%) present with complaints like headache and seizures due to either haemorrhage or infarct, probably caused by stenosis or spontaneous thrombosis of the outlet collector vein or due to “venous hypertension”. In our case, the cause of seizures and loss of consciousness was likely due to venous haemorrhage in the right temporal and parietooccipital lobe, which could be due to venous hypertension.

### AIMS / OBJECTIVES

To study the imaging features of a rare case of Developmental venous anomaly associated with venous varix in a male who presented seizures.



### CONCLUSION

Detection of DVA and venous varix are incidental, and its natural course is uneventful in most of the reported cases. However, these patients need regular clinical follow-up, as any increased frequency of seizure activity and focal neurological deficit requires repeat imaging. Conservative management is recommended if the patient is stable. Only if multiple bleeds have occurred, surgery or alternative treatment is recommended.

**REFERENCES-** Meyer JD, Baghai P, Latchaw RE. Cerebral varix and probable venous angioma: an unusual isolated anomaly. *AJNR Am J Neuroradiol* 1983;4:85–7  
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