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DOI: 10.1159/000292430**Progressive Cervical Myelopathy due to Dural Craniocervical Fistula**Joerg Kleeberg^a, Malin Maeder-Ingvar^a, Philippe Maeder^bDepartments of ^aClinical Neurosciences and ^bRadiology, Centre Hospitalier Universitaire Vaudois, University of Lausanne, Lausanne, Switzerland**Key Words**

Arteriovenous malformation • Spinal cord infarction • Cervical myelopathy

A 60-year-old male presented with a 6-week history of progressive difficulty to walk. Neurological examination revealed tetraparesis which was more severe in the legs, and generalized hyperreflexia. MRI examination of the spine showed cervical myelopathy extending into the medulla and tortuous perimedullary blood vessels (fig. 1). Angiography confirmed the suspicion of an intracranial dural arteriovenous fistula with perimedullary venous drainage (fig. 2). A combined open neurosurgical and endo-

vascular approach was required to embolize the feeding arteries and to clip the draining vein.

Dural arteriovenous fistulas are an uncommon but potentially treatable cause of myelopathy [1, 2]. A multidisciplinary approach is often required to determine the best treatment option, including endovascular embolization, surgical disconnecting of the fistula, radiosurgery or a combination of these treatment modalities [2].

References

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Fig. 1. MRI of the cervical and upper thoracic spine. The sagittal T2 sequence shows edema in the cord, extending from the obex to the lower cervical spine and tortuous perimedullary veins (arrows).

Fig. 2. Right internal carotid angiogram. Conventional angiography with arterial (a), parenchymatous (b) and venous (c) phases shows internal carotid feeders to the tentorial dural fistula including the Bernasconi-Cassinari artery (arrow) (a). Progressive opacification of the draining vein of the cerebellomedullary fissure (arrow) (b), as well as the appearance of perimedullary drainage (arrow) (c).