



Utility of TOF-MRA in the Characterization of Intracranial Dural Arteriovenous Fistula

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Clinical Image

A 26-year-old female suffered from left tympanitis in 2016, and then persistent pulsatile tinnitus occurred on the right side one month later. The tympanitis recurred in 2019, and resulted in bilateral pulsatile tinnitus. The tinnitus was synchronized with heart beat, and related to the posture. The tinnitus increased on horizontal rather than vertical posture. Blurred vision occurred since Oct 2020.

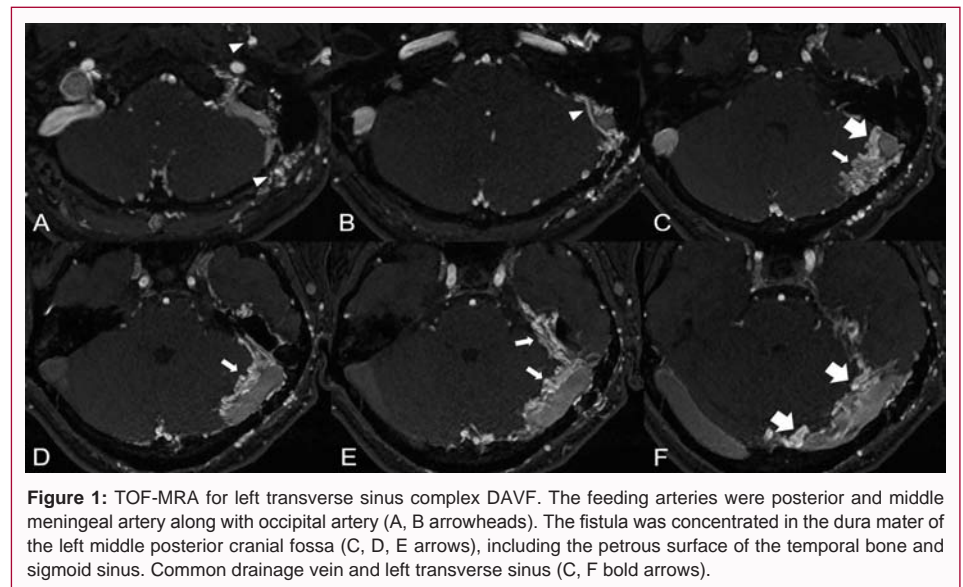


Figure 1: TOF-MRA for left transverse sinus complex DAVF. The feeding arteries were posterior and middle meningeal artery along with occipital artery (A, B arrowheads). The fistula was concentrated in the dura mater of the left middle posterior cranial fossa (C, D, E arrows), including the petrous surface of the temporal bone and sigmoid sinus. Common drainage vein and left transverse sinus (C, F bold arrows).

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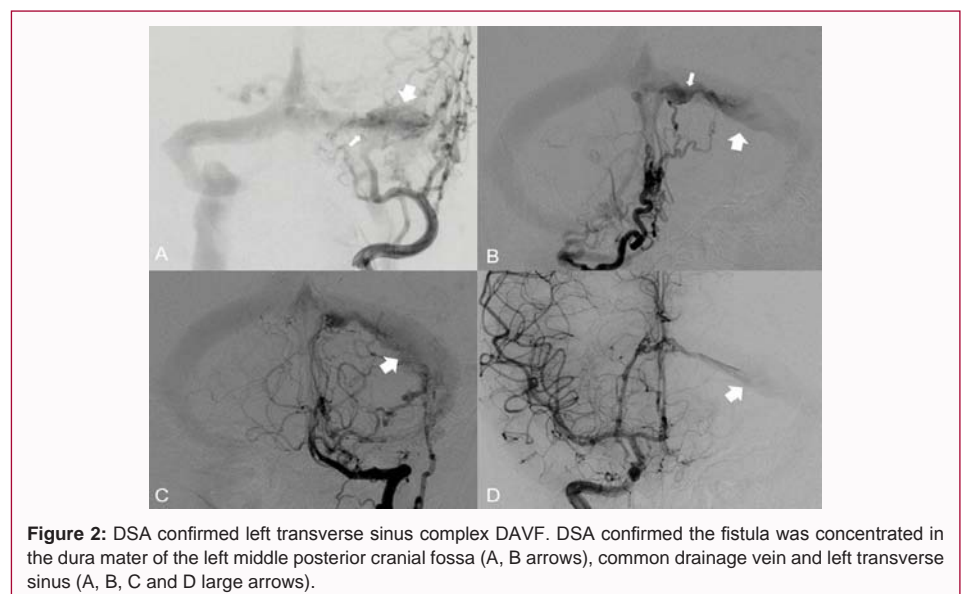


Figure 2: DSA confirmed left transverse sinus complex DAVF. DSA confirmed the fistula was concentrated in the dura mater of the left middle posterior cranial fossa (A, B arrows), common drainage vein and left transverse sinus (A, B, C and D large arrows).

Physical examination revealed tinnitus and intracranial murmurs with memory decrease. No history about pregnancy or undertaken contraceptive drugs. TOF-MRA highlighted a transverse sinus complex Dural Arteriovenous Fistula (DAVF) (Figure 1). The fistula was concentrated in the dura mater of the left middle posterior cranial fossa, including the petrous surface of the temporal bone and sigmoid

sinus. DSA confirmed left transverse sinus complex DAVF (Figure 2).

Evolution was greatly improved in the next few days post interventional operation. The intracranial murmurs and tinnitus was totally disappeared.