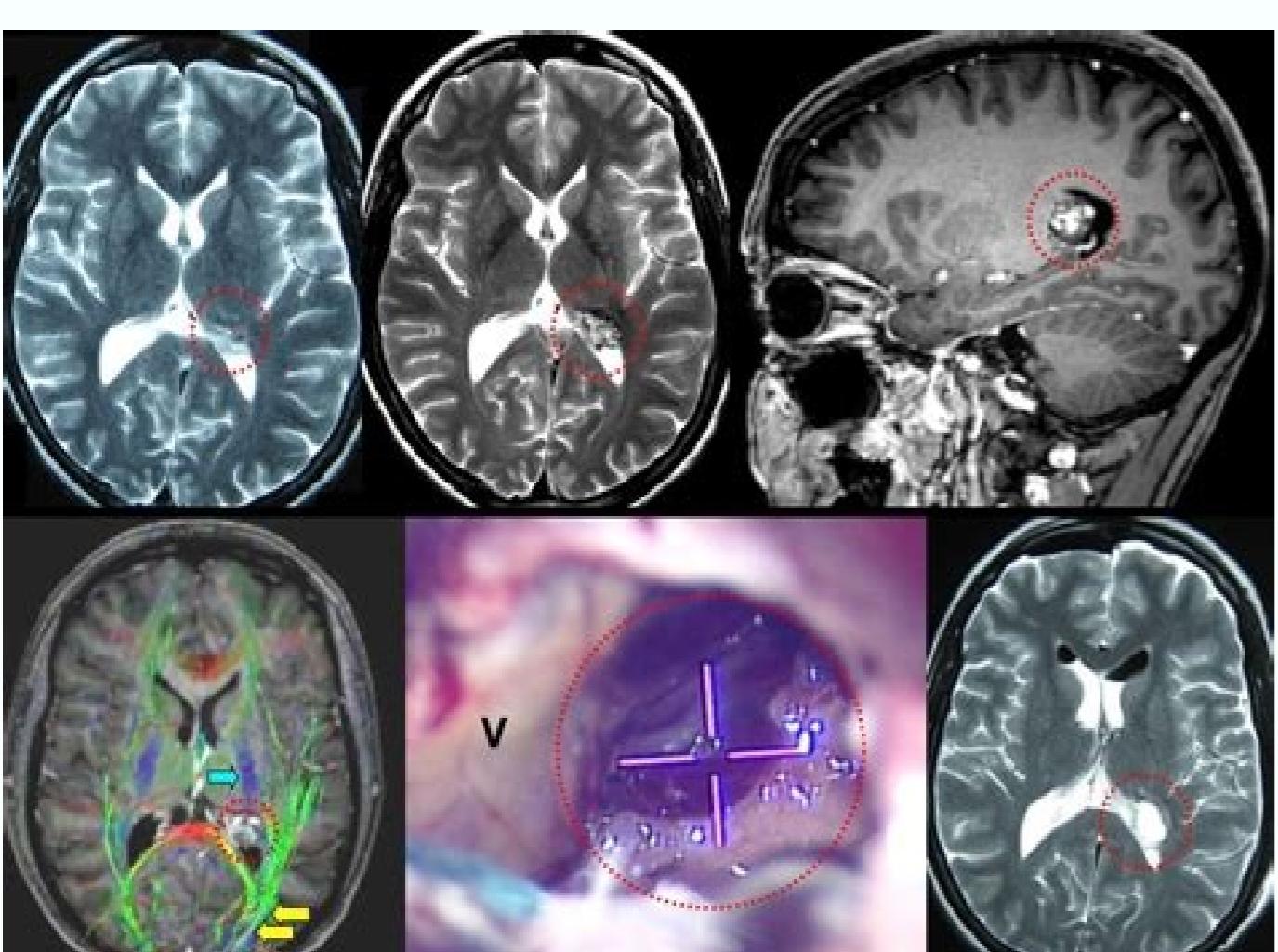
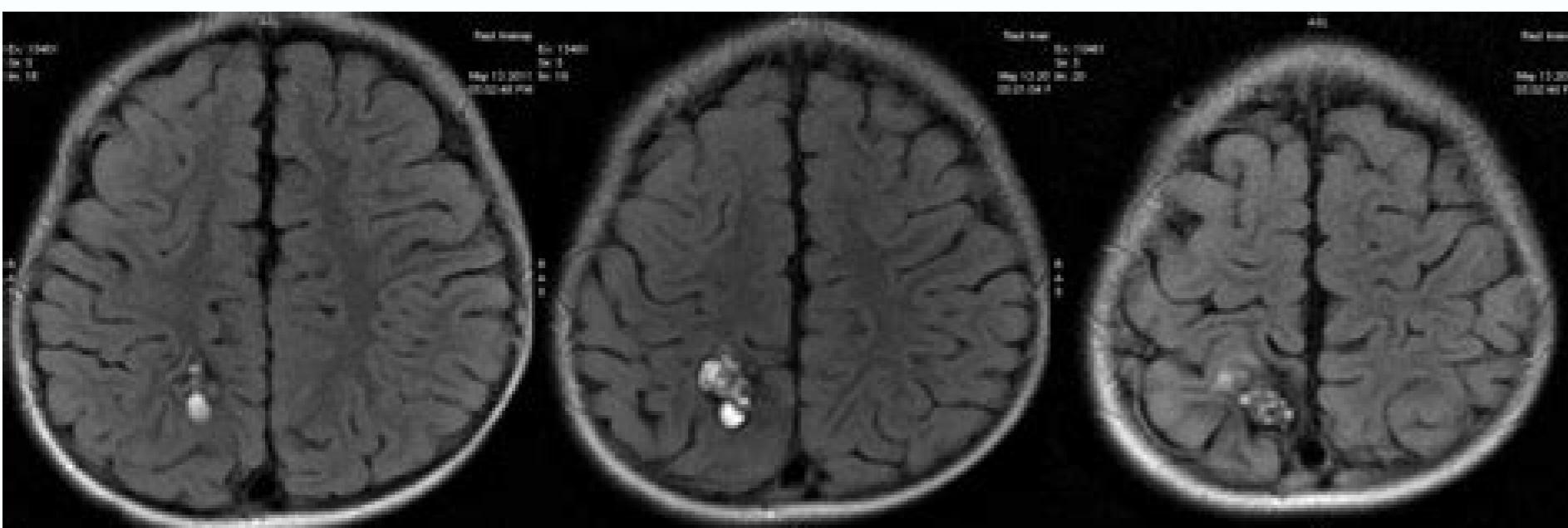


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Cavernous malformation spinal cord radiology



A person with an AVF should have regular checkups with his or her doctor. When the AVF is completely taken out, the possibility of any further bleeding should be eliminated. Aneurysms can occur within the arterial supply or venous outflow connections of the spinal cord. Symptoms Some malformations in the spine are present at birth while others develop later in life. Endovascular Therapy It may be possible to treat part or all of the AVF by placing a small catheter inside the blood vessels that supply the AVF and blocking off the abnormal blood vessels with a variety of different materials. Focused-beam high energy sources are then concentrated on the dural AVF to produce direct damage to the vessels that will cause a scar and allow the AVF to clot off. If possible, a person with an AVF should avoid any activities that may excessively elevate blood pressure, such as heavy lifting or straining, and they should avoid blood thinners like warfarin. If there are no symptoms or almost none, or if an AVF is in an area of the brain that cannot be easily treated, conservative medical management may be indicated. Neoplastic tumors with prominent blood supply can be treated with tumor embolization. Stereotactic Radiosurgery An AVF that is not too large, but is in an area that is difficult to reach by regular surgery, may be treated by performing stereotactic radiosurgery. Patients usually experience a spinal cord stroke or sub-arachnoid hemorrhage. Patients usually present because the mass effect upon the spinal cord produces low back pain; pain radiating down the legs; numbness and/or tingling in the legs; loss of bladder or bowel control, and progressive lower extremity weakness. The presence of mixed subacute and chronic hemorrhage, suggested by mixed high- and low-signal-intensity components of these lesions on MR images, may be characteristic of this rare, intramedullary vascular malformation. Published in print: 1988 Downloaded 86 times see, pdfvolume 47, edition 1, March 2016, PAGE 263-265 HTTPS://DOI.org/10.1016/j.ejrm.2015.12.006Get Rights and ContentCVMMMALNNOSA CAVERNEANARANCE ENGLISH Aneurysms Can be treated with embolization of aneurysms Endovascular therapy is generally carried out before surgery or stereotactic radiosurgery. Treatment Before any treatment of a spinal vascular or paraspinal malformation, it is necessary to perform a spinal angiogram to provide a route map of the blood vertebral vessels. In the spinal column, the vascular malformations can involve: the spinal media, the tissues around the spinal media within the spinal canal, the bones of the spine, the tissues around the spine, or a combination of these. Spinal aneurysms are a very rare condition. The spinal vascular malformations and paraspinals (surrounding the spine) can pose serious methods, in particular areas that can result in weakness and in severe cases, paralysis, of some or all extremities. The additional classification of MVA™ includes the size of NIDAL and other location criteria. Some examples of typical neoplastic tumors with prominent blood irrigation include: hemangioblastoma and cavernous malformations. Arteriovenous lesions are divided into fids (FVA's) or more extensive malformations (MAV's). In this procedure a cerebral angiogram is carried out to locate the FVA. These include adhesives of liquid tissue (glues), micro-coils, particles and other materials used to stop the blood flow to the FVA. The patient falls asleep with anesthesia, a portion of the skull is removed and the FVA is removed. Neoplastic tumors with prominent vascular supply are relatively rare within the sphenoid bone. selanipse sasonevoiretra senoisel y selanipse samsiruena ,etnenimorp ralucsva ortsinimus noc socis;Alpoen seromut :senoicacifisalc sednarg sert ne nedivid es selanipse arap y selanipse serialucsva senoicamroflam saL .selanipse arap sodijet sol o/y lanipse alud@Am .n³Aisel .n³Aisel al ratneserper arap odarojem ,etsartnoc ne CT y .adasarter)CT(adaziratupmoc aAfargomot ed acif;Argoim al ,aAfargoleim al a roirepus euf negami al ,)RM(acit@Angam aicnanoser al ,lanipse alud@Am al ed etnemacig;Alotsih sodaborp sanrevac samoignameh noc setneicap serT nitcartsbA0870433.3.661.ygoloidar/8411.01/gro.iod// :sptth8891 1 ram :aenAl ne odacilbuP .aigarromeh ne natluser euq sosav sol ed arutpur al rop o ,selamrona sosav sol y larbetrev anmuloc al a ergnas ed ortsinimus led n³Aicunimsid al rop@A sodasuac res nedeup samotnAs soL .sajelpmoc y sarar nos selanipse sasonevoiretra senoisel saL .solle ertne oenAuqnas ojulf le ratilicaf arap lamron ralipac allam al nis sanev sal y sairetra sal ertne atcerid n³Aixenoc anu namrof eug selamrona setneipicer o etneipicer nu nos serialucsva senoicamroflam saL .acigr@Ariuq n³Aicanimile al radnemocer

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