A refractory lower extremity variceal ulcer associated with perimedullary arteriovenous fistula

A 16-year-old male presented with a 3-year history of bilateral lower limb paresthesia and a refractory ulcer next to the swollen right medial malleolus (figure 1A). Lumbar MRI revealed a spinal vascular malformation (figure 2A). Digital subtraction angiography demonstrated a giant perimedullary arteriovenous fistula (PMAVF) originating from an anterior spinal artery at T10-11, draining into the inferior vena cava, and a few vascular malformations involving the right ankle (figure 2, B–F). Combination surgery and embolization was successfully performed for the PMAVF. Of note, the ulcer resolved without any direct treatment within 7 days (figure 1B).

Feng Ye, MD, Tongyu Wang, MD, Chao You, MD, Shu Jiang, MD, Min He, MD

From the Departments of Neurosurgery, West China Hospital, Sichuan University, China.

Author contributions: All authors were involved in clinical care and investigative workup of the patient. M.H. and F.Y. provided pictures of the patient, drafted and revised the manuscript. T.W. performed the patient follow-up, drafted and revised the manuscript. C.Y. and S.J. were responsible for the study concept and revised the manuscript for intellectual content.

Study funding: No targeted funding reported.

Disclosure: The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

Correspondence to Dr. He: minhe028@126.com

Figure 2 MRI and DSA

Lumbar MRI (A). Digital subtraction angiography (DSA) demonstrated a fistula (arrow) fed by right T9 (B), T10 (C), T11 (D), and left T10 (E) intercostal arteries via anterior spinal artery (arrowhead). A few small vascular malformations involved the right ankle (F).
A refractory lower extremity variceal ulcer associated with perimedullary arteriovenous fistula
Feng Ye, Tongyu Wang, Chao You, et al.
Neurology 2015;84;1821-1822
DOI 10.1212/WNL.0000000000001527

This information is current as of April 27, 2015