



Video Abstract

Microsurgical treatment for cerebellomesencephalic fissure arteriovenous malformations after multiple sessions of endovascular treatment

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ABSTRACT

Background: Arteriovenous malformations (AVMs) are relatively uncommon congenital vascular anomalies, and only 7–15% of AVMs occur in the posterior fossa. Most posterior fossa AVMs clinically present with hemorrhage and are associated with a high risk of neurological deficits and mortality. These malformations are associated with a high incidence of flow-related aneurysms. Endovascular treatment of infratentorial AVMs is challenging in pediatric patients.

Case Description: We describe an 11-year-old female adolescent with cerebellar syndrome [Video 1], who was diagnosed with a cerebellomesencephalic fissure AVM. We observed a sequential increase in the size of the AVM after multiple sessions of endovascular treatment and performed successful microsurgical resection of the lesion.

Conclusion: This illustrative video highlights the role of microsurgery as a feasible therapeutic strategy for complete resection of cerebellar AVMs after endovascular embolization.

Keywords: Arteriovenous malformation, Cerebrovascular, Microsurgery

[Video 1]-Available on:

www.surgicalneurologyint.com

Annotation^[1-7]

- 1) 0:00 – Title
- 2) 0:10 – Clinical Presentation
- 3) 0:33 – Neurological Examination
- 4) 0:42 – Neuroimage Findings/First Episode de Hemorrhage, CT Scan
- 5) 0:47 – Neuroimage Findings/First Episode de Hemorrhage

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- 6) 0:55 – Neuroimage Findings/First Angiography
- 7) 1:19 – Neuroimage Findings/First Embolization
- 8) 1:28 – Neuroimage Findings/Second Hemorrhage
- 9) 1:49 – Neuroimage Findings/Second Angiography
- 10) 2:00 – Neuroimage Findings/Pre and Post Second Embolization
- 11) 2:09 – Neuroimage Findings/Third Embolization
- 12) 2:17 – Neuroimage Findings/Final Control of Third Embolization
- 13) 2:38 – Neuroimage Findings/Preoperative MRI
- 14) 2:50 – Neuroimage Findings/Preoperative Embolization
- 15) 2:56 – Neuroimage Findings/Post Embolization
- 16) 3:05 – Rationale for Procedure
- 17) 3:10 – Risks of the Procedure and Its Potentials Benefits
- 18) 3:37 – Alternatives and Why They Were Not Chosen
- 19) 3:48 – Positioning and Craniotomy
- 20) 3:57 – Key Surgical Steps
- 21) 4:12 – Subarachnoid Dissection and Feeding Coagulation, left side
- 22) 4:39 – Subarachnoid Dissection and Feeding Coagulation, right side
- 23) 4:54 – Clipping the Vermian Vein
- 24) 4:57 – Dissecting and Coagulating Tentorial Veins
- 25) 5:02 – Decompressing the Fourth Ventricle
- 26) 5:09 – Removal of Nidus and Onyx
- 27) 5:27 – Final Aspect
- 28) 5:43 – Disease Background
- 29) 6:20 – A Brief Review of Clinical and Image Outcome
- 30) 6:34 – Postoperative MRI
- 31) 6:42 – Postoperative Angiography
- 32) 6:51 – References

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Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

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Conflicts of interest

There are no conflicts of interest.

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