

Information patient

Arteriovenous malformations

Auteurs

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Madame, Monsieur,

Cette fiche est destinée à vous informer sur les glioblastomes

Elle ne se substitue pas à une consultation médicale. Elle a pour but de favoriser le dialogue avec votre médecin. N'hésitez pas à lui faire préciser les points qui ne vous paraîtraient pas suffisamment clairs et à demander des informations supplémentaires sur votre cas particulier. En effet, certaines informations contenues dans cette fiche peuvent ne pas être adaptées à votre cas : il faut se rappeler que chaque patient est particulier. Seul le médecin peut donner une information individualisée et adaptée.

Arteriovenous malformations (AVMs) are vascular anomalies that may happen in any region of the brain. They are formed by a nidus with feeding arteries, and draining veins that forms an anomalous mass of blood vessels in the pia matter, with direct arteriovenous shunts and poor or absent capillary bed. They are the most common brain vascular malformations. Based on imaging tests, symptomatic AVM incidence ranges from 0.89 to 4 per 100,000 people/year.

AVMs can be asymptomatic or symptomatic, but the great development and advances in imaging methods have made it possible to diagnose incidental AVMs earlier nowadays. In case of symptomatic AVMs, the main clinical manifestations are: intracranial hemorrhage, seizures, and headache. The mean AVM risk of bleeding varies in literature from 2 to 4% per year. The mortality risk is 1% per year. AVMs typically present before the age of 40 (20-40 years-old), mean age being 33 years-old. Radiological examinations are essential for the diagnosis of AVMs: computed tomography (CT); Computed Tomography Angiography (CTA); Magnetic Resonance Imaging (MRI); Magnetic Resonance Angiography (MRA); Digital Subtraction Angiography (DSA) (it is the gold standard exam in the study of AVMs).

Treatment aimed at preventing hemorrhage, controlling seizures and reverting any progressive neurological deficit, in order to increase survival with the least morbidity possible. In most cases, this is possible by means of complete excision of the lesion. The treatment decision must be carefully analyzed by a multidisciplinary and experienced team.