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Susceptibility weighted imaging in holohemispheric venous angioma with cerebral hemiatrophy

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A 13-year-old boy presented with history of recurrent episodes of right focal seizures since first year of life. The neurological examination was within normal limits. Routine laboratory and hematological workup was also normal. The seizures were well controlled on anti-epileptic medication.

Plain computerized tomography (CT) of the head revealed calcification in the left frontal region [Figure 1A]. Post-contrast CT revealed a large venous angioma with multiple linear enhancing vessels in the left centrum semiovale draining into a common collector/draining vein, seen adjacent to the body of the left lateral ventricle [Figure 1B]. Digital subtraction angiogram (DSA) was performed for better delineation of the lesion and to exclude any possibility of arteriovenous malformation. Angiogram revealed



Figure 1: (A) Noncontrast axial CT reveals coarse calcification in the left frontal region (arrow). (B) Contrast enhanced axial CT at the level of corona radiata demonstrating multiple linear enhancing vessels in the left frontoparietal region with a prominent collector vein seen adjacent to the left lateral ventricle (arrow). (C) DSA-left carotid injection confirmed the venous angioma showing the classical medusa head appearance (arrow)



Figure 2: (A) T1w image shows a linear flow void in the left periventricular region (arrow). (B) T2W image shows the similar flow void in the left periventricular region. No obvious AVM nidus identified. (C) Coronal T2W image shows thickening of the left cranial vault and left cerebral hemiatrophy. (D&E) SWI shows the extensive venous angioma involving the entire left cerebral hemisphere

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the classical medusa head appearance of the venous angioma [Figure 1C].

Magnetic resonance imaging done on a 1.5 Tesla MRI scanner during a recent follow-up, showed the linear hypointense flow void adjacent to the left lateral ventricle in conventional sequences [Figure 2A-C]. The extensive nature of the lesion could not be demonstrated. Susceptibility weighted imaging (SWI) revealed the extensive holohemispheric nature of the venous angioma with excellent depiction of the transmedullary veins draining into the collector vein [Figure 2D,E]. The hemi atrophy of the left cerebral hemisphere was also appreciated.

Susceptibility weighted imaging consists of using both magnitude and phase images from a high-resolution, three-dimensional, fully velocity-compensated gradient echo sequence.^[1] Developmental venous anomalies (venous angiomas) are low-flow vascular

malformations, which are usually less conspicuous in conventional non-contrast MR images. Susceptibility weighted imaging is ideal for screening patients with a high clinical suspicion of low-flow vascular malformations^[2] and limits the use of contrast studies and digital subtraction angiograms in their demonstration.

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