

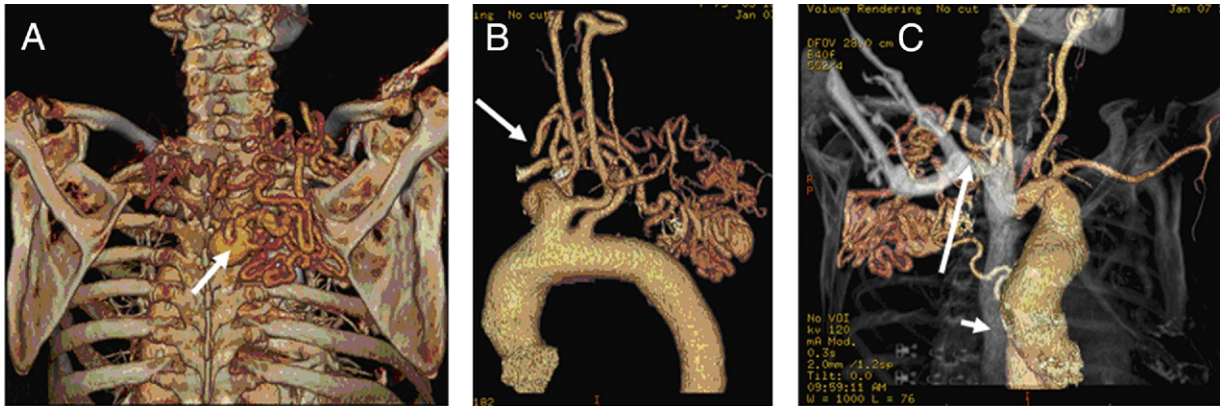
IMAGES IN CARDIOLOGY

Arteriovenous Malformation

Culprit or Innocent Bystander?

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A 75-year-old woman with a history of a large infrascapular congenital arteriovenous malformation (AVM) presented with progressive fatigue and weakness. Treadmill stress echocardiography and right and left heart catheterization were unremarkable. Cardiovascular examination revealed a prominent subscapular bruit but was otherwise normal.

A computed tomography angiogram with 3-dimensional reconstruction revealed an extensive AVM in the right paraspinal musculature (**A, arrow**). This malformation is fed predominantly by branches of the thyrocervical trunk (**B, arrow**) off the right subclavian artery and branches of a right intercostal artery (**B, arrow**). Venous drainage (**C, short arrow**) was via collateral veins into bilateral brachiocephalic veins (**C, long arrow**).

Neurology was consulted. Pyridostigmine, prescribed for congenital myasthenia gravis, resulted in marked symptom improvement. We later learned of a family history of congenital myopathy in 3 paternal relatives.

Management of AVMs should focus on symptom control as opposed to cure.