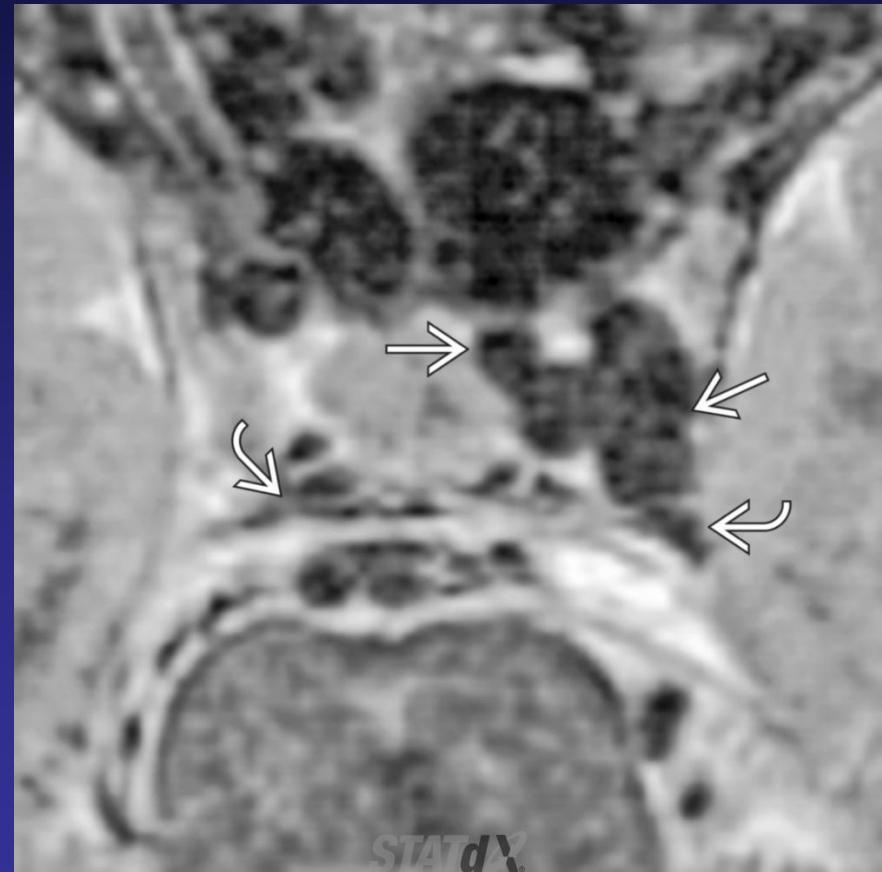


Nontraumatic Carotid-Cavernous Fistula

- From CS dAVF (indirect/low-flow CCF)
- Cavernous ICA aneurysm rupture (high-flow CCF)
- May present days to months after onset
- If severe/rapid vision loss, SAH → emergency
- Treatment: Endovascular
 - Transvenous embolization via various routes
 - Transarterial embolization

CCF

- Associated abnormalities
- Arterialized flow in CS with retrograde venous hypertension
 - Superior/inferior ophthalmic veins → proptosis, chemosis, ↑ intraocular pressure → ↓ retinal perfusion pressure → blindness
 - Cortical veins → increased SAH or ICH risk



Imaging

- Best diagnostic clue:
- Adult-type dAVF: Network of tiny ("crack-like") vessels in wall of thrombosed dural venous sinus
- Skull base dural venous sinuses
- Isointense thrombosed dural sinus \pm "flow voids"
- Focal hyperintensity in adjacent brain = retrograde leptomeningeal venous drainage (RLVD), venous perfusion abnormalities
- Best imaging tool: DSA with superselective catheterization of dural, transosseous feed
- Venous collateral flow in dural sinus thrombosis can become very prominent, mimic dAVF

- Associated abnormalities
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