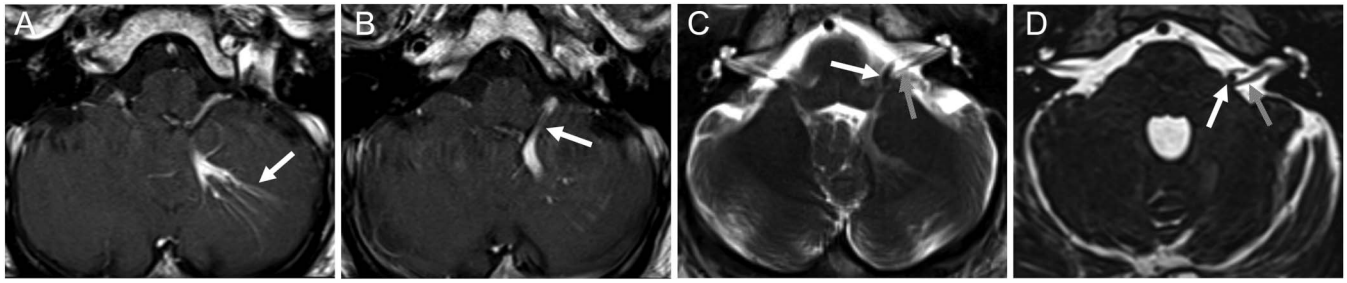
An anomalous developmental venous anomaly

Figure 1 MRI of cerebellar developmental venous anomaly



Axial T1 postgadolinium MRI shows a left cerebellar developmental venous anomaly (white arrows, A, B), the collecting vein of which is seen on T2 (C) and steady-state free precession (D) images (white arrows) adjacent to the left vestibular nerve (hashed arrows).

Developmental venous anomalies (DVA) are congenital variants of cerebral veins, found incidentally at autopsy in 2.6% of the population, which are most often asymptomatic.[1] Symptomatic compression of a cranial nerve by the collecting vein of a DVA is extremely rare, such as tinnitus from compression of the vestibulocochlear nerve.[2]

A 51-year-old man presented with 1 week of intermittent vertigo and mild left-sided dysmetria. Imaging showed contact of the left vestibular nerve by the collecting vein of a cerebellar DVA (figures 1 and 2). We speculate that the symptoms were caused by transient migration of the cisternal segment of the collecting vein. Management was conservative with spontaneous resolution.

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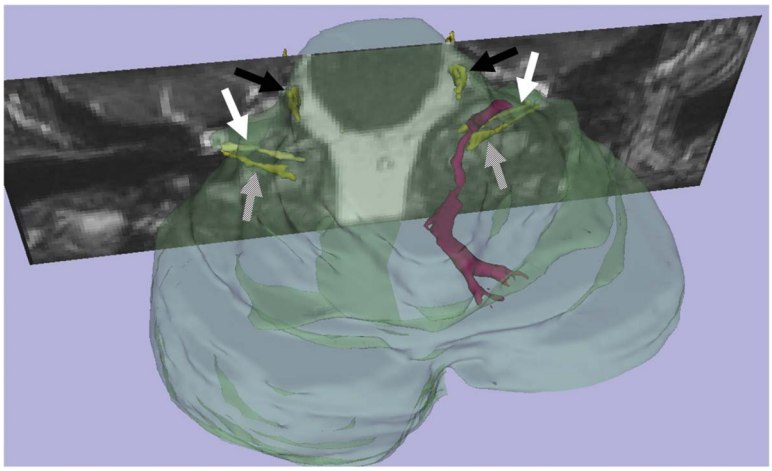
2. Malinvaud M, Lecanu JB, Halimi P, Avan P, Bonfils P. Tinnitus, cerebellar developmental venous anomaly. Arch Otolaryngol Head Neck Surg 2006;132:550–553.

Figure 2 3D reconstruction of cerebellar developmental venous anomaly



3D reconstructed image shows the developmental venous anomaly and collecting vein (purple) and cranial nerves (yellow): trigeminal, black arrows; facial, white arrows; vestibulocochlear, hashed arrows.