Dear Editors,

The patient was a 28-year-old woman who presented with the first episode of a generalized seizure. At initial evaluation, she was normal mentally and her neurologic examination was unremarkable. There was no previous history of head injury, drug abuse, or other usual precipitants of a seizure attack. Routine lab tests were also within normal limits. So, for further evaluation, an unenhanced MRI was requested that showed a “vein of Galen malformation” (Fig. 1).

Vein of Galen malformation (VOGM) is a rare congenital cerebral vascular malformation characterized by an aneurysmally dilated midline deep venous structure, fed by abnormal arteriovenous communication. Most patients develop severe congestive heart failure at neonatal period that is fatal if left untreated. Rarely, patients with low-flow fistula present with headache, seizure, or focal neurological sign at adulthood. A 28-year-old female with VOGM-related epilepsy was introduced in this brief report.

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Abstract

Vein of Galen malformation (VOGM) is a rare congenital cerebral vascular malformation characterized by an aneurysmally dilated midline deep venous structure, fed by abnormal arteriovenous communication. Most patients develop severe congestive heart failure at neonatal period that is fatal if left untreated. Rarely, patients with low-flow fistula present with headache, seizure, or focal neurological sign at adulthood. A 28-year-old female with VOGM-related epilepsy was introduced in this brief report.
In this case, seizure was attributed to VOGM; carbamazepine was started and she is seizure free for more than one year.

Conflicts of interest

The author has none to declare.

REFERENCES