


Dural Arteriovenous Fistula with Hypoglossal Nerve Paralysis

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Indian J Neurosurg 2024;13:181–182.

A male in his early 30s presented with a swelling just below the angle of his left mandible for the last 2 months. The swelling had insidious onset, progressive and painless. Examination found 4 × 4cm, diffuse, soft to firm, pulsatile swelling in the upper part of the neck on left side (►Fig. 1). An oral examination revealed left hypoglossal nerve paralysis. Further examination was noncontributory, including vagus and accessory spinal nerve examination. A probable diagnosis of carotid body tumor was kept, and the patient was subjected to computerized angiography.

Angiography revealed dural arteriovenous fistula (DAVF), a rare clinical entity leading to hypoglossal nerve paralysis (►Figs. 2 (A, B)). Patient was advised to undergo digital subtraction angiography for further management, but he refused and chose conservative care with regular follow-up.

Hypoglossal nerve paralysis due to DAVF is rare.¹ Digital subtraction angiography is the gold standard investigation, whereas endovascular embolization is the treatment of choice.² Regular follow-up with imaging is the option in a few selective cases.^{2–4}



Fig. 1 A diffuse swelling in the neck (white arrow) with left hypoglossal nerve paralysis (black arrow).

article published online
January 13, 2023

DOI <https://doi.org/10.1055/s-0042-1758661>.
ISSN 2277-954X.

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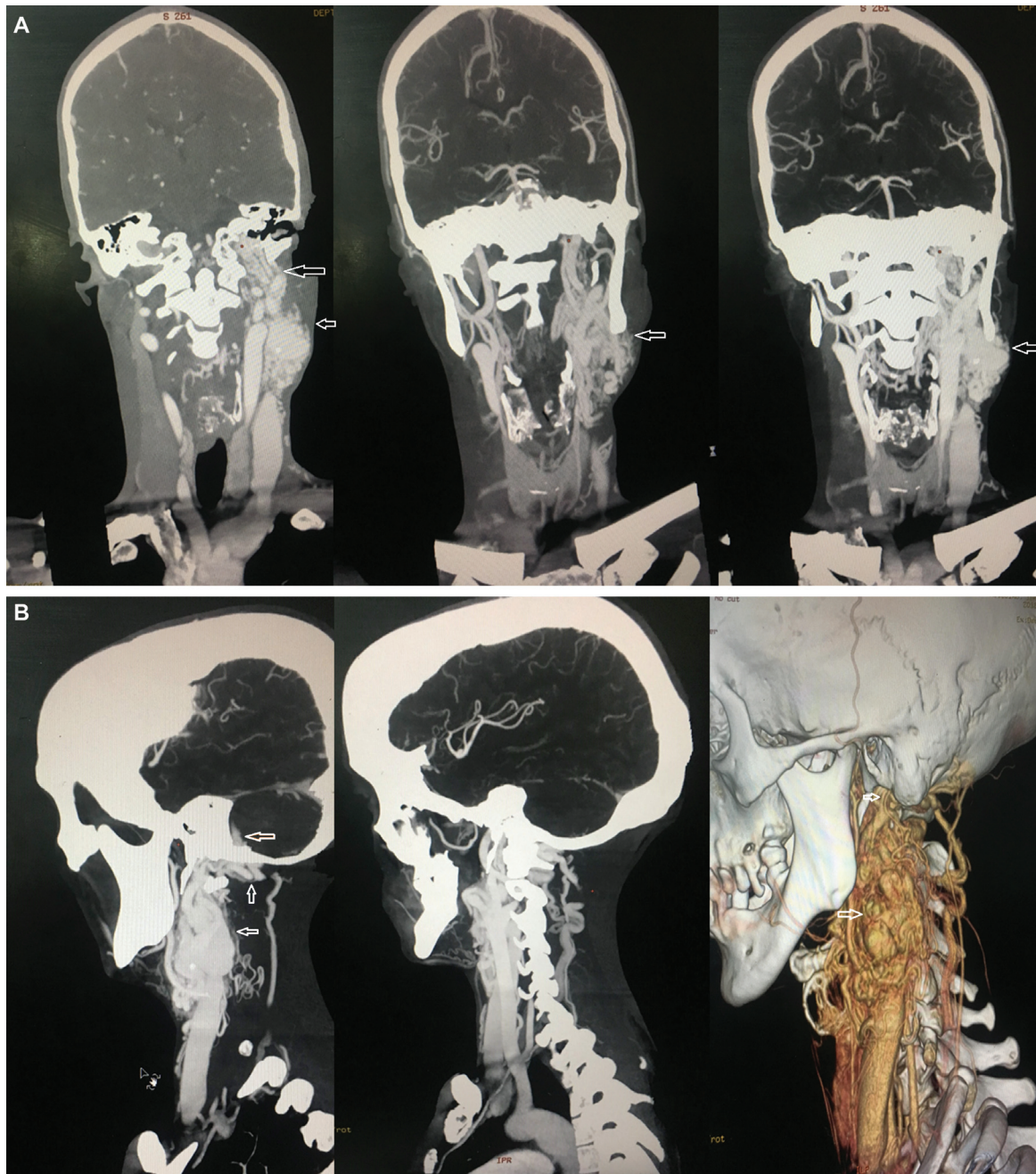


Fig. 2 (A, B) Computed tomography angiography showing arteriovenous malformation in the neck and its extension into the cranial cavity with dural arteriovenous fistula (white arrows).

Conflict of Interest
None declared.

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