Rapidly Progressive Dementia and Status Epilepticus

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Picture 1.

Picture 2.

An 81-year-old woman was referred to our emergency department due to intractable convulsive seizures. Her medical history included rapid cognitive deterioration and the emergence of bizarre behavior along with a gait disturbance during the preceding one month. While the computed tomogra-

phy findings of the brain was unremarkable, magnetic resonance venography images showed diffuse engorgement and tortuosity of the cerebral and cerebellar cortical veins (Picture 1). Catheter angiography revealed small tortuous arteries emerging from the branches and directly flowing into the

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transverse and sigmoid sinus with reflux of the blood flow from the superior sagittal sinus into the bilateral engorged cerebral cortical veins (Picture 2). Multiple dural arteriovenous fistulas (mDAVFs) can be caused by stenotic occlusive diseases of the venous sinuses and/or sinus hypertension (1). Although mDAVFs account for only 7% of all intracranial DAVF cases (2), this condition should be considered in the differential diagnosis of patients presenting with rapidly progressive dementia or status epilepticus.

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