Cirsoid aneurysm of scalp



Figure 1: Engorged tortuous swelling over right frontal region clinically suggestive of arteriovenous malformation

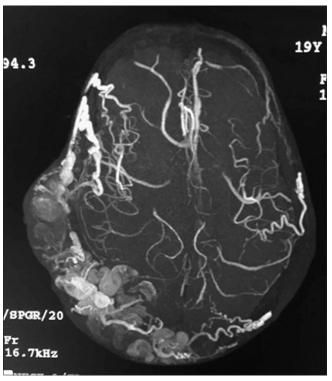


Figure 2: Coronal magnetic resonance angiography showing right fronto-parieto-occipital lesions in the soft tissues of the scalp with tortuous hyperintensity signals suggestive of venous component and intermediate signal intensity suggestive of arterial component. Intracranial vascular communication noted with middle meningeal artery branches at parietal region

A 19-year-old male presented with asymptomatic swellings over the scalp and face since 1 year of age. On cutaneous examination, there were two well-defined cystic, pulsatile swellings over the right parietal region of the scalp and forehead [Figure 1] with bruit on auscultation. Magnetic resonance angiography showed multiple serpiginous flow voids and hyperintensities in the subcutaneous plane of scalp involving the right parieto-occipital and frontal regions with arterial feeders from the right middle meningeal artery and occipital branch of the right external carotid artery [Figure 2] suggestive of arteriovenous malformation (Cirsoid aneurysms are arteriovenous malformation of scalp which can be congenital or occur following trauma. Common manifestations of cerebral arteriovenous malformation are subcutaneous pulsatile swellings, headache, seizures, muscular weakness, numbness, loss of vision and difficulty in speaking depending on the site of involvement in the brain. Cerebral hemorrhages are dangerous complications of AVMs. Magnetic resonance angiography is the gold standard for diagnosis. Treatment options include surgical removal of nidus and palliative embolization.

Acknowledgment

We thank Dr. Bhaskarnarayana K, Professor and HOD, Department of Dermatology, MNR Medical College and Hospital for his continuous support and guidance.

Access this article online	
Quick Response Code:	Website: www.ijdvl.com
	DOI: 10.4103/ijdvl.IJDVL_270_17

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

For reprints contact: reprints@medknow.com

How to cite this article: Varala S, Arakkal GK, Malkud S, Narayana B. Cirsoid aneurysm of scalp. Indian J Dermatol Venereol Leprol 2018;84:57-8.

Received: May, 2017. Accepted: June, 2017.

Varala, et al. Cirsoid aneurysm of scalp

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understand that name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Sirisha Varala, Geeta Kiran Arakkal, Shashikant Malkud, Bhaskar Narayana

Department of Dermatology, Venereology and Leprosy, MNR Medical College and Hospital, Sangareddy, Telangana, India

Correspondence: Dr. Geeta Kiran Arakkal,

Department of Dermatology, Venereology and Leprosy, MNR Medical College and Hospital, Sangareddy - 502 294, Telangana, India.

E-mail: geetakiran.a@gmail.com