Acute paraparesis: do not miss Foix-Alajouanine syndrome

Paraparesia crural aguda: a síndrome de Foix-Alajouanine não deve ser desconsiderada

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A 71-year-old male patient presented with sudden loss of strength and hypoesthesia in the lower limbs. A spinal cord magnetic resonance imaging (MRI) scan revealed a vascular tangle in the spinal canal region with hypersignal on T1 in the spinal cord at the T8–T9 level, corresponding with the clinical presentation of the patient (►**Figure 1**). Arteriography was performed to study the patient's anatomy and plan further treatment. Dural arteriovenous fistula (DAVF) was confirmed (►**Figure 2**).

Foix-Alajouanine syndrome (FAS) is a chronic myelopathy with an ischemic lesion in the spinal cord.[1] The classic clinical picture is of a progressive paraparesis; however,

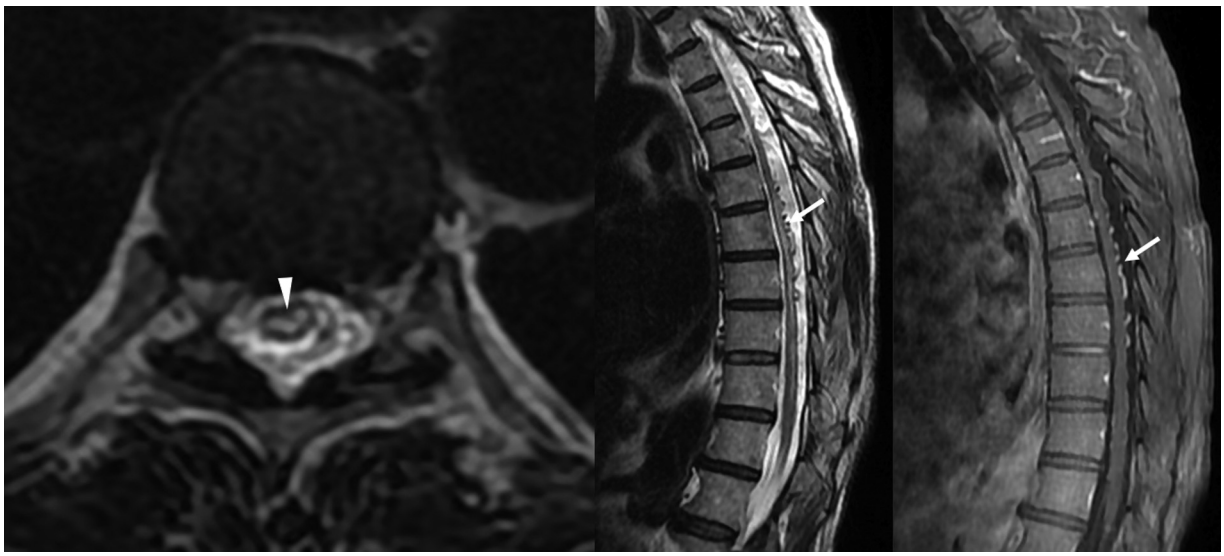

Figure 1 Magnetic resonance imaging (MRI) scans of the thoracic spine: T2-weighted axial (**A**) and sagittal (**B**) images showing centromedullary edema (arrow) and prominent serpiginous intradural extramedullary flow voids (arrow); And T1-weighted sagittal postcontrast image (**C**) depicting enhancement of these vessels (arrow).

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Figure 2 Spinal angiography showing the site of the spinal dural arteriovenous fistula (arrow). Through a super-selective microcatheterization of the neurodural branch of T11, we found that the same vessel that supplies the dural arteriovenous fistula also gives rise to the anterior spinal artery.

acute lower-limb paraparesis could be the initial clinical presentation.[2]

Authors' Contributions

VMA: conceptualization, data curation, formal analysis, investigation, project administration, writing – original draft, writing – review & editing; GGS: conceptualization, data curation, investigation, writing – review & editing; LCA: conceptualization, investigation, project administration, resources, software, supervision, validation, writing – review & editing; ESM: conceptualization, data curation, formal analysis, investigation, methodology, project administration, validation, visualization, writing – review & editing.

Conflict of Interest

The authors have no conflict of interest to declare.

References

1 Sadighi N, Tajmalzai A, Salahshour F. Spinal arteriovenous malformations causing Foix-Alajouanine syndrome, a case report and review of the literature. Radiol Case Rep 2021;16(08):2187–2191. Doi: 10.1016/j.radcr.2021.05.048 PMID: 34178190; PMCID: PMC8213980

2 Del Pino-Camposeco J, Villanueva-Castro E, Ponce-Gómez JA, Ramírez-Aragón S, Hernández-Hernández A, Arriada-Mendicoa JN. Foix-Alajouanine Syndrome: A Case Report. Cureus 2023;15(03):e36696. Doi: 10.7759/cureus.36696 PMID: 37113340; PMCID: PMC10128097