

Es una entidad poco frecuente y representa menos del 1% de todas las hemorragias subaracnoideas aneurismáticas.

A veces coexisten con malformaciones arteriovenosas espinales o fístulas arteriovenosas espinales (Biondi y col., 1992; Herdt y col., 1971; Malek y col., 1999; Miyamoto y col., 1983; Sakamoto y col., 2002; Takasaki y col., 1991).

La escasez de casos clínicos crea desafíos para su diagnóstico, que se establece mediante la Resonancia y angiografía espinal.

Su patogenia es variable (Sato y col., 2012).

Las estrategias terapéuticas siguen siendo controvertidas.

Pueden ser de a. espinal anterior, aa. radicales, a. de Adamkiewicz, aunque hay muy pocos casos comunicados (Massand y col., 2005).

En el año 2012, se conocen aproximadamente 20 casos (Marovic y col., 2012).

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