Background - Hereditary haemorrhagic telangiectasia (HHT), also known as Osler-Weber-Rendu syndrome, is a rare autosomal dominant disorder that affects blood vessels throughout the body and results in bleeding tendency. Forms of HHT include types 1, 2, 3 and juvenile polyposis/HHT syndrome. Its incidence is 1 in 5,000 to 10,000.

Mitfiod - A 12-year-old boy who was investigated for epistaxis for 2 years of age, presented with worsening of epistaxis, throbbing type frontal headache over six months with a progressively increasing vascular birth mark over right upper limb. His mother and sister also had spontaneous epistaxis. Examination revealed a pinkish purple papular vascular malformation on medial side of upper limb with superficial telangiectatic vessels. There was telangiectasia on trunk, limbs and face. Rest of the examination was normal.

Results - Basic hematology, chest X-ray and 2D echo were normal. Contrast CT brain and MRI brain revealed L/middle cerebral artery vascular malformation. Four vessel carotid angiogram revealed large L/parietal carotid AV fistula between L/middle cerebral artery and cortical veins with variceal enlargement.

Child underwent open craniotomy and resection of AV fistula and had uneventful recovery.

Condiiosioini - Diagnosis was made clinically on the basis of Curacao-criteria, established by the Scientific Advisory Board of the HHT Foundation, which are epistaxis, telangiectasia, visceral arteriovenous malformations and a first-degree relative who has HHT.

Our case fulfilled the Curacao criteria. Current recommended treatment for arterio-venous Malformation (AVM) depends on its size and location. Interventional Radiologists offer non-surgical treatment for AVM. Invasive treatment of brain AVMs include endovascular embolization, surgical resection, and focal beam radiation alone or in combination.

Background - Arachnoid cysts are lined by arachnoid membranes and filled with cerebrospinal fluid. They are thought to occur as a result of maldevelopment of the arachnoid membrane or secondary to trauma or infection.
Method - We report an 11 days old baby who presented with excessive crying, grunting and refusal of feeds over two days. He is first born child to healthy non-consanguineous parents following an uneventful pregnancy and birth with birth Occipital-frontal circumference (OFC) of 36 cm. Parents have also noticed that his head was enlarging since birth.

Examination revealed an irritable neonate with bulging anterior fontanelle, separated sutures, OFC of 39 cm and right sided partial ptosis. Within few hours since admission, he had progressive opisthotonus and a respiratory arrest. He underwent immediate surgery which included insertion of left sided Ventricular-Peritoneal shunt and right sided Cysto-Peritoneal shunt. He made a successful recovery and now developing normal.

Results - Non contrast CT brain on admission revealed an extensively large cyst arising from right middle cranial fossa compressing third ventricle resulting in gross hydrocephalus and midline shift.

Conclusion - Postnatally, many arachnoid cysts are asymptomatic and remain quiescent for years, although others expand and cause symptoms by compressing adjacent brain and/or expanding the overlying skull, rarely causing serious effects like cranial nerve involvement, bulbar symptoms and respiratory arrest.