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MADISON NEUROLOGY LLC

608 403 0000

Neurology Care 7 days a Week. Because Your Brain Matters.

Cavernous Malformation (Cavernoma)

Patient education guide · Stroke & Vascular · Madison Neurology LLC

What is it?

A cavernous malformation is a cluster of abnormal, thin-walled blood vessels in the brain or spinal cord that resembles a small mulberry. These low-flow lesions can leak small amounts of blood and occasionally cause seizures or larger hemorrhages. Many are found incidentally and never cause trouble.

How does it happen?

About 80% are sporadic with no clear cause; new ones occasionally form after brain radiation. Roughly 20% are familial, caused by inherited mutations (CCM genes), and these patients often have multiple lesions.

Common symptoms

- Often no symptoms
- Seizures (the most common symptom)
- Headache
- Small bleeds causing sudden focal symptoms (weakness, numbness, speech trouble)
- Repeated tiny leaks causing gradually progressive symptoms

How is it diagnosed?

MRI is the test of choice — cavernomas have a characteristic 'popcorn' appearance with a dark rim of old blood. They are invisible on angiography because blood flow through them is very slow.

How is it treated?

Asymptomatic cavernomas found by chance are usually observed with periodic MRI. Surgery is considered for lesions that have bled significantly, cause uncontrolled seizures, or sit in accessible

locations. Radiosurgery is sometimes used for deep lesions that have bled repeatedly. Seizures are treated with anti-seizure medications.

What does the future hold?

Many people never have a serious event. Annual hemorrhage risk for an unbled lesion is low (around 0.5-1%), rising after a first bleed. Surgical removal of an accessible lesion is often curative. Familial cases require long-term imaging surveillance because new lesions can form.

Questions patients commonly ask

Q: Should my children be tested?

A: Genetic counseling and testing are recommended when multiple family members are affected or you have multiple lesions suggesting the inherited form.

Q: Can I take blood thinners?

A: Evidence is reassuring that standard anticoagulants do not greatly increase cavernoma bleeding risk, but this must be individualized — discuss with your neurologist.

Q: Will my seizures stop after surgery?

A: Many patients become seizure-free after removal of a seizure-causing lesion, though some still need medication.

National support groups & resources

- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org
- **American Stroke Association** — stroke.org — 1-888-478-7653
- **National Organization for Rare Disorders** — rarediseases.org — 1-800-999-6673

(Organization contact details were current at the time of compilation; please verify online.)

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