



Kids Brain Doc

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Cavernoma

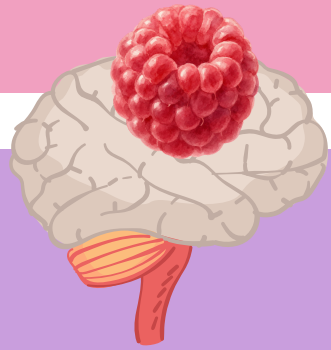
Patient Packet



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Diagnosis: Cavernoma



What is it?

A cavernoma (*cavernous malformation*) is a cluster of abnormal, thin-walled blood vessels in the brain or spinal cord that looks like a small raspberry. Because these vessels are fragile, blood moves through them slowly and can sometimes leak out into the surrounding tissue.

Who does it affect?

It can be found at any age. Many are discovered by chance on an MRI, while others are found after a seizure, headache, or a small bleed.

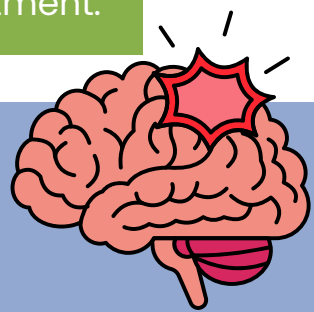


How did my child get it?

Some occur randomly and aren't from anything you did or didn't do (*sporadic*). In some families, a gene can cause more than one (*familial*), so genetic testing might be considered. A few may develop years after radiation treatment.

Is it Harmful?

Most cavernomas don't cause problems. The main concerns are bleeding, seizures, or neurological symptoms. A child's risk depends on the cavernoma's location and if there's been previous bleeding. The highest risk of another bleed is within the first two years after the initial one.



What is the Treatment?

Some cavernomas are monitored with MRI scans and regular check-ups. Surgery might be suggested if a cavernoma leads to noticeable bleeding, seizures, or other neurological issues.



Follow-Up (if no surgery needed)



ACTIVITY RESTRICTIONS

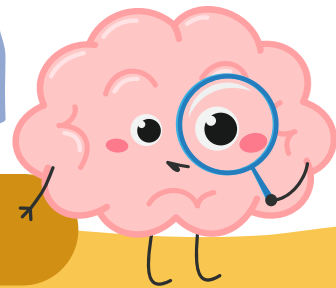
- Most children can participate in normal activities, without activity restrictions.
- Your neurologist may recommend avoiding certain activities if your child has seizures or other symptoms.

HOME CARE

No special home care is usually needed. Seek medical attention for new headaches, seizures, or neurological symptoms.

FOLLOW-UP

Your doctor may recommend follow-up visits and repeat imaging to make sure the cavernoma is stable. Imaging is often repeated 6-12 months initially and then spaced out or stopped if stable.



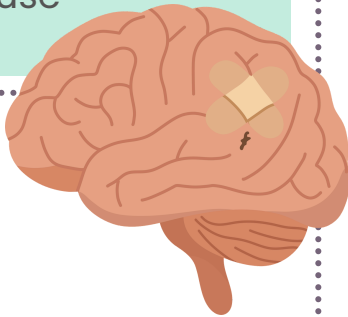
LONG-TERM CARE

- Children with a cavernoma can enjoy a regular life: going to school, playing sports, and traveling.
- For a cavernoma that has never bled or caused symptoms, the chance of a symptomatic bleed is low (**~0.5%/year** in pediatric studies).
- After stability is established, frequent MRIs may not be needed, unless new symptoms appear.
- Let us know if something changes. This should prompt urgent evaluation and may require a new MRI.

Surgery: Cavernoma Resection

1 Goals of Surgery

- Remove the cavernoma
- Prevent future bleeding from the lesion
- Treat seizures or neurologic symptoms when the cavernoma is the cause



4 Right after Surgery

- Your child will be watched closely in the ICU
- Pain medications: IV Tylenol, IV Toradol
- Antibiotics: 24 hours
- Anti-seizure medication
- Check labs

2 Risks of Surgery

- Infection, Bleeding
- Injury to nearby normal brain tissue, which can affect movement, vision, speech, etc.
- Stroke-like injury if injury to DVA (*developmental venous anomaly*), which drains normal brain
- It can come back if a small piece is left behind

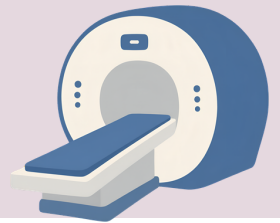
5 Hospital Recovery

- Once your child is taking all their medicine by mouth, eating/drinking, peeing, and moving ok, your child can go home



3 Alternatives

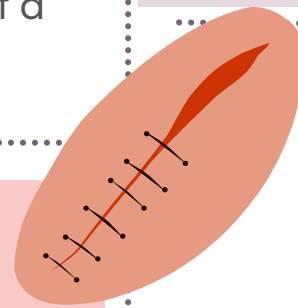
- Observation with MRI and clinic follow-up
- Medicines to control seizures
- Radiosurgery in select cases



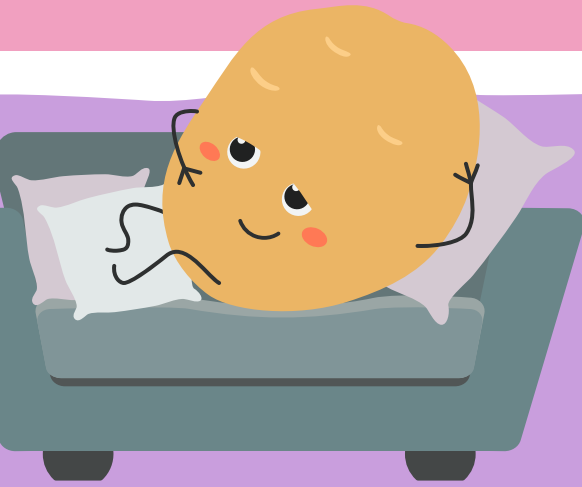
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Incision Care

- Ok to shower 2 days after surgery. Wash daily.
- No bathing or soaking incision in tub for 4 weeks after surgery.
- Incision will fall off on its own in 3-4 weeks.
- No need to cover the incision.



Recovery & Follow-Up



ACTIVITY RESTRICTIONS

- Week 0-2: Couch potato
- Week 0-4: Light activity
- 1-3 months: Regular activity (keeping two feet on the ground – avoid jumping)
- At 3-months: Clear for all activities

HOME CARE

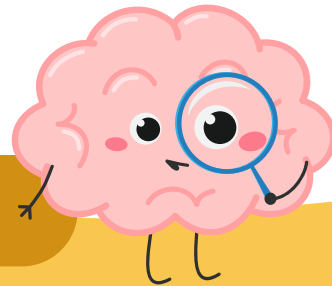
Will see in clinic for incision check at 2 weeks.
Can return to school or daycare after this appointment.

FOLLOW-UP

- 2-week: incision check
- 6-weeks
- 3 months
- Annual check-up



LONG-TERM CARE



- Once a cavernoma is completely removed, it usually won't bleed again from that spot.
- Kids with several cavernomas or a family history might get more over time, so they might need regular MRI check-ups.
- If your child had seizures, they might continue to see a neurologist and take anti-seizure medicine even after surgery.
- If there are new symptoms or another seizure, it's important to see a doctor.