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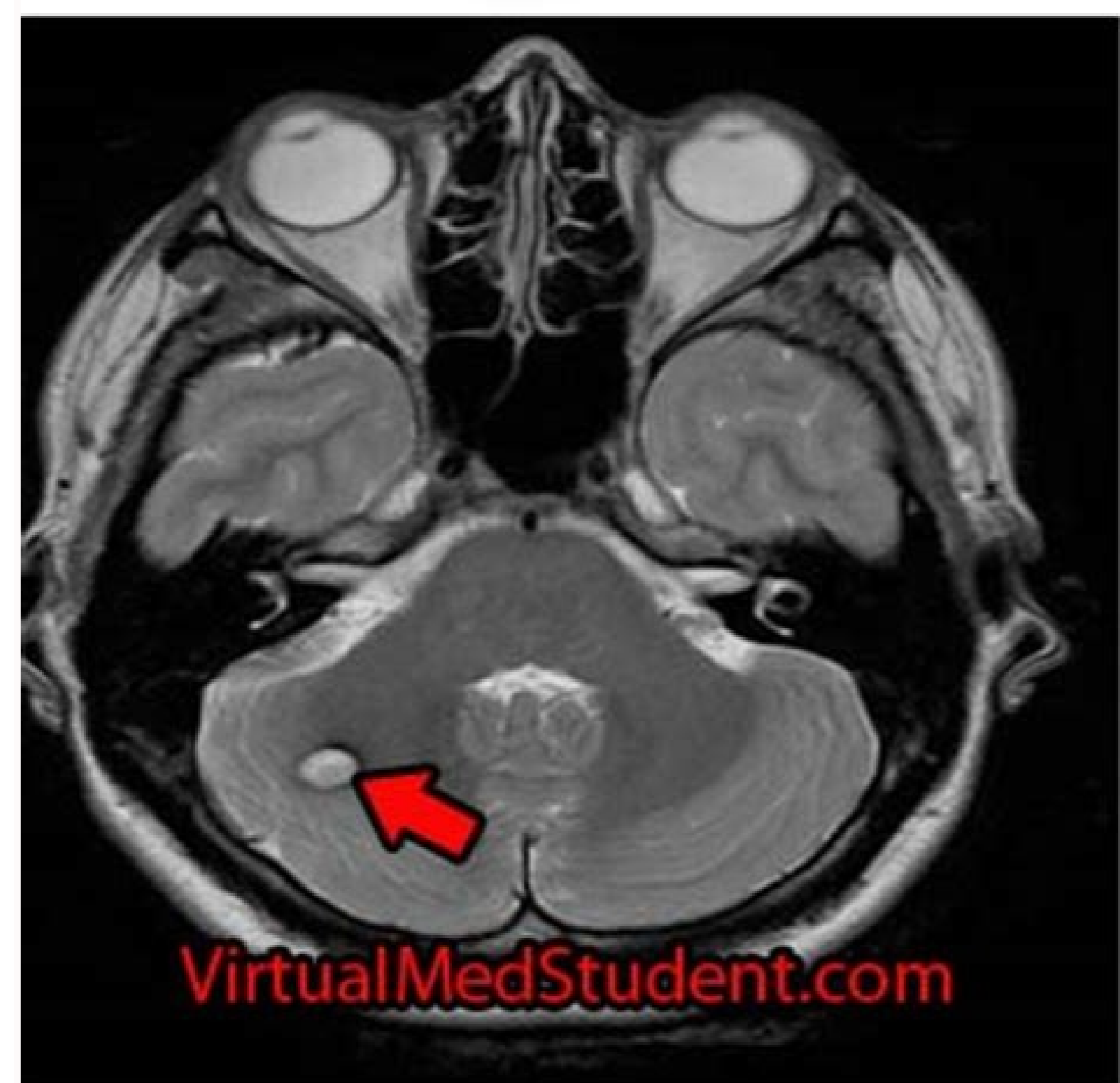
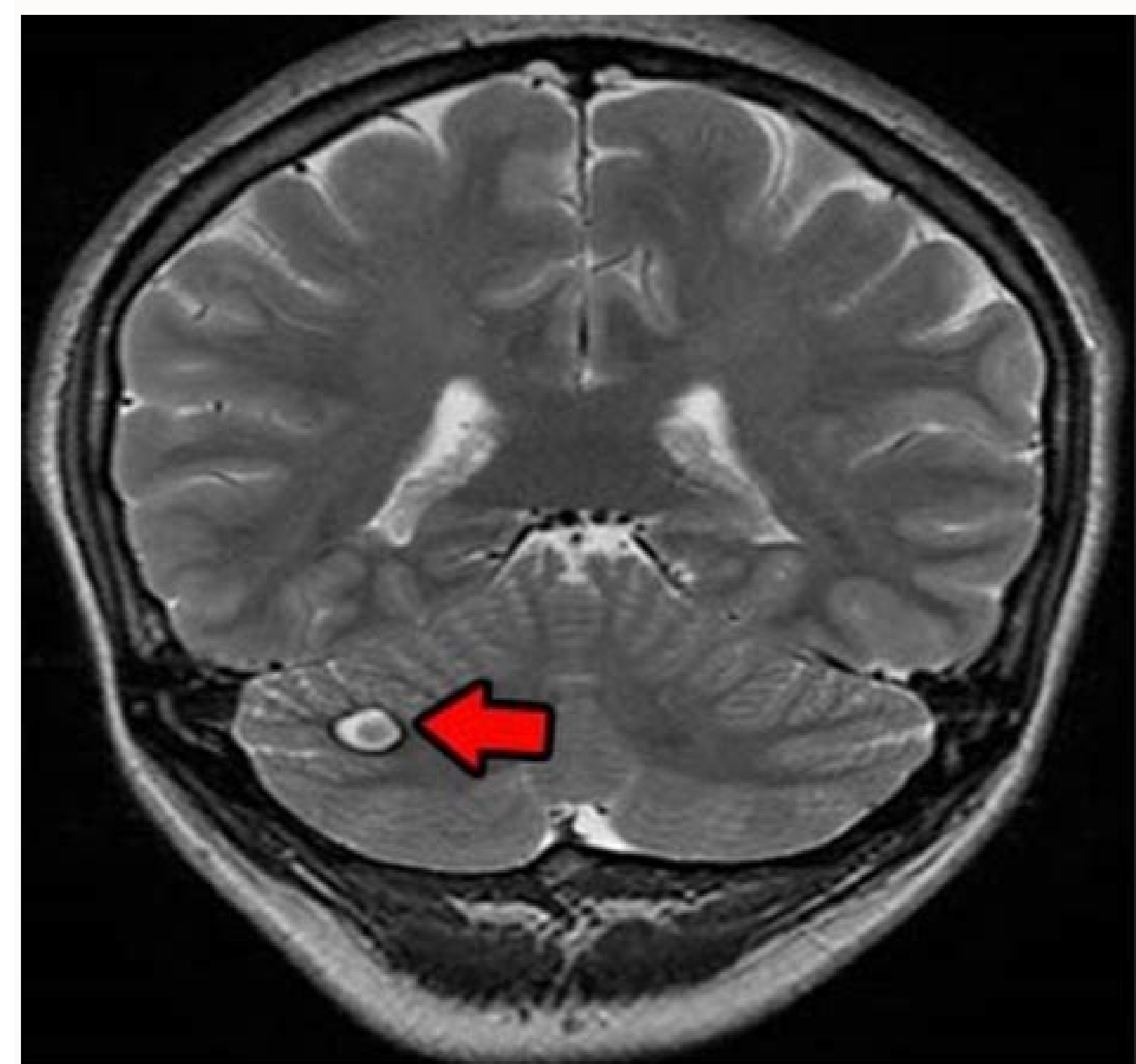
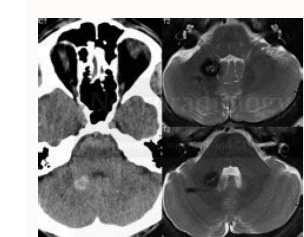




TABLE 4. ARCHER CLASSIFICATION FOR WYBURN-MASON SYNDROME^a

Group	Feature	Comments
I	Abnormal capillary plexus between the major vessels of the arteriovenous malformations.	Such lesions tend to be small, patients asymptomatic, and intracranial involvement uncommon.
II	Arteriovenous malformations lack any intervening capillary bed between the artery and vein.	Risk of retinal decompensation resulting in retinal edema, hemorrhage, and vision loss. Low risk for intracranial arteriovenous malformations.
III	Extensive arteriovenous malformations with dilated and tortuous vessels and no distinction between artery and vein.	High risk for visual loss due to retinal decompensation or retinal compression of nerve fiber layer, optic nerve, or other vessels. High risk for intracranial arteriovenous malformations.

^aAdapted from Archer DM, Deutman A, Ernest JT, Krill AE. Arteriovenous communications of the retina. *Am J Ophthalmol.* 1973;75(2):224-241.



On the other hand, cavernomas in these areas can cause more damage when they bleed than cavernomas located elsewhere. These can vary in size from microscopic up to several diameter inches. Problems can occur if cavernoma bleeds or presses in certain areas of the brain. Treatment types offered in the United Kingdom to reduce the risk of hemorrhages include: Neurosurgery: It was carried out under general anesthetic to eliminate stereotactic radiosurgery from the caverns, where a concentrated dose of radiation is directly directed to Cavernoma, causing to thicken and is known in most cases, neurosurgery is preferred to stereotactic radiosurgery because the effectiveness of radiosurgery is unknown in the prevention of hemorrhages. Magnetic resonance explorations are mainly used to diagnose cavernomas. Retreat the cavernomas by making a small opening in the skull to expose the brain (a craniotomy), generally under general anesthesia. If you have been diagnosed with a caverns, you should be advised to stop driving until your symptoms are controlled. We are investigating reducing the precise mutation that causes the condition. If you have experienced neurological loss due to cavernomas, we can recommend post-air rehabilitation. You should seek medical help as soon as possible if you experience any of the previous symptoms for the first time. But in most cases, cavernomes occur randomly. Often, a cavernium does not cause symptoms, but when symptoms occur, they may include: the severity and duration of symptoms may vary according to the type of cavernium and where it is located. While a cavernous angioma may not affect the function, it can cause seizures, brain spill symptoms, hemorrhages and headaches. The typical symptoms Neurologic loss of epilled seizure of headache, such as vision of the weakness of extremities, problems of equilibrium problems with memory and care cerebral hemorrhage, which can be small, but a Massive, massive times, Symptoms similar to stroke accidents of the spinal method Treatment options of the lesion Our methods develop treatment plans for people with cavernomas based à €

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