Introduction

Abnormalities of cranial vessels especially intracranial AVMs have great clinical importance and therapeutic implications. (Klaus et al., 1995)

Cerebral arteriovenous malformtions represent a major life threat, risk of bleeding is 2% to 3% per year ,and mortality is approximately 20% to 30% per bleeding episode. (Mauricio C., 1999)

Although MRI and CT are nearly equal in the gross diagnosis of AVM, several investigators have demonstrated MRI as a more sensitive and specific technique in the diagnosis of important, specific features of AVMs . (Gerard and Steve,1997)

The combination of MRI and MRA is promising for the non-invasive detection at one examination of both intracranial parenchymal lesions and possible underlying vessel abnormalities. (Klaus et al., 1995)

Magnetic resonance imaging followed by magnetic resonance angiography (MRA) is a clinically useful method for screening cerebral AVMs and selecting high yield patients for invasive

conventional angiography. MRA also allows a non invasive follow up evaluation of arterial injury following institution of therapy. (James, 1997)

Continuous improvements in techniques for MRI and MR angiography (MRA) may someday reach the point where surgery can be undertaken on the basis on non-invasive imaging alone. (Baxter et al., 1998)