A 28-year-old woman, who had been subjected to a dental procedure two weeks before, consulted for seizures and fever. At oral cavity examination, palatine telangiectasias were evidenced, with no signs of dental infection. The chest X-ray showed a well-defined pulmonary opacity in the inferior right lobe (Fig. 1A) and a cerebral contrast CT scan evidenced a ring-enhancement lesion in the right parietal lobe suggesting a cerebral abscess (Fig. 1B). A thoracic CT scan was performed showing a 7 mm pulmonary arterio-venous malformation (AVM) in the right inferior lobe (Fig. 1C). A contrast transesophageal echocardiogram confirmed a grade 3 right-to-left shunt (Fig. 1D, RA: right atrium; LA: left atrium; SVC: superior vena cava; IAS: interatrial septum). The cerebral abscess was drained and antibiotic treatment was completed (positive hemocultures for streptococcus sp). Endovascular embolotherapy of the pulmonary AVM was performed. The final diagnosis was Rendu-Osler-Weber disease.

Conflict of interest

We confirm that there are no known conflicts of interest associated with this publication and there has been no significant financial support for this work that could have influenced its outcome.

All authors had access to the data and a role in writing the manuscript.