LETTERS TO THE EDITOR

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Meningioma of the cavernous sinus

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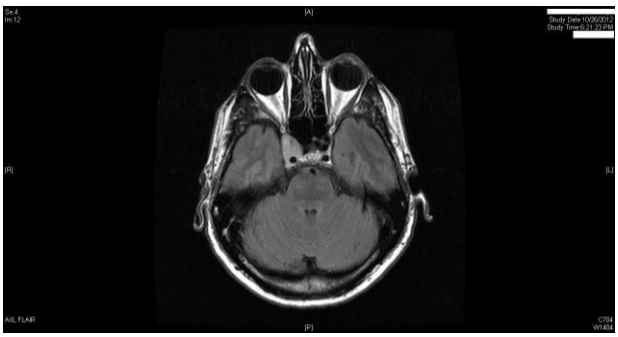
A-52-year-old right handed male presented for evaluation of seizures. Four years ago he presented to a neuroophthalmologist with complaints of diplopia. Magnetic resonance imaging (MRI) of the brain showed a T2 hyperintense and T1 isointense right cavernous sinus mass along the inferior portion of the proximal segment of the right cavernous carotid artery, minimally elevating it but without significant distortion. Extension into the sella, with minimal distortion of the pituitary gland was present (Figure 1, 2).

The patient had esophoria in right gaze (right CN VI), right hypertropia worse in left-down gaze (right CN IV) along with suggestion of involvement of CN V3 and optic chiasm due to mild superior bitemporal hemianopsia. Optical coherence tomography did not show any retinal nerve fiber thinning suggestive of chiasmal axonal injury. At that time no role of surgical resection was felt given the tumor's location. Neurological deficits have remained stable during follow up (1).



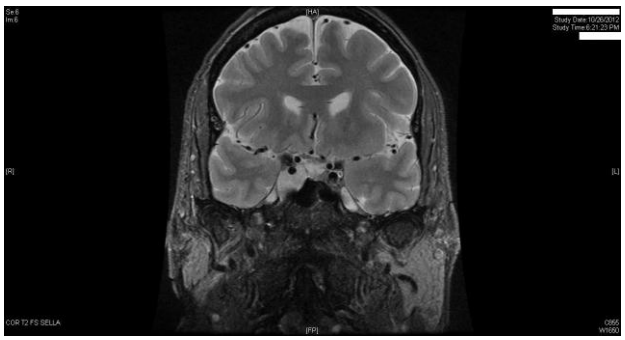


Fig. 1, 2. Brain MRI images axial flair and coronal T2 FS sella shows a T2 hyperintense and T1 isointense right cavernous sinus mass along the inferior portion of the proximal segment of the right cavernous carotid artery, minimally elevating it b ut without significant distortion. Extension into the sella, with minimal distortion of the pituitary gland is noted.

Reference

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