Teaching NeuroImages: Another CC fistula

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Figure CT and catheter angiogram results

(A) CT angiogram demonstrates curvilinear aneurysm extension (small arrow) and enhancement along the clivus (arrowhead). Left internal carotid digital subtraction angiogram: (B) anterior-posterior and lateral projections in the early (C) and late (D) arterial phase show the curvilinear rupture site (arrow) and early clival plexus opacification (arrowheads).

A 50-year-old woman presented with a left lateral rectus palsy following protracted vomiting. There was no proptosis, chemosis, or orbital bruit. CT angiography showed an irregular 1.7-cm cavernous carotid aneurysm but catheter angiography revealed aneurysm rupture and early clival plexus opacification (figure). The patient passed balloon test occlusion and underwent parent vessel occlusion with detachable coils.

Cavernous aneurysm rupture rarely leads to subarachnoid hemorrhage but can produce a di-

rect carotid-cavernous (CC) fistula.¹ This patient's aneurysm extended and ruptured inferiorly, creating a unique fistula between the cavernous carotid artery and the clival plexus, another CC fistula.

REFERENCE

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