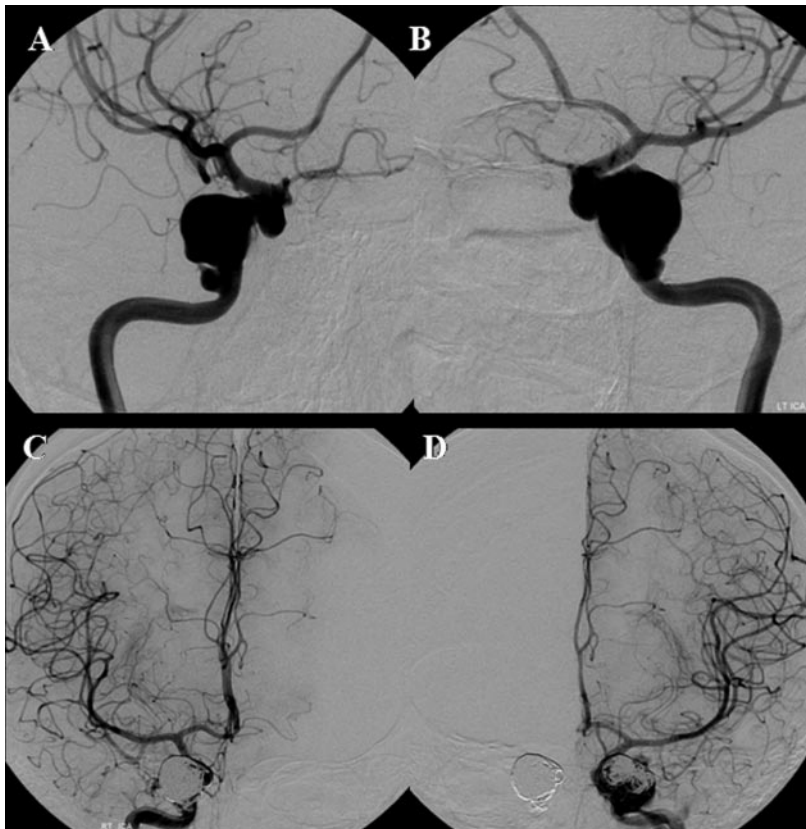


Polyarteritis nodosa presenting with bilateral cavernous internal carotid artery aneurysms

Figure Conventional cerebral and post coil angiograms



Conventional cerebral angiograms show bilateral internal carotid artery aneurysms on the cavernous portion, measuring 2.4 cm on the left side and 2 cm on the right (A, B). Post coil angiograms show successful occlusion and exclusion of the bilateral cavernous ICA aneurysms from the circulation (C, D).

A 24-year-old man was admitted with a severe, abrupt-onset headache and diplopia. On neurologic examination, movement of the left eye was limited in all directions, while the right eye was limited on lateral gaze. Cerebral angiography demonstrated bilateral aneurysms on the cavernous portion of the internal ICA, measuring 2.4 cm on the left and 2 cm on the right (figure, A and B). Abdominal angiography showed multiple microaneurysms in the hepatic, renal, and adrenal arteries. Based on the criteria for the classification of polyarteritis nodosa (PAN),¹ a diagnosis of PAN was made. Successful endovascular treatment was performed with stent insertion and a GDC coil for the right ICA aneurysm and a GDC coil for the left ICA (figure, C and D). To our knowledge, no case of bilateral cavernous internal carotid aneurysms has been reported. We describe the first case of bilateral cavernous internal carotid aneurysms in PAN presenting with bilateral ophthalmoplegia.

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