Hemangioma of the cavernous sinus in a child

An 11-year-old boy presented with diplopia and right cranial nerve VI paresis. MRI demonstrated a T2-hyperintense extra-axial mass in the cavernous sinus. Early heterogeneous enhancement progressed to late homogeneous enhancement. The carotid artery was not narrowed (figure). Slow growth prompted endoscopic transsphenoidal resection. Microscopy demonstrated a vascular tumor with bland endothelial cells and no mitoses.

Hemangiomas of the cavernous sinus rarely occur in children. Marked T2 hyperintensity and progressive nodular centripetal enhancement are common. Preoperative diagnosis is important to avoid hemorrhage at surgery. They are often mistaken for more common meningiomas, which usually show T2-isointensity and carotid artery narrowing.

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