Carotid-cavernous fistula

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A 73 year-old patient initiated conjunctival injection in the left eye without previous trauma, itching or purulent discharge 21 days before attending the Emergency Department (ED). He had received antibiotic eye drops. The condition worsened with eye pain and 10 days later diplopia and ptosis. The symptoms progressed and he visited the ED. Examination revealed conjunctival injection and involvement of the left third cranial nerve characterized by ptosis, paresis in adduction of the left eye with diplopia on horizontal gaze to the right and a non-reactive pupil (Figure 1). Also, a retro-ocular murmur was heard. Computed tomography (CT) scan showed tortuosity and dilatation of the left superior ophthalmic vein and distension of the ipsilateral cavernous sinus (Figure 1). These findings suggested left carotid-cavernous fistula which was verified by cerebral angiography. The patient showed good clinical evolution after receiving endovascular treatment.

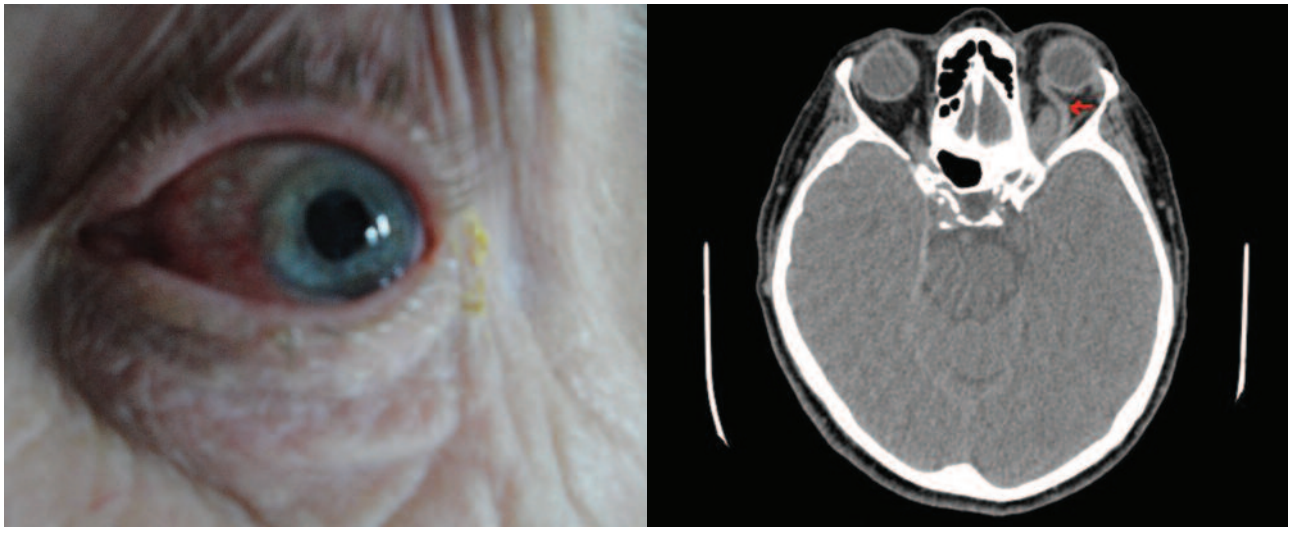

Figure 1. Left eye with conjunctival injection and deviation in abduction (left). Dilatation of the left superior ophthalmic vein on CT scan without contrast (right).

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