

# Cavernous sinus hemangioma

**Cavernous hemangiomas** that occur within the **cavernous sinus** (CS) are different from **cerebral cavernous malformations** (CMs) clinically, on imaging studies, and in their response to treatment. Moreover, **cavernous malformations** are true vascular malformations, whereas **hemangiomas** are benign vascular tumors. Because of these differences, Gonzalez et al. suggested that these two entities be analyzed and grouped separately. Unfortunately, despite these differences, much confusion exists in the literature as to the nature, behavior, and classification of these two distinct lesions. This confusion is exacerbated by subtle histological differences and the inconsistent use of nomenclature. The authors use the term “cavernous malformation” to refer to intraaxial lesions only; they prefer to use the term “**cavernous sinus hemangioma**” to refer to extraaxial, intradural hemangiomas of the cavernous sinus <sup>1)</sup>.

## Treatment

[Cavernous sinus hemangioma treatment.](#)

## Case reports

Surendrababu NR, Rao A. Cavernoma of cavernous sinus. *Neurology*. 2006 Jan 10;66(1):68. doi: 10.1212/01.wnl.0000190337.21154.b7. PMID: 16401848.

49-year-old man was admitted with a 1-year history of diplopia. Cranial computed tomography (CT) scan with contrast medium, performed prior to admission, showed an expansive lesion at the level of the right cavernous sinus. Preoperative neuroradiologic diagnosis, after cerebral magnetic resonance imaging (MRI) with gadolinium enhancement and cerebral panangiography, was probable cavernoma. The lesion was totally removed via a fronto-orbito-temporo-zygomatic craniotomy.

Results: Postoperatively, the patient had a right oculomotor nerve palsy. This spontaneously resolved 8 months after surgery; diplopia also completely disappeared. Early postoperative control MRI scans with gadolinium on the 2nd postoperative day and 3 months after operation confirmed total removal of the lesion.

Conclusions: The clinical onset and neuroradiologic aspect of these lesions and the fact that they rarely involve the cavernous sinus, may sometimes make preoperative diagnosis of cavernous sinus cavernoma difficult. Nevertheless, given the routine use of microsurgical techniques and improved anatomic knowledge of this delicate region, the treatment of choice is surgery. However, when doubts exist regarding achievement of total removal, radiosurgery is still a valid therapeutic tool <sup>2)</sup>.

<sup>1)</sup>

Gonzalez LF, Lekovic GP, Eschbacher J, Coons S, Porter RW, Spetzler RF. Are cavernous sinus hemangiomas and cavernous malformations different entities? *Neurosurg Focus*. 2006 Jul 15;21(1):e6. doi: 10.3171/foc.2006.21.1.7. PMID: 16859259.

<sup>2)</sup>

Bristot R, Santoro A, Fantozzi L, Delfini R. Cavernoma of the cavernous sinus: case report. Surg Neurol. 1997 Aug;48(2):160-3. doi: 10.1016/s0090-3019(97)00033-5. PMID: 9242242.

From:

<https://neurosurgerywiki.com/wiki/> - **Neurosurgery Wiki**

Permanent link:

[https://neurosurgerywiki.com/wiki/doku.php?id=cavernous\\_sinus\\_hemangioma](https://neurosurgerywiki.com/wiki/doku.php?id=cavernous_sinus_hemangioma)

Last update: **2024/06/07 02:50**

