

Ophthalmic segment aneurysm

The [ophthalmic segment aneurysms](#) arise from the [internal carotid artery](#) (ICA) between the roof of the [cavernous sinus](#) and the origin of the [posterior communicating artery](#).

The ophthalmic segment of the [internal carotid artery](#) (C6) extends from the [distal dural ring](#) to the origin of the [posterior communicating artery](#).

The segment is known as the [carotid ophthalmic segment](#).

Classification

Ophthalmic segment aneurysms (OSAs) OSAs include (NB: nomenclature varies among authors):

1. [ophthalmic artery aneurysms](#):
2. [superior hypophyseal artery aneurysms](#):
 - a) [Paraclinoid internal carotid artery aneurysm](#): usually does not produce visual symptoms
 - b) suprasellar variant: when giant, may mimic pituitary tumor on CT.

Clinical features

1. ≈45% present as [SAH](#)
2. ≈ 45% present as [visual field defect](#):
 - a) as the aneurysm enlarges it impinges on the lateral portion of the [optic nerve](#) →inferior temporal fiber compression →[ipsilateral monocular superior nasal quadrantanopsia](#)
 - b) continued enlargement →upward displacement of the nerve against the [falciform ligament](#) (or fold) →superior temporal fiber compression →[monocular inferior nasal quadrantanopsia](#)
 - c) in addition to near-complete [loss of vision](#) in the involved eye, compression of the optic nerve near the [chiasm](#) may also produce a superior temporal quadrant defect in the contralateral eye ([junctional scotoma](#) AKA“[pie in the sky](#)” defect) from injury to the anterior knee of Wilbrand (nasal retinal fibers that course anteriorly for a short distance after they decussate in the contralateral optic nerve).
3. ≈ 10% present as both

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Last update: **2024/06/07 02:59**