A 65-year-old woman presented with a sudden onset of diplopia and left periorbital pain. Her symptoms resolved spontaneously 2 months later without any treatment. Five months thereafter, her symptoms recurred, and then again subsided spontaneously. One year after the second episode of disease, she developed left total ophthalmoplegia, and left periorbital severe pain. She was seen in our clinic for further evaluation. Her neurological examination revealed complete paralysis of the left oculomotor, trochlear, and abducent nerves and dysesthesia in the left ophthalmic nerve area. Contrast-enhanced computed tomography (Picture 1A, black arrow) and contrast-enhanced magnetic resonance imaging showed an enhanced lesion in the left cavernous sinus (Picture 1B, white arrow). An endonasal transsphenoidal biopsy revealed a capillary hemangioma. Immunohistochemical studies for CD34 showed the strongly immunoreactive endothelium (Picture 1C: original magnification ×40).

It is noteworthy that symptoms of capillary hemangioma may fluctuate because of spontaneous regression. Histopathological diagnosis is very important for subsequent treatment. Radiosurgery is quite effective for such lesions (1).

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Reference