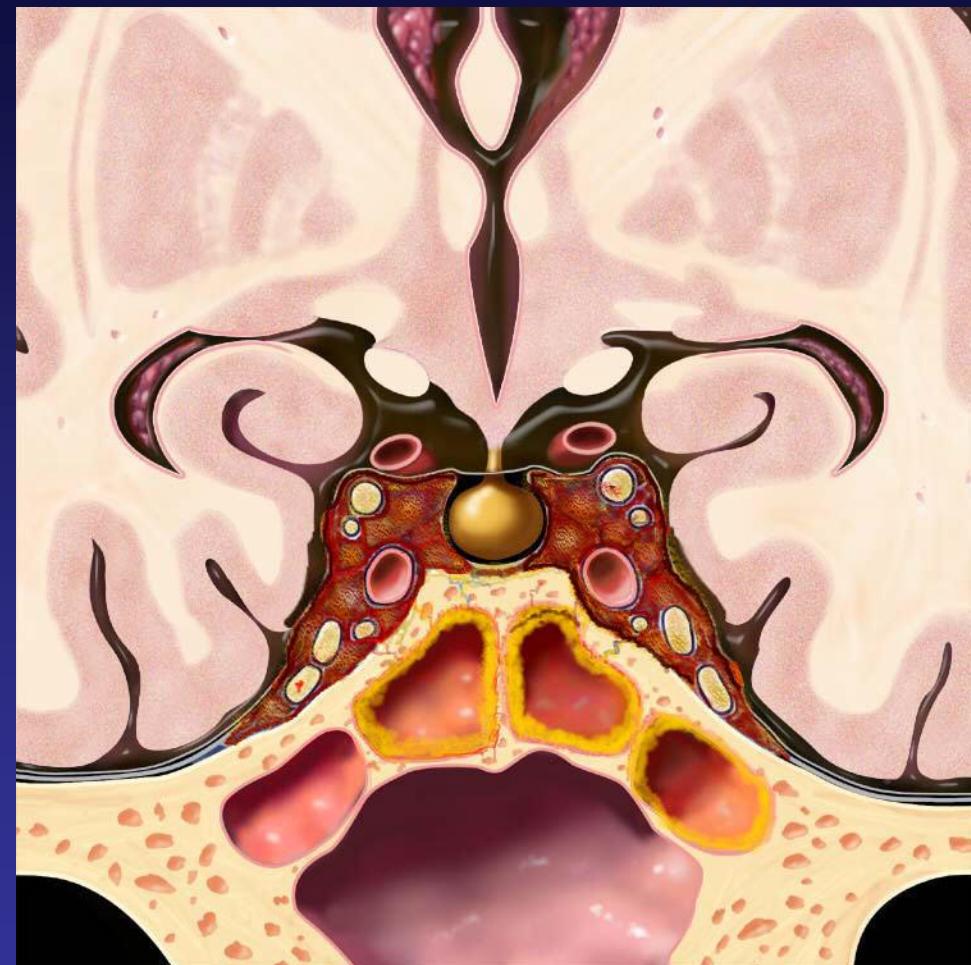
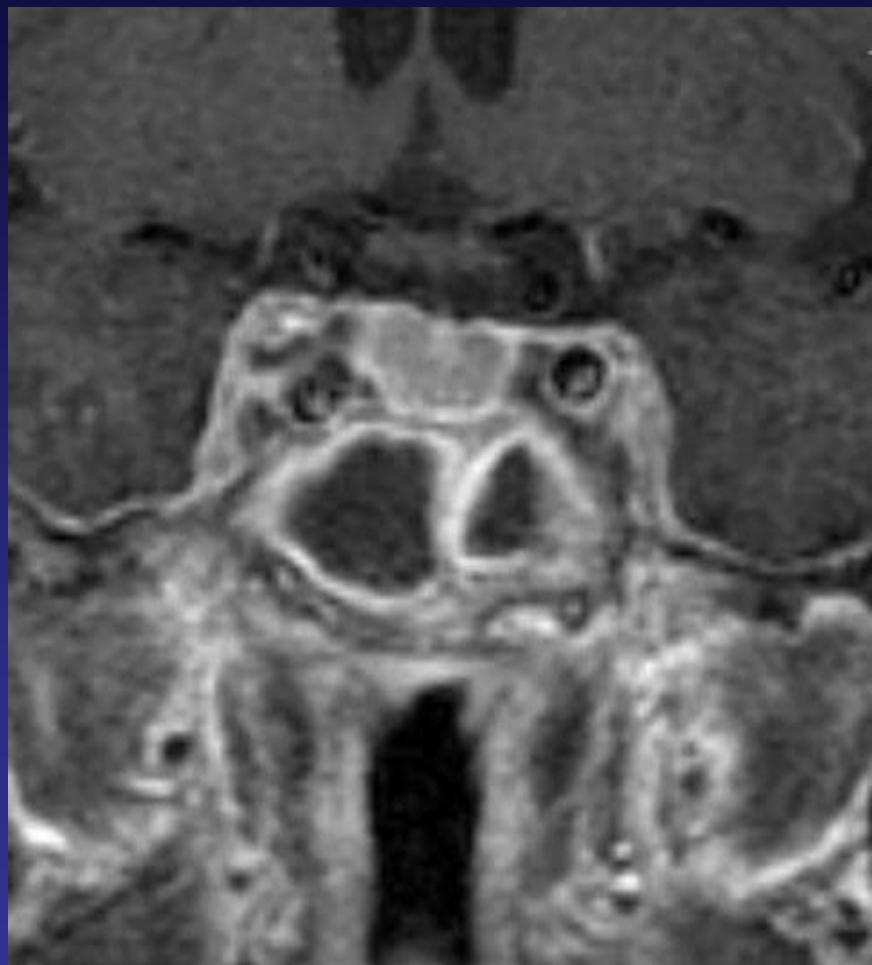


Cavernous Sinus Thrombosis

- Pathology
 - Often complication of sinusitis/midface infection
 - *Staphylococcus aureus* most common pathogen
- Clinical Issues
 - Headache most common early symptom
 - Orbital pain, ophthalmoplegia, visual loss
- Diagnostic Checklist
 - Clinical setting + high index of suspicion
 - Negative CT → MR/MRV or CTA

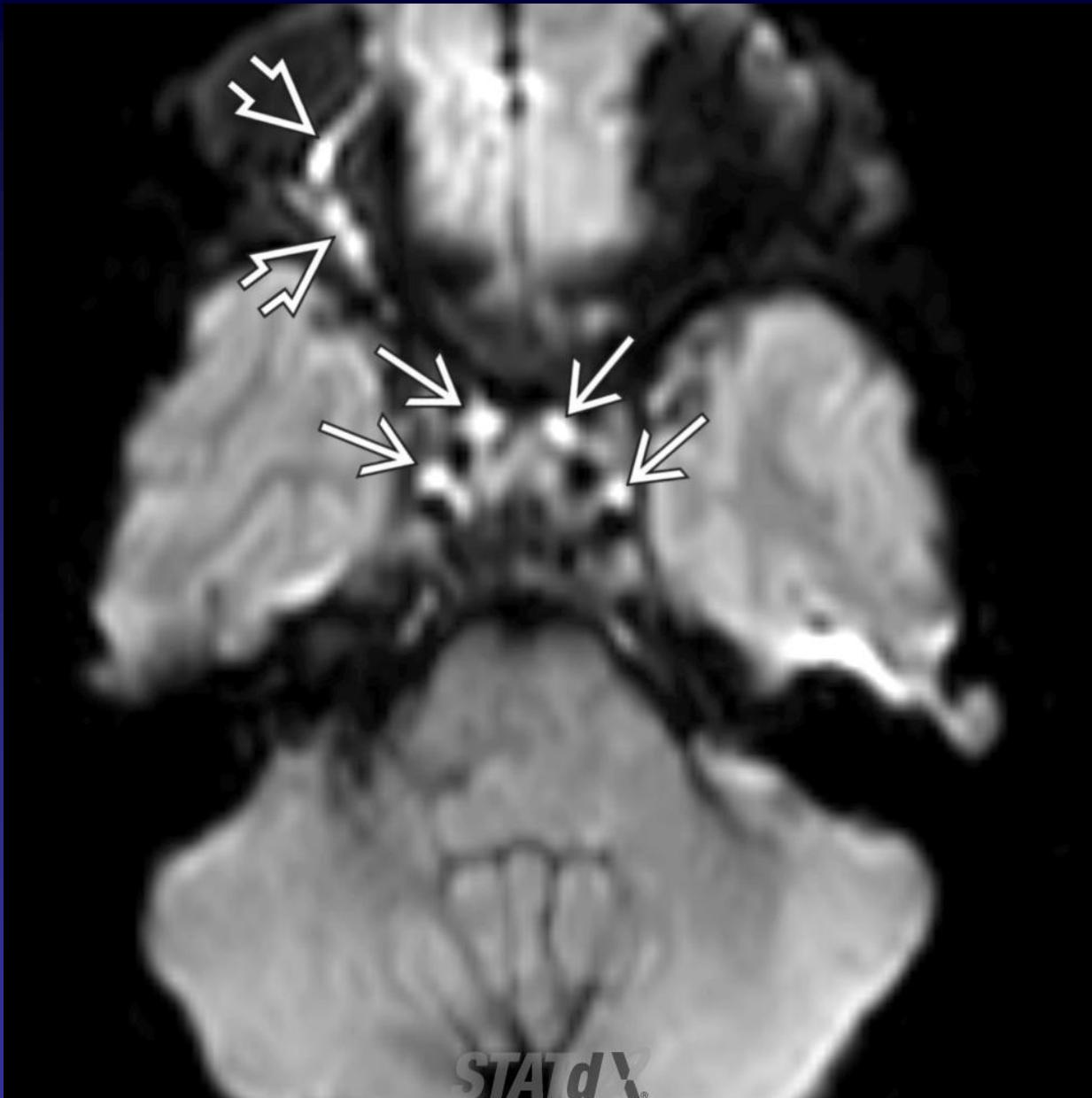
DDX:

- **Cavernous Sinus Neoplasm**
 - Meningioma, schwannoma
 - Metastasis, lymphoma, invasive carcinomas
- **Cavernous Carotid Aneurysm, Fistula**
 - Flow voids
- **Infection/Inflammation**
 - Idiopathic inflammatory orbital pseudotumor, sarcoidosis, Wegener granulomatosis



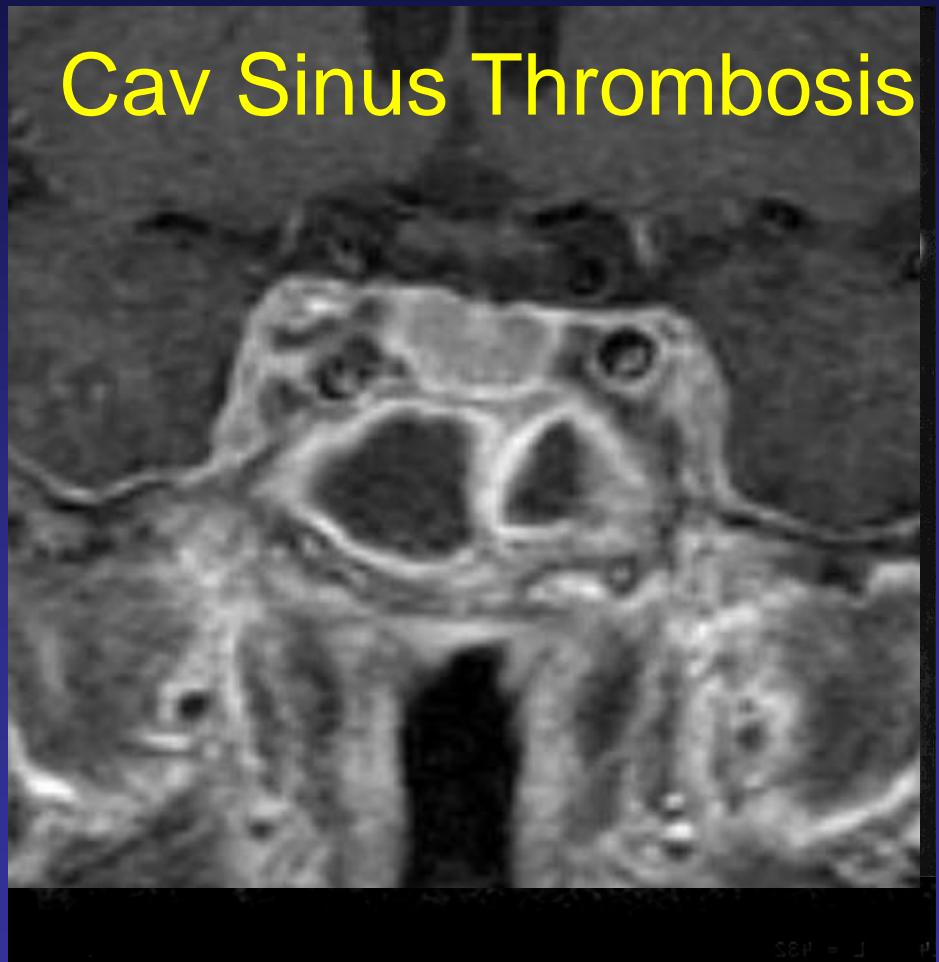
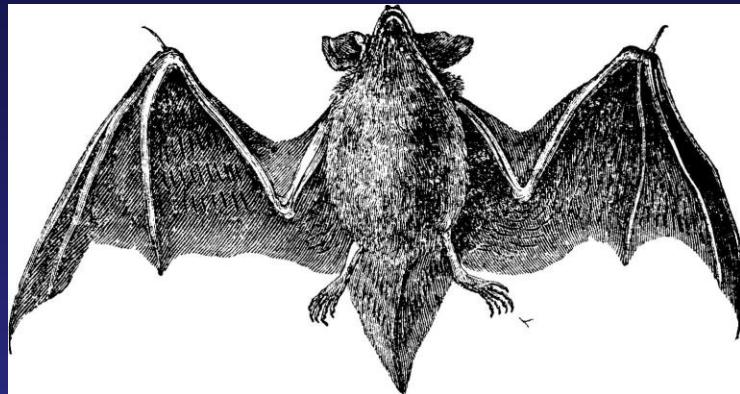


Axial T1WI MR shows enlargement of the right cavernous sinus (white solid arrow) with material isointense to gray matter. There is mild narrowing of the cavernous internal carotid artery (white curved arrow). The patient presented with sphenoethmoidal sinusitis, headache, right 6th nerve palsy, and mild right proptosis.



Axial DWI MR in the same patient shows corresponding hyperintense signal within cavernous sinus clots (white solid arrow) and associated right superior ophthalmic vein thrombus (white open arrow).

Bicavernous Bat Wing Appearance



79 year old
with fever,
headache,
diplopia,
proptosis

