

BILATERAL POST-TRAUMATIC CAVERNOUS CAROTID FISTULA

Gabriela Martins de Sá, Pedro Javier Yugar, José Israel Araújo Ponte,
Antônio Murillo Fernandes Sales, João Augusto Lima Bisneto, José
Augusto Conrado, Thiago Carvalho Barros de Oliveira, Letícia de
Albuquerque Cunha



CLDO **CCO**
CENTRO DE LASER E DIAGNOSE OCULAR
Centro Clínico de Oftalmologia
HOSPITAL DE OLHOS

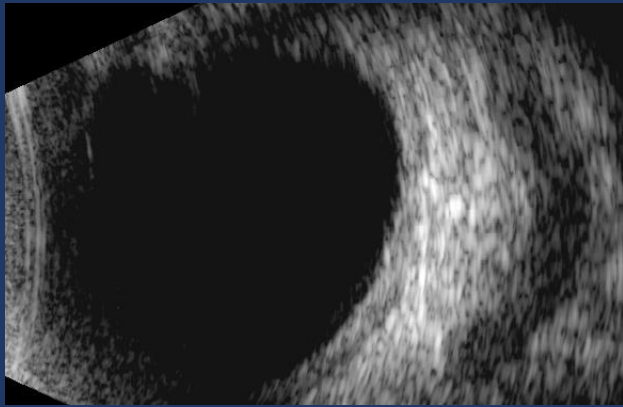


Clinical Case

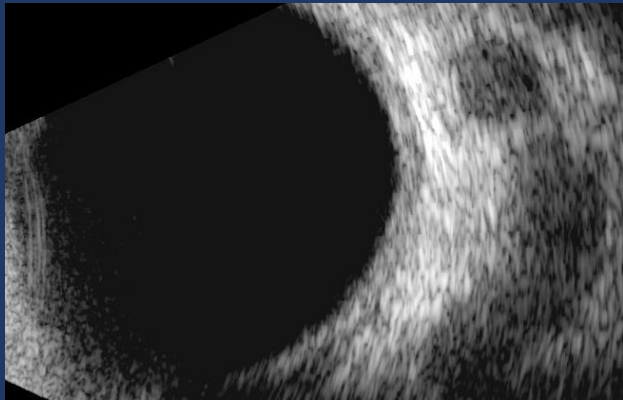
- 62-year-old women.
- head trauma after a motorcycle accident.
- evolved with low visual acuity.
- 20/400 in the right eye and 20/30 in the left eye.
- proptosis with murmurs, chemosis, and diplopia in both eyes, besides ophthalmoplegia and relative afferent pupillary defect in the right.

Management

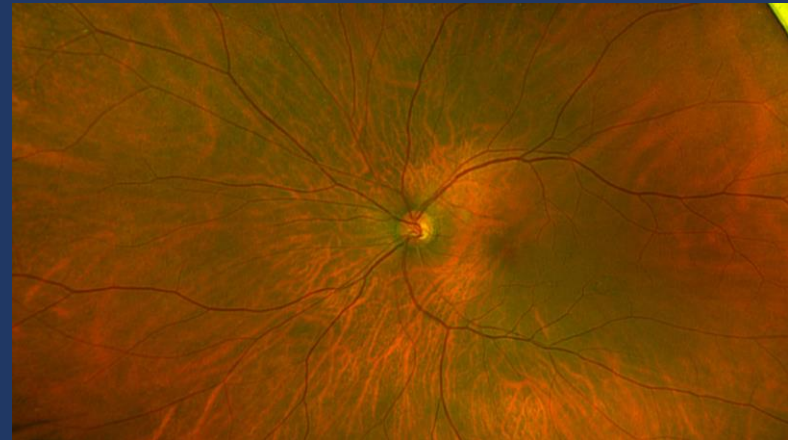
- Funduscopic examination showed optic nerve edema, macula with altered brightness and diffuse intraretinal hemorrhages in the right eye.
- Ocular ultrasound was performed, showing dilatation of the ophthalmic vein and macular edema in both eyes;
- optical coherence tomography showed serous detachment of the retina;
- tomography of the skull and arteriography showed enlargement of the bilateral ophthalmic vein and presence of a cavernous carotid fistula



Right eye



Left eye



Discussion

- Treatment:
- endovascular embolization with micromoles was performed with complete exclusion.
- The cavernous carotid fistula is an abnormal vascular shunt from the carotid artery to the cavernous sinus.
- The etiology is commonly secondary to trauma or can occur spontaneously, with bilateral fistulas being very rare.
- Since the ocular clinical symptoms are quite evident, in most cases, the patient first seeks care from the ophthalmologist. Therefore, the diagnosis must be accurate and fast, in order to increase the chance of cure and avoid blindness and other serious consequences.