



Figure 1. Complete ptosis of the right eye and left central seventh nerve palsy.

## Carotid aneurysm, stroke, and ophthalmoplegia

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A 66-year-old woman presented with sudden onset of left hemiparesis. She had a history of hypertension and had experienced three periods of transient ischemia of the right hemisphere in the last 7 years. A left hemiparesis, including weakness of the face, was found on neurologic examination. Two weeks after admission, she developed a painful ptosis and mild proptosis of the right eye with absent pupillary light reflex. Hypesthesia of the first and second branches of the trigeminal nerve and diminished corneal reflex were found on the right. Finally, a complete ophthalmople-

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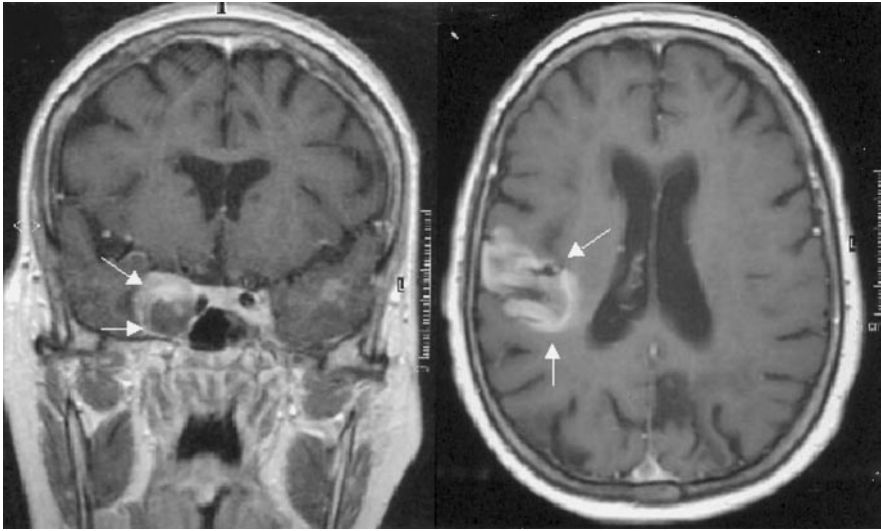
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Figure 2. Complete ophthalmoplegia on the right with normal eye movements on the left.

gia of the right eye was observed (figures 1 and 2). T1-weighted gadolinium-enhanced MRI of the brain showed a mass lesion in the right cavernous sinus and ipsilateral cortical infarction (figure 3). Additional conventional angiography showed a large saccular aneurysm of the right carotid artery (figure 4) at the level of the carotid siphon. A diagnosis of thromboembolic ischemic stroke with ophthalmoplegia and compression on cranial nerves III, IV, V<sub>1,2</sub>, and VI due to a large intracavernous aneurysm was made.<sup>1</sup> Despite two high-flow nonocclusive excimer laser-assisted neurosurgical attempts,<sup>2</sup> no functional extra-intracranial bypass could be created. Endovascular occlusion of the right internal carotid was realized with sufficient collateral flow and without neurologic deterioration (figure 5).<sup>3</sup> Two months later, both ophthalmoplegia and hemiparesis persisted.

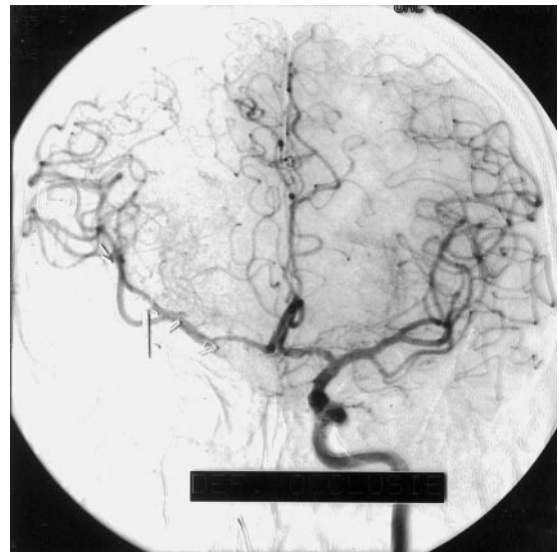
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*Figure 3. T1-weighted gadolinium-enhanced MRI of the brain showing a mass lesion in the right cavernous sinus and ipsilateral cortical infarction (arrows).*



*Figure 4. Conventional angiography showing a large saccular aneurysm of the right carotid at the level of the carotid siphon.*



*Figure 5. Endovascular occlusion of the right internal carotid with sufficient collateral flow and surgical clips.*

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