

Optic Nerve Cavernous Venous Malformation

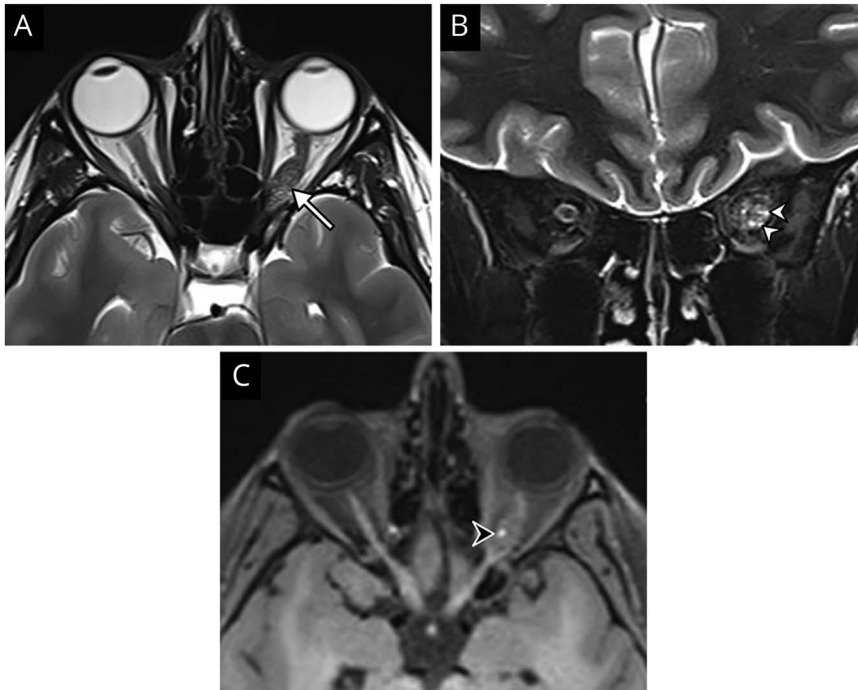
Sophie Anglaret, MD, and Augustin Lecler, MD, PhD

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Correspondence

Dr. Lecler
alecler@for.paris

Figure MRI of the Orbits



Axial (A) and coronal (B) T2-weighted MRI show an oval heterogeneous lesion of the posterior intraorbital part of the left optic nerve (arrow) with multiple high signal intensity loculi with liquid-liquid levels (white arrowheads) typical of cavernous venous malformation. Axial T1-weighted imaging (C) shows a hyperintense foci (black arrowhead), confirming recent bleeding.

A 28-year-old woman presented with rapidly progressing visual loss and left eye pain. Ophthalmologic examination, tonometry, and optical coherence tomography were normal, but static perimetry showed a left central scotoma. MRI revealed a left optic nerve lesion highly suggestive of cavernous venous malformation (CVM) (figure). Conservative treatment with oral corticosteroids was started. Pain decreased and visual acuity improved progressively to total recovery. Sequential follow-up MRI over 3 years showed no change in the lesion.

The optic nerve is a rare location of CVM.¹ Surgical resection remains the standard treatment, but a less invasive approach might be preferred.^{1,2}

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Disclosure

The authors report no disclosures relevant to the manuscript. Go to [Neurology.org/N](https://www.neurology.org/N) for full disclosures.

From the Department of Neuroradiology, Adolphe de Rothschild Foundation Hospital, Paris, France.

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Appendix Authors

Name	Location	Contribution
Sophie Anglaret, MD	Fondation Ophthalmologique A. de Rothschild, Paris, France	Collected images and drafted the manuscript for intellectual content
Augustin Lecler, MD, PhD	Fondation Ophthalmologique A. de Rothschild, Paris, France	Drafted the manuscript for intellectual content

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Disclosures can be found at Neurology.org.

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