A Newborn with Ptosis Secondary to a Cavernous Haemangioma

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Abstract

Intracranial cavernous haemangioma is rare in neonates. Its natural course is still unclear. Surgical resection is recommended in symptomatic cases. A neonate suffered from intracranial cavernous haemangioma causing unilateral third nerve palsy was presented. The cavernous haemangioma resolved spontaneously in a few months time. The presentations, imaging findings and progress were reported.

Key words

Cavernous haemangioma; Intracranial

Introduction

Intracranial cavernous haemangioma is uncommon in neonates. Surgery is recommended in most cases. A newborn presenting with unilateral ptosis was diagnosed to have an intracranial cavernous haemangioma. The lesion regressed spontaneously over a few months time.

Case Report

HHY was a term baby born by normal vaginal delivery with normal newborn physical examination. Her left eye was noted being smaller on day 5. Physical examination on day 18 showed complete ptosis of the left eye and bilateral retinal haemorrhage. Pupils were equal and reactive to light. No other cranial neuropathy was found. There were no cranial bruit or neurocutaneous stigmata. The other neurological examinations were normal.

Craniul ultrasonography showed an echogenic mass over the left temporal fossa. CT (Figure 1) and MRI brain (Figure 2) revealed an extra-axial cavernous haemangioma sized 2.2 cm in diameter over the left temporal fossa compressing the left cavernous sinus. Conservative management was adopted in view of the young age of the patient and the location of the lesion. She developed signs suggestive of progressive left third nerve palsy on day 21 when her left eyeball was noted to be displaced laterally and downward. Urgent CT brain showed similar size of the cavernous haemangioma. No acute haemorrhage was detected.

Figure 1 CT brain axial image (post-contrast) showing a cavernous haemangioma (arrowed) at the left temporal fossa with contrast enhancement.