Introduction:
Mycotic aneurysms of intracavernous segment of internal carotid artery are extremely rare. Early diagnosis is important as they have propensity to rupture.

Methods:
Case I - is a ten year old boy who had a boil at the tip of the nose which was incised and drained. A week later he developed preseptal cellulitis, fever and headache. He was given systemic antibiotics, fever and headache subsided but was unable to open his left eye. Examination showed complete third and fourth nerve palsy on the left side. Haemogram showed leucocytosis with increased ESR & C-reactive protein. MRI revealed an aneurysm in the region of the left cavernous sinus. CT angiogram demonstrated a lobulated aneurysm arising from cavernous segment of the left ICA, there was another small aneurysm arising from left ICA at the petrous apex. Case II - A three years old boy had multiple boils in the scalp, following which he developed preseptal cellulitis in both eyes. He was given a long course of antibiotics, later on he developed complete ophthalmoplegia in both eyes. Haemogram showed leucocytosis, raised ESR and C-reactive protein. MRI showed aneurysms in both the cavernous sinuses. DSA confirmed the bilateral ICA aneurysms in cavernous sinus.

Results:
Case I - The parent artery occlusion using coils was performed. After 3 months he had marked improvement in third nerve palsy. Case II - On antibiotics the ophthalmoplegia on right side improved completely while there was partial improvement in ophthalmoplegia on left side. Endovascular procedure is planned for left ICA aneurysm.

Conclusions:
Mycotic aneurysm of cavernous segment of ICA presents as cavernous sinus syndrome with features of underlying infection. It results from direct invasion of vascular wall from the nearby infection such as cavernous sinus thrombophlebitis.

References:

Keywords: Mycotic Aneurysms, Cavernous Sinus, Interal Carotid Artery, Third Nerve Palsy, Preseptal Cellulitis

Financial Disclosures: The authors had no disclosures.

Grant Support: None.