Cavernous sinus meningioma presenting as intermittent exotropia in a 2-year-old girl

A 16-month-old girl was referred with a 2-month history of intermittent exotropia. Prenatal, birth, developmental, and medical histories were unremarkable. Examination showed central, steady, and maintained vision in both eyes, 35 prism diopters (PD) of intermittent exotropia at distance and near, and normal extraocular movements. Her cycloplegic refraction and posterior segments were otherwise normal. Follow-up examinations over the next 6 months showed a 5 PD increase in her deviation and normal motility.

At 25 months of age, the child was found to have a constant left exotropia of 45 PD at distance and near. She had no ptosis but did exhibit mild limitation of upgaze and downgaze of the left eye. An MRI of the head demonstrated a mass in the left cavernous sinus (Fig. 1). The tumour was resected by frontotemporal craniotomy and diagnosed as psammomatous meningioma. The tumour surrounded the oculomotor nerve, necessitating nerve transection for mass removal.

After resection, the patient had a complete left third nerve paralysis with complete ptosis and marked exotropia. A frontalis suspension and strabismus surgery were performed on her left eye at 29 and 34 months, respectively. Two months postoperatively, her visual acuity was 20/20 OD and 20/30 OS, with mild persistent ptosis, and 15 prism diopters of left exotropia.

Meningiomas comprise approximately 2% of all brain tumours in children, and most frequently occur in the supratentorial region. Pediatric meningiomas most often present with signs of increased intracranial pressure, seizures, or focal neurologic deficits. The mortality of these tumours is significantly higher in children than adults, likely due to aggressive local recurrence. Some authors have also suggested that these tumours have a higher incidence of malignant degeneration in the pediatric population.

Brain tumours rarely present as common forms of strabismus. The initial presentation of this patient was indistinguishable from intermittent exotropia and underscores the importance of assessing ocular motility at every visit in children presenting with strabismus, as well as the need for an aggressive investigation of new onset incomitance. Cavernous sinus meningioma is rare in childhood, and our patient represents one of the youngest reported with this disorder.

REFERENCES


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Delayed closure after surgery for a full-thickness macular hole in a highly myopic eye

A 69-year-old woman presented with reduced vision in her amblyopic left eye. Best corrected visual acuity (BCVA) OS, previously recorded at 6/12, was 1/60. Fundoscopy showed a stage 3 full-thickness macular hole (FTMH), lacquer cracks, and no posterior vitreous detachment (PVD). The patient underwent 20 g vitrectomy and PVD induction without use of adjuncts. Internal limiting membrane (ILM) peeling was facili-

Fig. 1—A T1-weighted MRI performed at 28 months of age shows a mass present in the left cavernous sinus (arrow).