Occipital Sinus Pericranii Associated With Giant Cervical Hemangioma
Sinus pericranii occipital asociado a hemangioma cervical gigante

Ana Gema Blanco Cabañero, a,∗ Pedro Seguí Moya, b Lorenzo Abad Ortiz a

a Servicio de Radiología, Complejo Hospitalario Universitario de Albacete, Spain
b Servicio de Otorrinolaringología, Complejo Hospitalario Universitario de Albacete, Spain

Received 27 January 2010; accepted 13 March 2010

We report the case of a 47-year-old male who attended the emergency room with dyspnoea and right posterolateral cervical tumour of various years of evolution, with growth in recent months. On exploration it had a soft consistency and was superficial but adhered to deep planes.

An MRI confirmed the presence of a large hyperintense cervical mass on T1, T2 and STIR, compatible with haemangioma (Fig. 1 - coronal STIR with contrast), which affected the subcutaneous tissue and cervical and deep paravertebral musculature, extending to several cervical spaces and compromising the air lumen (Fig. 2 - axial STIR). Through the use of contrast, it was possible to observe dilated diploic veins that drained into the transverse sinus (Fig. 3 - multi-planar reconstruction). A CT with bone window verified dipole erosion.

It turned out to be an occipital sinus pericranii associated with a giant cervical haemangioma, consisting of a vascular anomaly with communication between the extracranial and intracranial venous circulation. Its aetiology can be traumatic, spontaneous or congenital as in our case, and it can be associated with other vascular malformations. The most common location is in the superior sagittal sinus, affecting the frontal bone and less often the transverse sinus and the occipital bone. The differential diagnosis must be carried out with other vascular malformations, such as subepicranial varix (not connected with the intracranial

Figure 1 Coronal STIR with contrast.

Please cite this article as: Blanco Cabañero AG, et al. Sinus pericranii occipital asociado a hemangioma cervical gigante. Acta Otorrinolaringol Esp. 2011;62:404-5.

∗ Corresponding author.
E-mail address: gemablanco3535@hotmail.com (A.G. Blanco Cabañero).

2173-5735/$ - see front matter © 2010 Elsevier España, S.L. All rights reserved.
circulation), venous cavernoma (receiving arterial blood) and arteriovenous fistula (communication with the external carotid artery), as well as with other, non-vascular lesions (leptomeningeal cyst, cephalohaematoma, dermoid cyst or epidermoid cyst). Regarding treatment options, asymptomatic patients are not treated except for cosmetic purposes. When it is associated with vascular malformations, embolization is performed prior to surgery.

**Conflict of Interests**

The authors have no conflicts of interest to declare.