A 70-year-old male patient, with a history of a sellar region lesion treated pharmacologically in a different healthcare centre, was taken to the Emergency Department with a massive episode of epistaxis. He required transfusion of fluids and haemodynamic stabilisation. The bleeding stopped spontaneously. When the patient had been stabilised he was questioned and reported episodes of heavy bleeding over the past 4 years, which stopped spontaneously. Residual blood was found on endoscopic nasal examination, particularly in the right nostril, exiting through the right sphenoid ostium.

A cranial CT scan was performed of the paranasal sinuses, which revealed a large aneurysm with mural thrombus of the clinoid, paraophthalmic segment of the left ICA, directed anteriorly, causing bone remodelling of the sphenoid sinus and posterior ethmoidal cells, and of the right nostril roof (Figs. 1–3).

Given the CT scan results, endovascular surgery was performed by the Neuroradiology Department and coils and a stent were placed. The patient was then discharged with no complications.

The way that internal carotid artery aneurysms present is usually in their direction of expansion. The most frequent symptoms are intense headache, visual disturbances, paralysis of cranial nerves III–VIII and, rarely, epistaxis. They are difficult to diagnose by endoscopic examination and can often simply resemble polyps. Endovascular techniques are highly effective nowadays as treatment, whereas surgery is generally reserved for selected cases only.


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Figure 2

Figure 3