

**Fig. 1.** Fundoscopy in the acute phase showing tortuous veins, dot and blot hemorrhages, and marked disk edema (A) as well as exudates on fluorescein angiography (B) typical for central retinal vein occlusion. One month later, the fluorescein angiography is normal and no edema is present (C).

patients with transient monocular visual disturbances and initially normal funduscopy, as the misdiagnosis of CRVO is common [11].

#### Conflicts of Interest/Disclosures

The authors declare that they have no financial or other conflicts of interest in relation to this research and its publication.

#### References

- [1] Olesen J. *The headaches*. Philadelphia: Lippincott Williams & Wilkins; 2006.
- [2] Richards W. The fortification illusions of migraines. *Sci Am* 1971;224:88–96.
- [3] Russell MB, Olesen J. A nosographic analysis of the migraine aura in a general population. *Brain* 1996;119:355–61.
- [4] Daroff RB. Retinal migraine. *J Neuroophthalmol* 2007;27:83. <http://dx.doi.org/10.1097/WNO.0b013e3180331435>.
- [5] Eriksen MK, Thomsen LL, Olesen J. The Visual Aura Rating Scale (VARS) for migraine aura diagnosis. *Cephalalgia* 2005;25:801–10. <http://dx.doi.org/10.1111/j.1468-2982.2005.00955.x>.
- [6] Grosberg BM, Solomon S, Friedman DI, et al. Retinal migraine reappraised. *Cephalalgia* 2006;26:1275–86. <http://dx.doi.org/10.1111/j.1468-2982.2006.01206.x>.
- [7] Headache Classification Committee of the International Headache Society (IHS). *The International Classification of Headache Disorders, 3rd edition (beta version)*. *Cephalalgia* 2013;33:629–808. <http://dx.doi.org/10.1177/0333102413485658>.
- [8] Fong ACO, Schatz H. Central retinal vein occlusion in young adults. *Surv Ophthalmol* 1993;37:393–417. [http://dx.doi.org/10.1016/0039-6257\(93\)90138-W](http://dx.doi.org/10.1016/0039-6257(93)90138-W).
- [9] McIntosh RL, Rogers SL, Lim L, et al. Natural history of central retinal vein occlusion: an evidence-based systematic review. *Ophthalmology* 2010;117:1113–23. <http://dx.doi.org/10.1016/j.ophtha.2010.01.060>.
- [10] Friedman MW. Occlusion of central retinal vein in migraine. *AMA Arch Ophthalmol* 1951;45:678–82. <http://dx.doi.org/10.1001/archophth.1951.01700010693010>.
- [11] Hill DL, Daroff RB, Ducros A, et al. Most cases labeled as “retinal migraine” are not migraine. *J Neuroophthalmol* 2007;27:3–8. <http://dx.doi.org/10.1097/WNO.0b013e3180335222>.

<http://dx.doi.org/10.1016/j.jocn.2015.03.055>

## A massive pelvic mucocele presenting as a cystic sacral mass



Christine Boone<sup>a</sup>, C. Rory Goodwin<sup>a</sup>, Genevieve Crane<sup>b</sup>, James Pendleton<sup>a</sup>, Daniel Sciubba<sup>a,\*</sup>

<sup>a</sup>Neurosurgery Department, The Johns Hopkins University School of Medicine, 600 North Wolfe Street, Baltimore, MD 21287, USA

<sup>b</sup>Pathology Department, The Johns Hopkins University School of Medicine, Baltimore, MD, USA

#### ARTICLE INFO

##### Article history:

Received 30 March 2015

Accepted 5 April 2015

##### Keywords:

Complication  
Crohn's disease  
Mucinous cystadenoma  
Sacrum  
Spine  
Surgery

#### ABSTRACT

We present a man, with a complex medical and surgical history, who had a large pelvic non-appendiceal cystadenoma, presenting as a cystic sacral mass causing obstructive urinary symptoms and renal failure. Mucocele should be included in the differential diagnosis of patients who present with large sacral masses, and who have a significant history of pelvic and abdominal surgery and inflammatory bowel disease.

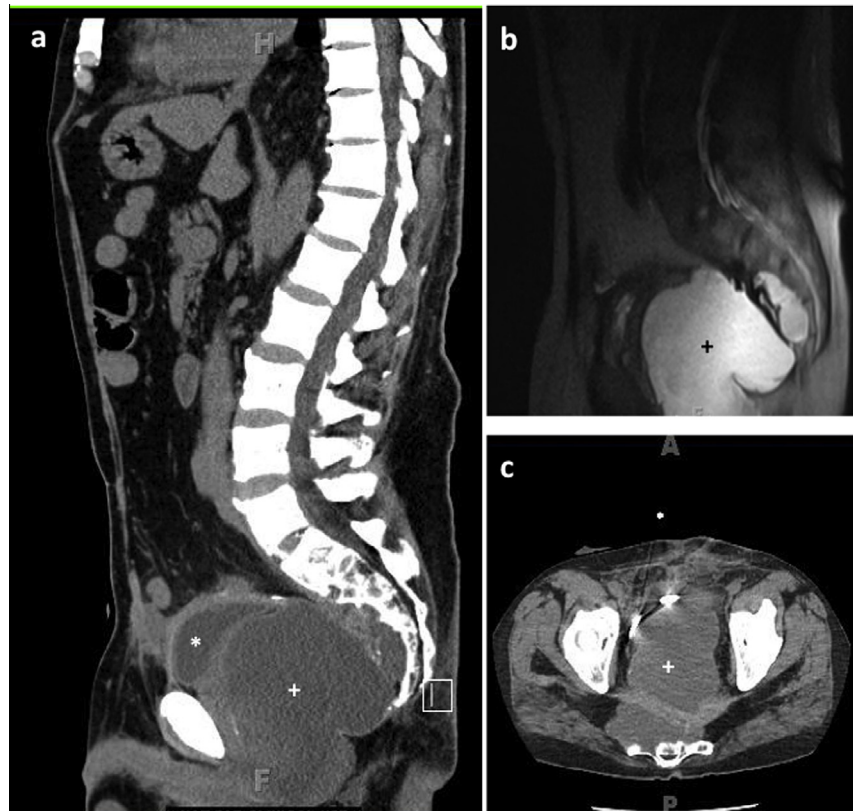
© 2015 Elsevier Ltd. All rights reserved.

### 1. Introduction

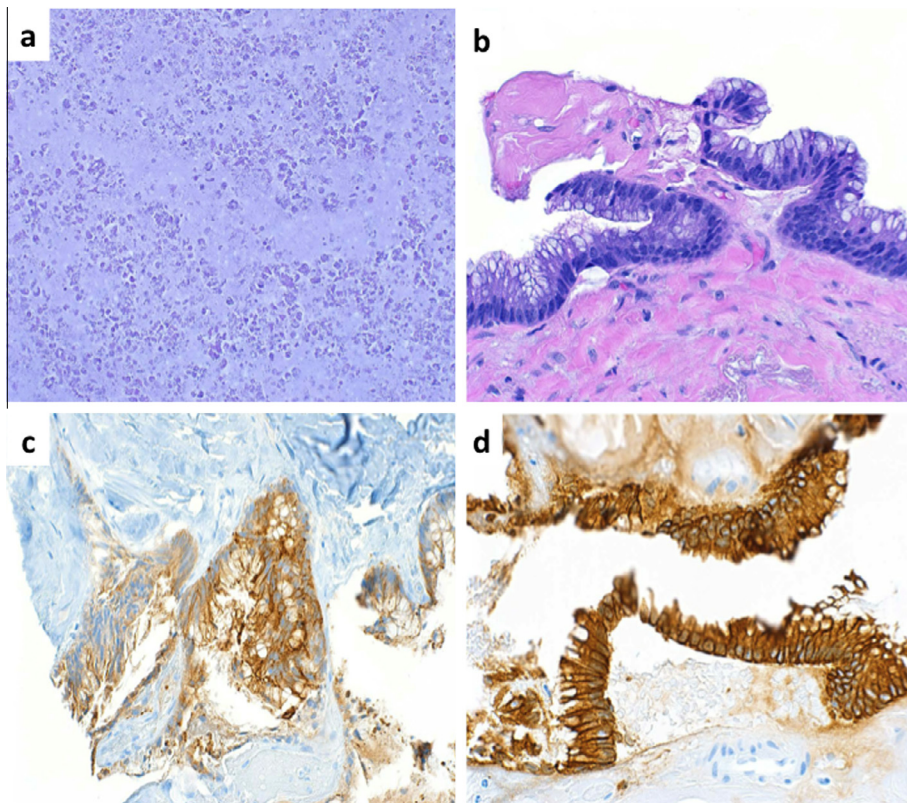
Sacral and presacral masses are often asymptomatic and difficult to diagnose. Abdominal or pelvic mucoceles are rare, and most commonly arise in the appendix as benign, neoplastic mucinous cystadenoma.

\* Corresponding author. Tel.: +1 410 502 9982.

E-mail address: [dsciubb1@jhmi.edu](mailto:dsciubb1@jhmi.edu) (D. Sciubba).



**Fig. 1.** Preoperative sacral mucocele. (a) Sagittal CT scan demonstrating a large, multi-compartmented cystic mass (+) displacing the bladder (\*) anteriorly and superiorly. (b) Sagittal T2-weighted MRI without contrast, showing no communication between the mass (+) and the subarachnoid space. (c) An axial CT scan of the pelvis shows the multi-loculated cystic structure of the mass and involvement with the right inferior sacral neural foramina.



**Fig. 2.** Low grade mucinous neoplasm. (a) Histology revealed a cystic structure with copious acellular mucin containing necrotic debris (hematoxylin and eosin [H&E]; 64 × magnification). (b) The fibrous capsule demonstrated a scant, low grade mucinous epithelial lining (H&E; 160 ×), positive for (c) cytokeratin 20 (100 ×) and (d) cytokeratin 7 (160 ×). This figure is available in colour at [www.sciencedirect.com](http://www.sciencedirect.com).

Download English Version:

<https://daneshyari.com/en/article/3058672>

Download Persian Version:

<https://daneshyari.com/article/3058672>

[Daneshyari.com](https://daneshyari.com)