

Case lesson nr. 35/2025

A 57-year-old male with 10-year history of bilateral exophthalmos, considered at the beginning of goiter origin but excluded by lab tests. He refers vision impairment in the right eye since three years ago, but no further check-ups were performed.

He was visited by his neurologist for a persisting periorbital headache and a brain CT scan and MRI was ordered with the suspicion of sinus thrombosis.

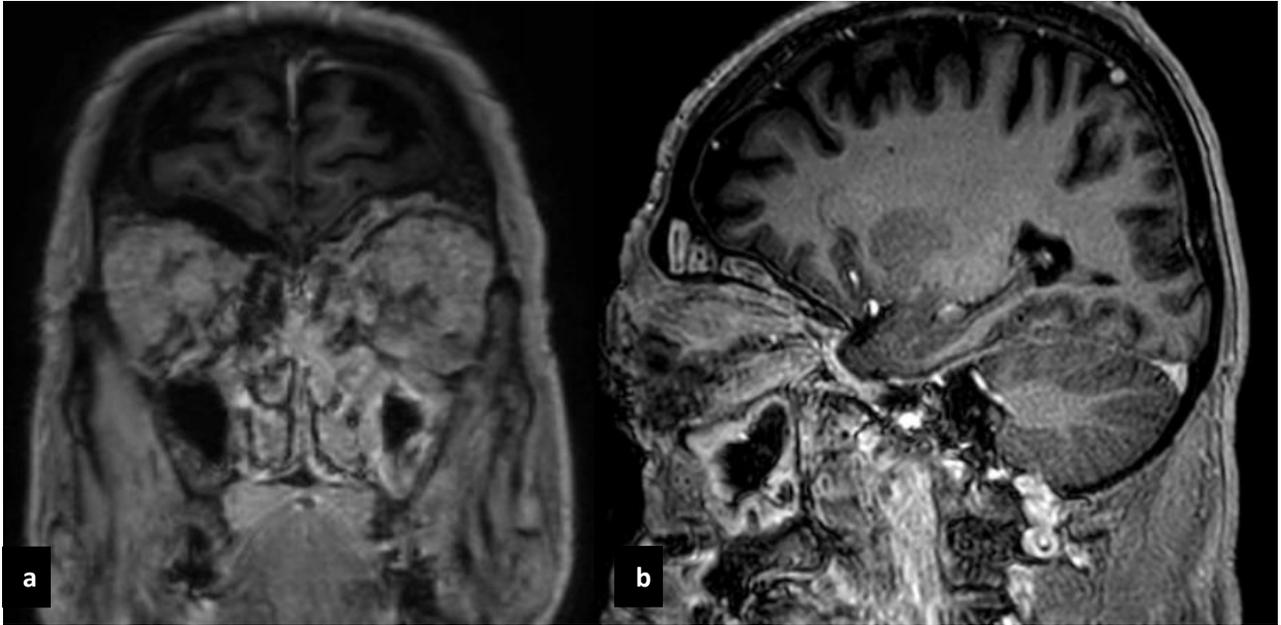
He was presented to consultation in American Hospital 3 for an incidental finding of a 4mm Anterior Communicant artery aneurysm.

Neurological examination: bilateral exophthalmos (right > left), bilateral ptosis. Pupils: right 4mm with direct and indirect pupillary reflex preserved; left: 6mm with weak direct and indirect pupillary reflex. Right eye amblyopia. Bilateral conjunctival hyperaemia with associated pruritis. Periorbital edematous soft tissue. Evident horizontal wrinkles of frontal muscle due to the struggle during the years to keep eyes opened.

His past medical history: High blood pressure and bronchial asthma under treatment

****Pictures taken in our clinic with the approval of the patient.***





MRI of the patient: a) coronal T1-weighted sequence b) sagittal T1-weighted gadolinium sequence

What is the diagnosis?

What are your suggestions or recommendations?