



38 1

(1). 1% 1A - E). (CT)
(foramen ovale)
(Fig. 1F).

가

(2).
(suprasellar cis -
(cerebral
(1).
50 - 65%가
tern), (posterior fossa),
convexity)

(3). 1% ,
50 - 65%가 (1).

3 1 가 (3).
가 가

(4).
ball - valve mecha -
(4).

38 가 3 가 nism

(finger count)

(MRI) T1 T2 4, 5 (2). 3,

(ADC map)
2.5 cm (3, 5).

가 T2 CT
MRI T1
(1, 6).

(Fig.

가

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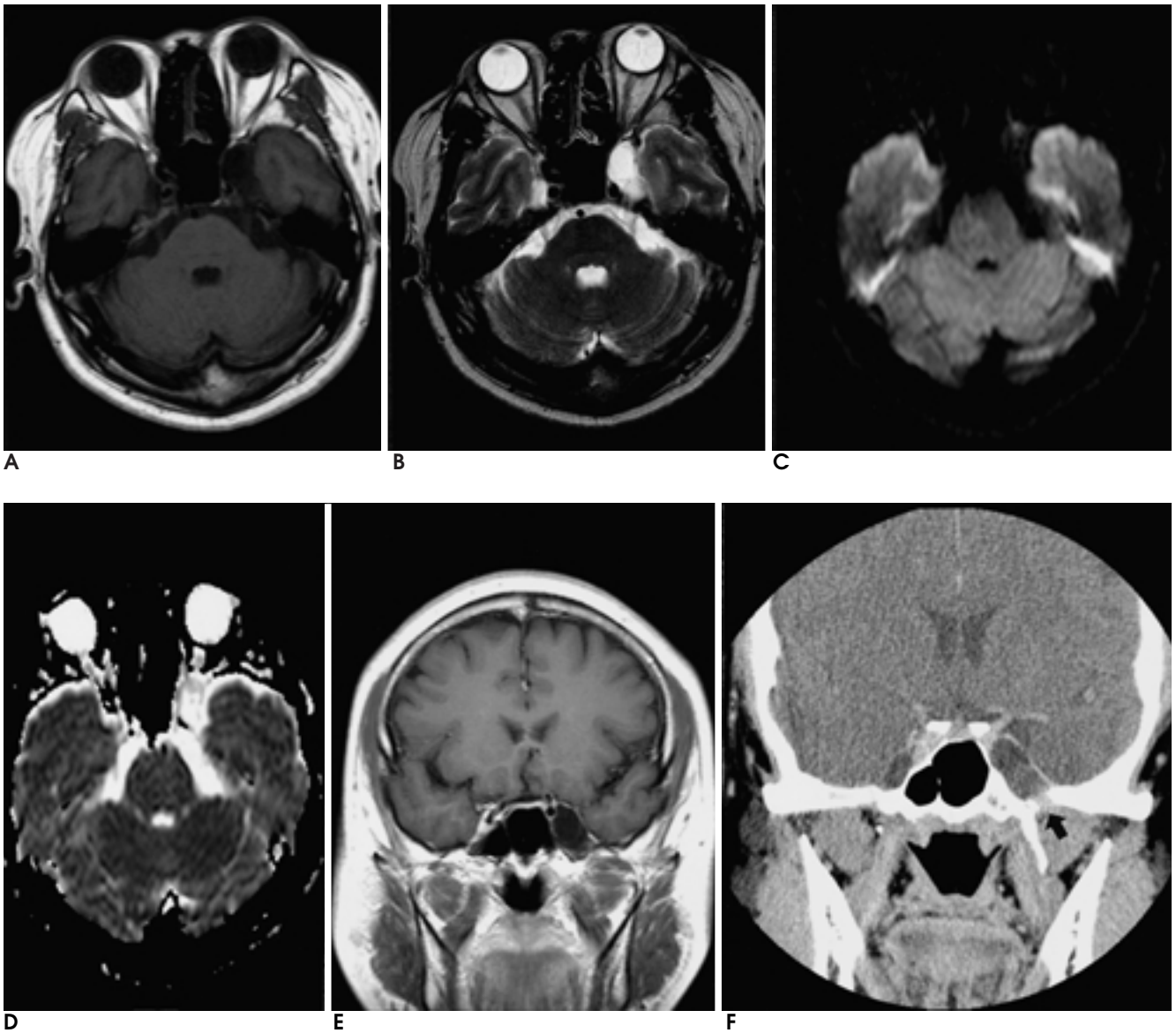


Fig. 1. A 38-year-old man with arachnoid cyst in left cavernous sinus.

A, B. Axial T1-(**A**) and T2-weighted image (**B**) show isointense lesion to CSF signal intensity in left cavernous sinus.

C, D. On diffusion weighted image (**C**), the lesion is hypointense and on ADC map (**D**), it is hyperintense.

E. On contrast-enhanced coronal T1-weighted image, there is no contrast enhancement within the lesion.

F. Contrast-enhanced coronal CT shows low density lesion in left cavernous sinus without bone destruction but left foramen ovale (arrow) is slightly widened.

가
MRI T1
, T2
MRI T1
, T2
(8, 9).
T1
(10).
가 (6, 7).
가
CT MRI
가

1. Osborn AG. *Diagnostic neuroradiology*. St Louse, Mosby, 1994:639-642
2. Anderson FM, Segall HD, Caton WL. Use of computerized tomography scanning in supratentorial arachnoid cysts. *J Neurosurg* 1979;50:333-338
3. Barr D, Kupersmith MJ, Pinto R, Turbin R. Arachnoid cyst of the cavernous sinus resulting in third nerve palsy. *J Neuroophthalmol* 1999;19:249-251
4. Krawchenko J, Collins GH. Pathology of an arachnoid cyst: case report. *J Neurosurg* 1979;50:224-228
5. Tatagiba M, Iaconetta G, Samii M. Epidermoid cyst of the cavernous sinus: clinical features, pathogenesis, and treatment. *Br J*

- Neurosurg* 2000;14:571-575
6. Tsuruda JS, Chew WM, Moseley ME, Norman D. Diffusion-weighted MR imaging of the brain: value of differentiating between extraaxial cysts and epidermoid tumors. *AJR Am J Roentgenol* 1990;155:1059-1065
 7. Annet L, Duprez T, Grandin C, et al. Apparent diffusion coefficient measurements within intracranial epidermoid cysts in six patients. *Neuroradiology* 2002;44:326-328
 8. Nakagawa K, Ohno K, Nojiri T, Hirakawa K. Interdural dermoid cyst of the cavernous sinus presenting with oculomotor palsy: case report. *No Shinkei Geka* 1997;25: 847-851
 9. Wilms G, Casselman J, Demaerel P, et al. CT and MRI of ruptured intracranial dermoids. *Neuroradiology* 1991;33(2):149-151
 10. Pollack IF, Sekhar LN, Jannetta PJ, Janecka IP. Neurilemmomas of the trigeminal nerve. *J Neurosurg* 1989;70:735-745

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Arachnoid Cyst in Cavernous Sinus: Case Report¹

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Arachnoid cyst of the cavernous sinus is very rare. When present, its anatomic location frequently gives rise to cranial nerve palsy. We report a case of arachnoid cyst of the cavernous sinus in a 38-year-old man with impaired eyeball movement and diplopia.

Index words : Arachnoid cysts
Cavernous sinus
Brain, CT
Brain, MR

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