

## DETACHABLE BALLOON EMBOLIZATION OF CAROTID CAVERNOUS FISTULA, A CASE REPORT

Ardiga Israchmadi<sup>1</sup>, Antonius Gunawan Santoso<sup>2</sup>

<sup>1</sup>Radiology Department, dr.Kariadi Hospital-Faculty of Medicine Diponegoro University, Semarang, Indonesia

### ABSTRACT

#### Background

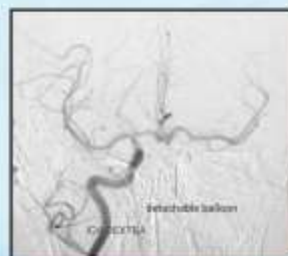
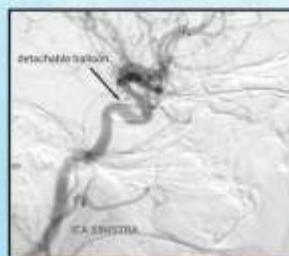
Carotid-cavernous sinus fistula (CCF) is a pathological shunt between the internal carotid arteries (ICA) and the cavernous sinus caused mostly by trauma. Direct-type and high-flow arteriovenous fistulas was the impact of CCF. It presents ocular symptoms and severe intracranial pathologies caused by superior ophthalmic vein (SOV) hypertension. Endovascular intervention became the first-line strategy for CCF treatment. Detachable balloon embolization quite effective and relatively cheap technique for the treatment of CCF.

#### Teaching points

To describe a case of CCF which treated with detachable balloon embolization.

#### Case outline

A 45 year-old female was admitted to hospital with blurred left eye vision, bloodshot eye and has a history of traffic accidents a month prior. Brain MRI revealed CCF with direct type, Barrow's classification type A. A slow flow fistula was located between L-ICA and the left cavernous sinus with dilated L-SOV. The CCF was embolized with interventional detachable balloon (Goldbal® 3) to occluded L-ICA. After the procedure, there was no flow into the cavernous sinus. The patient left eye was improve significantly without any complication.



**BEFORE**



**AFTER**

#### Conclusion

Balloon detachable embolization was extremely affective and safe even for slow flow CCF to sacrifice the L-ICA

**Keywords** : Carotid Cavernous Fistula (CCF), Brain MRI, Embolization

#### Reference

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