Unilateral blindness from aspergilloma at the right optic foramen
Case report

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The clinical course of mycotic infections of the central nervous system is usually like that of meningitis; only in exceptional cases do these infections localize as space-occupying lesions, such as abscesses or granulomas, requiring neurosurgical attention. In such cases surgery is based on the more or less general diagnosis of intracranial mass, and the specific diagnosis is made postoperatively. These cases are very rare; in the literature there are only seven cases operated on.1,2,5,7,10 This report describes the case of a patient for whom the preoperative diagnosis was meningioma of the right optic foramen whereas in fact he had an aspergilloma.

Case Report

A 61-year-old man was admitted to the Instituto Neurologico of Milan in July, 1967, because of a right parietotemporal headache of 4 months' duration. At first it had been intermittent but later had become almost continuous. It was nonpulsating and not accompanied by vomiting or nausea, but over the 2 months previous to admission the visual acuity of the right eye had decreased to the point of virtual blindness.

First Examination. On admission on July 20, 1967, the general physical examination was normal. Neurological examination showed the right pupil to be distinctly larger than the left with a very weak reaction to direct light; the consensual reaction was unaffected, and the extrinsic eye movements were normal. Visual acuity on the right was almost nil, although the patient could just distinguish light from dark in the right superior hemi-quadrant; examination of the fundus disclosed a slightly discolored disc with clear-cut edges and normal vessels. Fundus, visual acuity, and visual field were normal on the left, and the rest of the neurological examination was normal. The blood and urine tests and examination of the cerebrospinal fluid were normal; x-ray examination of the chest was normal. Plain x-ray films and tomography of the skull on July 24 showed that the right optic foramen was distinctly enlarged and its rim thickened; there was an imprint on the corresponding superior wall of the right sphenoid sinus like that of a foraminai meningioma. The left optic foramen was normal (Fig. 1). During right carotid angiography on July 26 the right ophthalmic artery did not fill, and at the site of its usual origin there was a small anterior imprint on the carotid siphon (Fig. 2), confirming the diagnostic impression of meningioma of the right optic foramen.

Operation. On August 10 a right frontal craniotomy was performed; after removal of the bone flap, the dura was opened and the frontal lobe raised until the optic nerves and chiasma were uncovered. The right optic nerve was elevated, enlarged, and pale, and

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when displaced medially a grayish pink, granular, pea-sized node was found penetrating the optic foramen between the nerve and the right carotid artery. The ligament of the optic canal was incised and the bony surface of the foramen removed; part of the tumor could then be removed but complete removal was not possible without injuring the optic nerve to which the tumor was adherent. Since there was no vision in this eye it