JAMC, Vol.4, No.1, 1991

CASE REPORT

CIRSOID ANEURYSM

Gul Mohammad, Tariq Mufti

CASE REPORT:

25 years old male admitted with a painful, generalised swelling over the right Fronto-Parieto-Temporal region of scalp. He had a recent history of bleeding from different points of swelling off and on. There was a central pulsatile and bald area of 6x9 cm with collapsible subcutaneous vessels. Bruit was heard over this area. A diagnosis of cirsoid aneurysm was made. X-ray of the skull showed erosion of underlying calvarium. The swelling was dealt with in two stages. Initially a unilateral superficial temporal vessel ligation was carried out along with ligation of some of the pulsatile veins which were considered to be communicating intracranally. In second stage after an interval of 3 months the central area of the cirsoid was excised along with the ligature of other branches of the superficial temporal vessels. The scalp was mobilised all over the aneurysmal area and the dilated veins were carefully secured and rotation flap was made to cover the skin defect. Patient made excellent recovery and wound healing. Patient was reviewed after 6 months at which time he was recurrence free.

DISCUSSION:

Congenital Arteriovenous malformation may occur in relation to any cutaneous or mesodermal vessels, but it is commoner in the scalp and extremities. Cirsoid Aneurysm is a rare type of arteriovenous malformation of scalp in which abnormal arteries communicate fiercely with distended veins. Part of it may lie intracranially in which case the skull may show perforations on radiography. Erosion of the skull in underlying area of the cirsoid aneurysm is common and thinning of hair (Bald area) over the aneurysm is usually seen. “A bag of pulsatile worms” like appearance in advanced cases is very apparent. Ulceration and haemorrhage in this pulsatile mass is the real danger.

Although spontaneous thrombosis and recovery has been reported, by and large the treatment remains surgical. The result of the surgery may not be absolutely satisfactory and recurrences arc experienced even after many years Extirpation of one or both the external carotid arteries has been advocated as primary procedure[1], however, because of the extensive collaterals the procedure on its own has not proved very successful. Thus, importance of ligation of all the arterial feeding vessels (i.e. superficial temporal or its branches) and all the major venous communications to the intracranial venous system remains established. The excision of ulcerated area and the centre of cirsoid in addition to turning a rotation scalp flap may prove to be technically not too difficult. This procedure can produce excellent results. Selective angiography with arterial embolisation

---

From Ayub Medical College, Abbottabad.
GUL MOHAMMAD, MBBS, FRCS, Associate Professor, Dept. of Surgery.
TARIQ MUFTI, MBBS, FRCS, Professor, Dept. of Surgery

may be tried, but because of extensive collateral dilated AV communications it is not expected to solve the problem.

REFERENCES

1. Rains AJ. H and Mauu C.V., Bailey and Loves Short Practice of surgery, 12th Ed., London, H.K. Lewis and Co, 1988, P. 435.
2. John L. Wilson, Handbook of Surgery California, Lange Medical Publications, 1973.
3. Potter JM, Carotid-Cavernous fistula, Five cases with spontaneous recovery Brit. med. J. 1954, 2, 786-788.
4. Irving AD, Thakuv A, Walker WF Cirsoid aneurysm of the scalp B.J. of Surg 1982;27:2
5. Grace DM, Gold RF, Vascular embolisation and occlusion by angiographic techniques as an aid or alternative to operation, Surge. Gynae. Obst. 1976; 143:469-482.