Figure 3 Post-procedural venous-phase lateral digital subtraction angiography shows complete occlusion of the aneurysm (arrow).  

Figure 4 (A) Anteroposterior and (B) lateral control magnetic resonance venography of the brain at 2 years show complete occlusion of the right transverse sinus aneurysm with mild stenosis of the sinus (arrow).  

contralateral side, it was decided to proceed with careful coiling and to abort the procedure if the coils migrated. The aneurysm was located near the confluence of the sinuses far from the sigmoid segment and inner ear, which might explain the absence of tinnitus. The sharp shooting headache in the present case was probably due to the aneurysm-mediated tension on the dura. The present study shows that TS aneurysms can present with symptoms other than pulsatile tinnitus and be successfully treated by coiling.

Conflict of interest statement  
The authors report no conflict of interest.

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Figure 1 Coronal T1-weighted MR image performed one month after the beginning of the symptoms shows a solitary calvarial intradiploic lesion in the right frontal region.

Figure 2 Axial CT image shows a well-defined osteolytic lesion in the right frontal region.

The question has been raised regarding the link between histiocytosis and pregnancy. LCH is rarely associated with pregnancy. Reports on pulmonary EG in pregnant woman showed no exacerbation of the disease [4]. It has been reported that when LCH and pregnancy occur simultaneously, diabetes insipidus may appear or worsen [5,6].

In conclusion, although uncommon, EG may be seen in adults and must be considered as differential diagnosis in case of an osteolytic calvarial lesion.

Conflict of interest statement
None.

References


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Sténose bilatérale non tumorale des foramens de Monro

Nontumoral bilateral occlusion of the Monro foramina

La sténose non tumorale des foramens de Monro est une pathologie rare. Elle est le plus souvent unilatérale responsable d’une hydrocéphalie monoventriculaire, exceptionnellement bilatérale s’associant à une hydrocéphalie biventriculaire. L’imagerie en coupes, en particulier l’IRM, joue un rôle important dans l’orientation diagnostique, en éliminant surtout une cause tumorale. L’endoscopie permet, d’une part, de confirmer le diagnostic et, d’autre part, de traiter l’hydrocéphalie.