Re: “Cerebral vasospasm and ischemia after orbital decompression for Graves ophthalmopathy”

To the Editor:

We read with great interest the article by McCormick et al.1 We congratulate the authors for bringing to our attention the serious nature of complications that can arise from subarachnoid hemorrhage leading to cerebral vasospasm. We wish to provide an alternate possibility for the etiology of the subarachnoid hemorrhage leading to the subsequent cerebral vasospasm.

Of interest is case one, the 67-year-old woman who sustained a fracture of the cribiform plate complicated by hypertension and subarachnoid hemorrhage following orbital decompression. An angiogram did not reveal any evidence of arterial aneurysm or leakage suggesting to the authors that the source of the bleed was an ethmoidal bleed that tracked intracranially secondary to intranasal packing.

An alternate explanation for the source of the subarachnoid hemorrhage could have been a venous bleed, which would not have been detected by angiography. During orbital decompression, disruption of one of the anterior cerebral veins could have occurred during the cribiform plate fracture. Venography may have been utilized to detect such leakage. This would also explain why there was hypertension and evidence of cerebral vasospasm before placement of the nasal packing.

We once again wish to applaud the authors for bringing to our attention the seriousness of subarachnoid hemorrhage that can occur during orbital decompression.

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REFERENCES
