Cavernous sinus disconnection and orbital exenteration for resection of a breast metastasis with perineural invasion

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Clinical Case

Anterior skull base diseases involving the orbital region and perineural invasion into the cavernous region are rare, necessitating multidisciplinary management.

A surgical case of a 71-year-old patient with recurrence of breast lobular carcinoma involving the left orbital, with preseptal, conal/extraconal extension, and perineural invasion of the cavernous sinus, requiring cavernous sinus disconnection and orbital exenteration via a crani-orbitozygomatic craniotomy and anterior clinoidectomy, is presented. Anatomical landmarks, surgical approach selection, and critical steps are discussed.
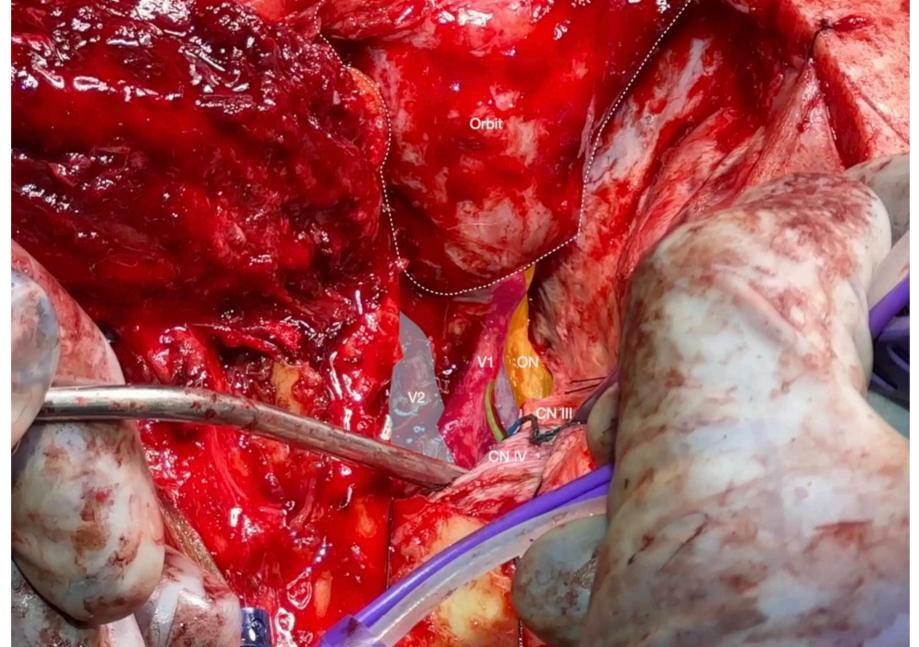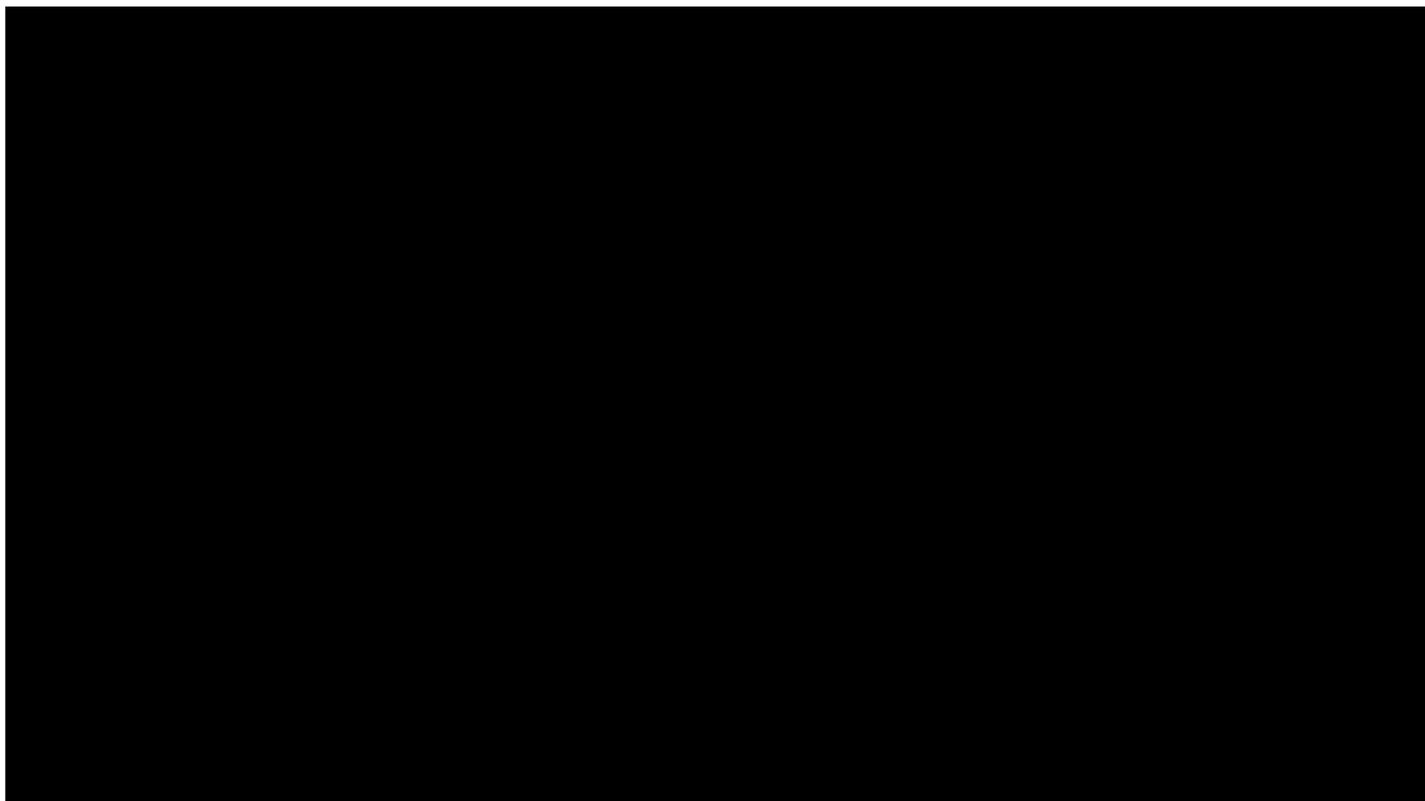
Preoperative MRI
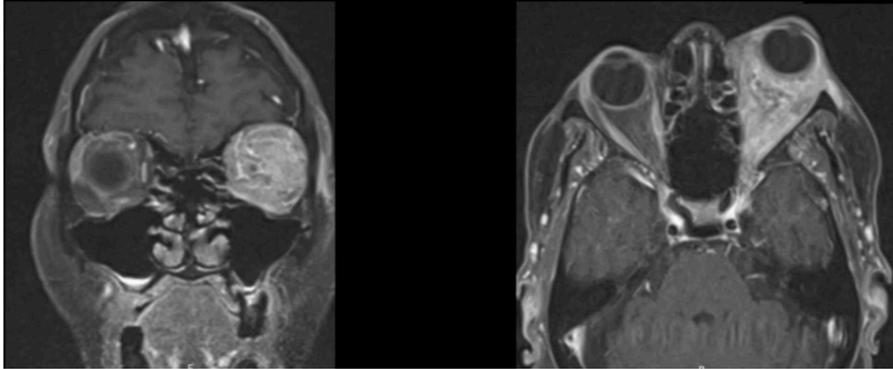
Postoperative MRI
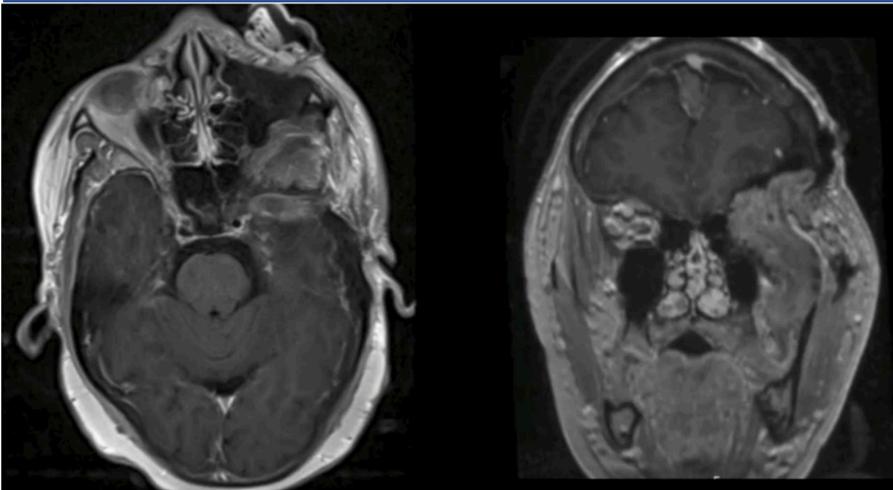
Intraoperative view

Operative Video

https://youtu.be/D8jELzC15v8

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