

“Juvenile Angiofibroma: Report of an intracranial, PPF-ITF, cavernous sinus extension”

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A 19-year-old male, complaining of a 4-year-long history of respiratory nasal obstruction, frontal headache and nosebleeds was brought to our attention. A CT scan and an MRI with c.e. were performed, showing an expansive formation with contextual vascular elements, entirely occupying the left nasal fossa, paranasal sinuses and extending into the left pterygopalatine and infratemporal fossa. The lesion also caused diffuse bone erosion with intracranial extradural invasion of the anterior frontal region and the left cavernous sinus. Due to the clinical and radiological suspect of Juvenile Angiofibroma (Andrews stage IIIb; [UPMC](#) stage IV), no biopsy was performed, and surgical indication was given. The patient, therefore, underwent a diagnostic angiography to identify supplying branches from the external carotid artery, which were contextually embolized, and branches from the internal carotid artery which were preserved, resulting in a partial devascularization of the lesion. 24 hours later, an endoscopic excision was performed and radicality was completely achieved, as shown in the postoperative MRI 72 hours later.

Keywords: JA, JNA, juvenile angiofibroma, endoscopic surgery, endonasal, intracranial, infratemporal fossa, ITF, pterygopalatine fossa, PPF, cavernous sinus, endoscopic resection, vascular malformation.

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