

# Adenocarcinoma of uncertain primary aetiology in a 40-year-old patient with cavernous sinus thrombosis

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### Abstract

In this article, we present a case of bilateral cavernous sinus thrombosis in a 40-year-old man with nasopharyngeal adenocarcinoma of unidentified primary aetiology. Cave-like Sinus An rapid development of unilateral periorbital edoema, headache, photophobia, and eye bulging are symptoms of thrombosis.

Ptosis, chemosis, and cranial nerve palsies are a few additional frequent presenting signs. Anticoagulation was initially used to treat the patient until subsequent testing revealed the widespread metastatic disease. Here, we've covered the clinical presentation, exam findings, radiological evidence, and management.

### Introduction

A extremely uncommon illness, cavernous sinus thrombosis (CST) has an incidence of 0.2–1.6 cases per 100,000 people annually [1]. Malignancy is the source of 7.4% of all instances of cerebral and dural venous sinus thrombosis, indicating that the risk of CST is five times higher in malignancy [2].

In the days before antibiotics, it was linked to a high mortality rate [3]. The mortality rate is still significant, at 30%, and up to 50% of patients have residual cranial neuropathies even when antibiotics and other contemporary medical care techniques are used [4]. Therefore, accurate diagnosis of the cause of CST is essential for effective care.

The primary symptoms of CST were how our patient, who had an advanced occult cancer with extensive metastases, presented. Diagnosis diagnosis of Cavernous Sinus Thrombosis is difficult and requires a thorough grasp of the disease process and a high index of clinical suspicion because these patients don't always present with the typical

symptoms, which makes it more difficult [5]. We present a rare case of left-sided CST that subsequently spread to the right side in a 40-year-old man with widespread adenocarcinoma metastasis of unknown initial origin. Malignancy is a very uncommon cause of CST.

### Conclusion

There are extremely few examples described in the literature of CST in the presence of cancer. When considering anticoagulation as a therapy option for individuals with cancer, the risks and benefits should be carefully weighed individually.

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