GLOBAL SCIENCE LIBRARY

CASE STUDY

Journal of Clinical & Medical Imaging

Raccoon eyes-A case study

Ryan M Naylor[1] and Jennifer E Fugate[2*]

[1]Department of Neurological Surgery, Mayo Clinic, Rochester, Minnesota, USA
[2]Department of Neurology, Mayo Clinic, Rochester, Minnesota, USA

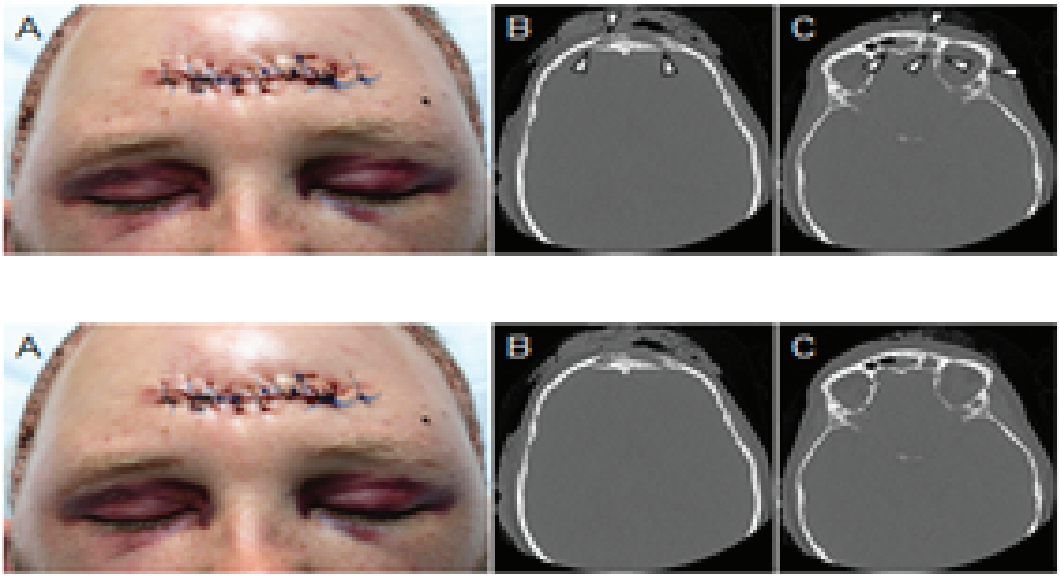

Figure 1. *A) Photograph demonstrating the patient's bilateral periorbital ecchymosis or "raccoon eyes"; B) Non-contrast head CT (axial view) demonstrating heavily comminuted and depressed frontal calvarial fracture with communication between the central nervous system and skin; C) Non-contrast head CT (axial view) demonstrating fractures involving the medial and lateral wall of the left orbit as well as through the anterior and posterior walls of the frontal sinuses.*

Correspondence: Jennifer E. Fugate, Department of Neurology, Mayo Clinic, Rochester, Minnesota, USA, Tel: +1 507-284-2511; E-mail: fugate.jennifer@mayo.edu

Rec: Apr 05, 2019; Acc: Apr 15, 2019; Pub: Apr 18, 2019

J Clin Med Imag. 2019;2(2):18
DOI: gsl.jcmi.2019.00018

A 35-year-old male presented to the emergency department after being struck with a pipe. Examination showed an open frontal skull fracture with extruding brain matter and bilateral periorbital ecchymoses. Non-contrast head CT demonstrated comminuted bilateral frontal bone fractures extending through the anterior and posterior walls of the frontal sinus with a depressed skull fragment, fractures through the medial and lateral wall of the left orbit with extension into the superior orbital rim, and a right frontal epidural hematoma. The patient underwent an emergent bifrontal craniotomy, hematoma evacuation, removal of the depressed bone fragments, and cranialization of the frontal sinuses. His orbital fractures were not repaired. He made a complete neurologic recovery and was discharged on postoperative day 3. Raccoon eyes are a classic sign of skull base fractures, which can often be managed non-operatively.