Scholars Journal of Medical Case Reports
Abbreviated Key Title: Sch J Med Case Rep
ISSN 2347-9507 (Print) | ISSN 2347-6559 (Online)
Journal homepage: https://saspublishers.com

OPEN ACCESS

Pediatric's Radiology

A Cranial Lump Revealing a Sinus Pericranii

Karima Sif Nasr[1]*, Abir El Hamzi[1], Lina Belkouchi[1], Siham EL Haddad[1], Latifa Chat[1]

[1]Pediatric's Radiology Department, Children's Hospital, Ibn Sina University Hospital Center, Rabat, Morocco

DOI: https://doi.org/10.36347/sjmcr.2026.v14i07.003 | **Received:** 11.05.2026 | **Accepted:** 25.06.2026 | **Published:** 04.07.2026

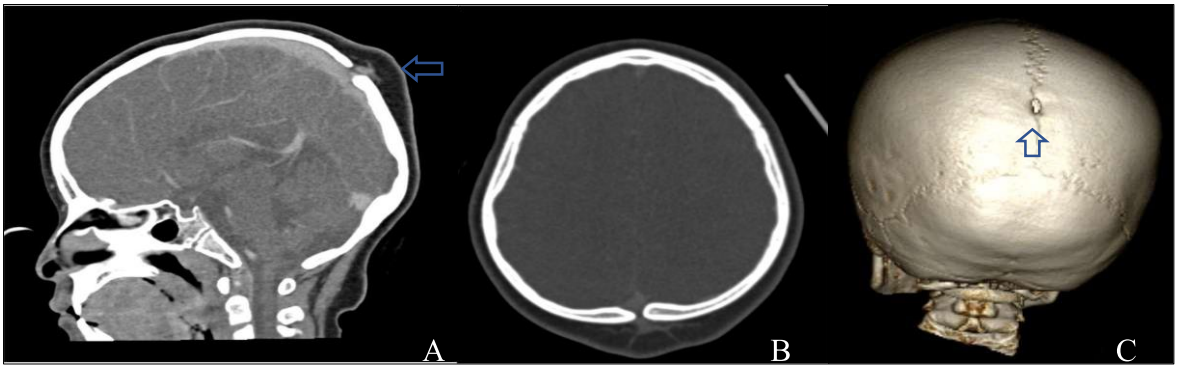
***Corresponding author:** Karima Sif Nasr
Pediatric's Radiology Department, Children's Hospital, Ibn Sina University Hospital Center, Rabat, Morocco

Clinical Image

Sinus pericranii (SP) is a rare and benign condition characterized by abnormal connection between the intracranial dural sinuses and dilated epicranial venous systems. It can occur alone or in conjunction with other abnormalities, such as craniosynostosis or intracranial venous anomalies such as dural sinus hypoplasia. While SP is mostly harmless, a misdiagnosis can lead to mistreatment and disastrous consequences such as sinus thrombosis, hemorrhage, and intracranial infections. Natural history is not well documented but any enlargement or pain reported should be an indication of treatment. Endovascular embolization has proven its efficacy through less blood loss and a shorter hospital stay for patients with SP compared to surgical ligation.

We herein present a case of a 6-year-old girl with no relevant history, presenting with a midline head mass that has been steadily growing for a few weeks and is pulsatile during demanding activities and in the supine position.

Contrast-enhanced head CT showed a thickening of soft tissue in the posterior parietal region with an abnormal communication at the junction of the two parietal bones between dural sinuses and the cranial vault, enhanced in the same fashion as cerebral venous vessels. Given the fact that the patient was asymptomatic, had no associated syndrome or malformation, and the lesion was not causing major cosmetic disfiguring the decision was made for observation with serial US follow-ups.



Commentary: (A) Contrast enhanced computed tomographic scan of the brain in axial section, sagittal reformatted scan (A, B) and showing a soft tissue thickening with multiple serpiginous structures (white arrow) communicating with the superior sagittal sinus and enhancing in the same way as the sinus. (C) Volume-rendered image of the skull from a posterior view revealing a bone defect (white arrow) at the junction of two parietal bones through which the emissary veins squeeze through.

REFERENCES

1. Mitsukawa N, Satoh K, Hayashi T, Furukawa Y, Suse T, Uemura T, *et al.,* Sinus pericranii associated with craniosynostosis. J Craniofac Surg 18:78–84, 2007

2. Sheu M, Fauteux G, Chang H, *et al.,* Sinus pericranii: dermatologic consideration and literature review. J Am Acad Dermatol 2002; 2013:934–41.
3. Jguirim M, Chebbi W. Lacune de la voûte du crâne révélatrice d'un sinus pericranii [Lacunar skull revealing a sinus pericranii]. Pan Afr Med J. 2015 Jun 9; 21:102. French. doi: 10.11604/pamj.2015.21.102.7141. PMID: 26516403; PMCID: PMC4606027