

This was first reported in 1978 ([\[i\]](#)) and only about 25 further cases can be found in the medical literature.

About 90% of these involved women who have brain aneurysms in particular of the anterior communicating artery.

Surgery on these aneurysms may include reinforcement of the aneurysm wall if it is thought to be unsuitable for clipping.

Muslin reinforcement has been used since the late 1950s. This requires wrapping or coating the aneurysm in materials such as cotton gauze (muslin).

This foreign material may induce a granulomatous reaction known as a 'muslinoma' or 'gauzoma'.

Adhesive arachnoiditis is usually optochiasmatic. Brochert et al. ([\[ii\]](#)) recently described a case in a 64 year old man.

They noted that optic neuropathy in cases like this tends to develop secondary to the inflammatory process, causing visual loss beginning 1-24 months after surgery (longer delay may occur).

[\[i\]](#) McFadzean RM, Gowan ME, *Trans Ophthalmol Soc UK* 1978; 98: 490-493 Optochiasmatic arachnoiditis after rupture of an anterior communicating artery aneurysm

[\[ii\]](#) Brochert A, Reynolds T, Baker R *Neuroradiology* 2003; 45: 82-84 MRI in a case of muslin-induced granuloma

