This subtype of cerebral arachnoiditis has been used mostly by Russian authors describing cerebral arachnoiditis as a complication of sinusitis (rhinosinusitis).

In 1986, for example, two Russian authors ([i]) reported on 100 patients with rhinosinusogenic cerebral arachnoiditis, of which

"Seventy-eight patients presented optochiasmal arachnoiditis: 12 had trigeminal neuralgia; 1, arachnoiditis of the cerebellopontine angle; 6, arachnoiditis of the convex surface of the brain; and 3, the hypertensive hydrocephalic syndrome due to occlusion of the CSF routes."

The authors made specific note of the need to image the sinuses when an intracranial inflammatory condition is suspected, as they may be a source of infection.

In 1994, Gushchin ([iii]) reported on 66 patients with rhinosinusogenic cerebral arachnoiditis (RCA).

He remarked that it

"occurs most frequently in subjects suffering from chronic purulent axillary sinusitis or recurrent polysinusitis"

and that intracranial abnormalities tend to be more marked on the side where the sinus infection is worst.

The following year, Gushchin ([iii]) described the clinical characteristics of RCA, noting that it tended to be a "diffuse cerebral arachnoiditis with predominant pathology meninges of

anterior cranial space (66.9% of patients)".

Clinical features included: supraorbital head pain with a feeling of pressure on the eyes and painful eye movements as well as abnormalities of smell sensation.

[i] Blagoveshchenskaia NS, Mukhamedzhanov NZ. *Zh Nevropatol Psikhiatr Im S S Korsakova* 1986;86(12):1782-5[Diagnosis and treatment of rhinosinusogenic cerebral arachnoiditis]

[ii] Gushchin AN. *Vestn Otorinolaringol* 1994 Mar-Apr;(2):20-2[Cerebral arachnoiditis in patients with chronic rhinosinusitis]

[iii] Gushchin AN. *Zh Nevropatol Psikhiatr Im S S Korsakova* 1995;95(2):23-6[The clinical characteristics of rhinosinusogenic diffuse cerebral arachnoiditis located predominantly in the anterior cranial fossa]