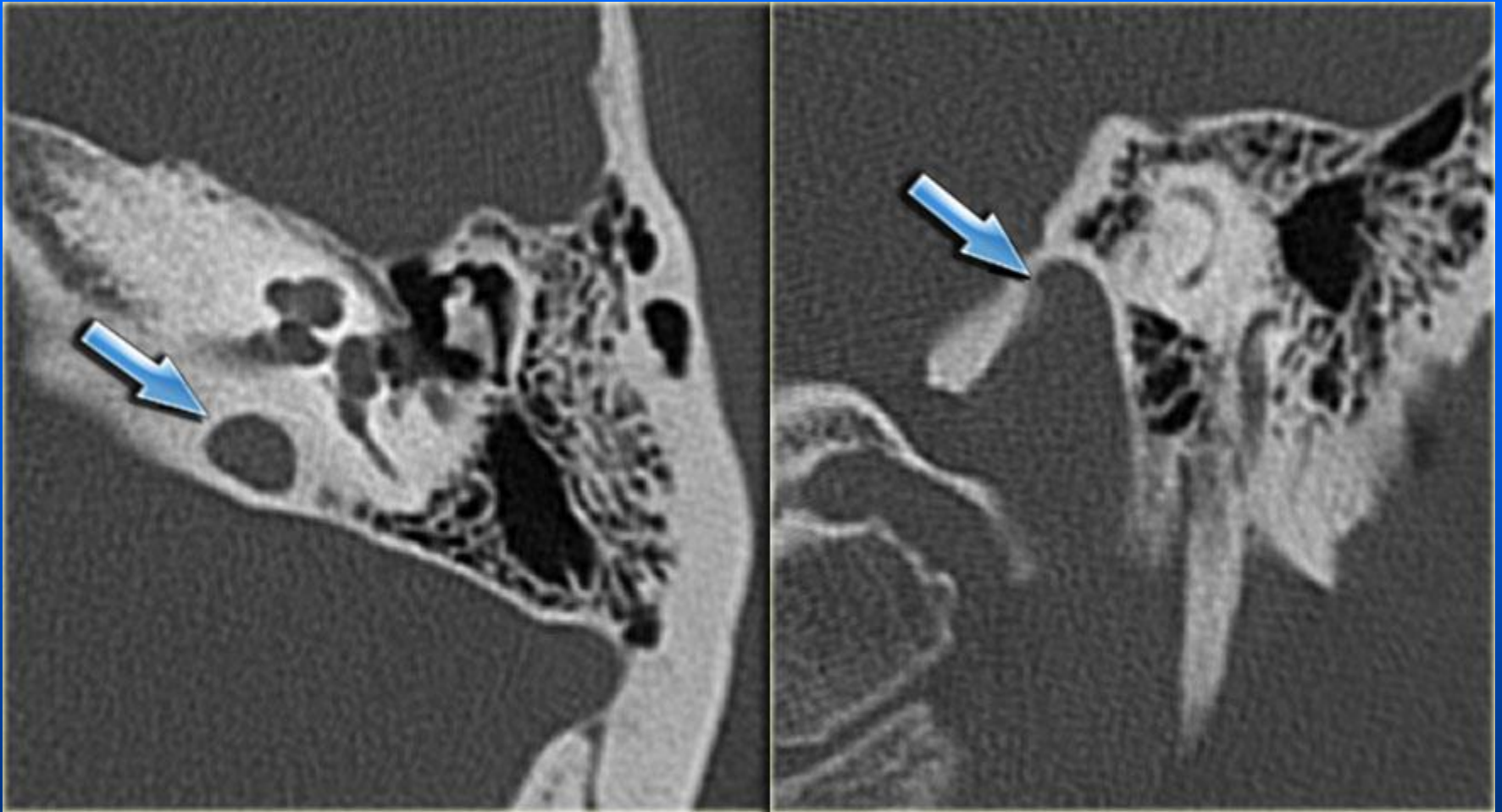
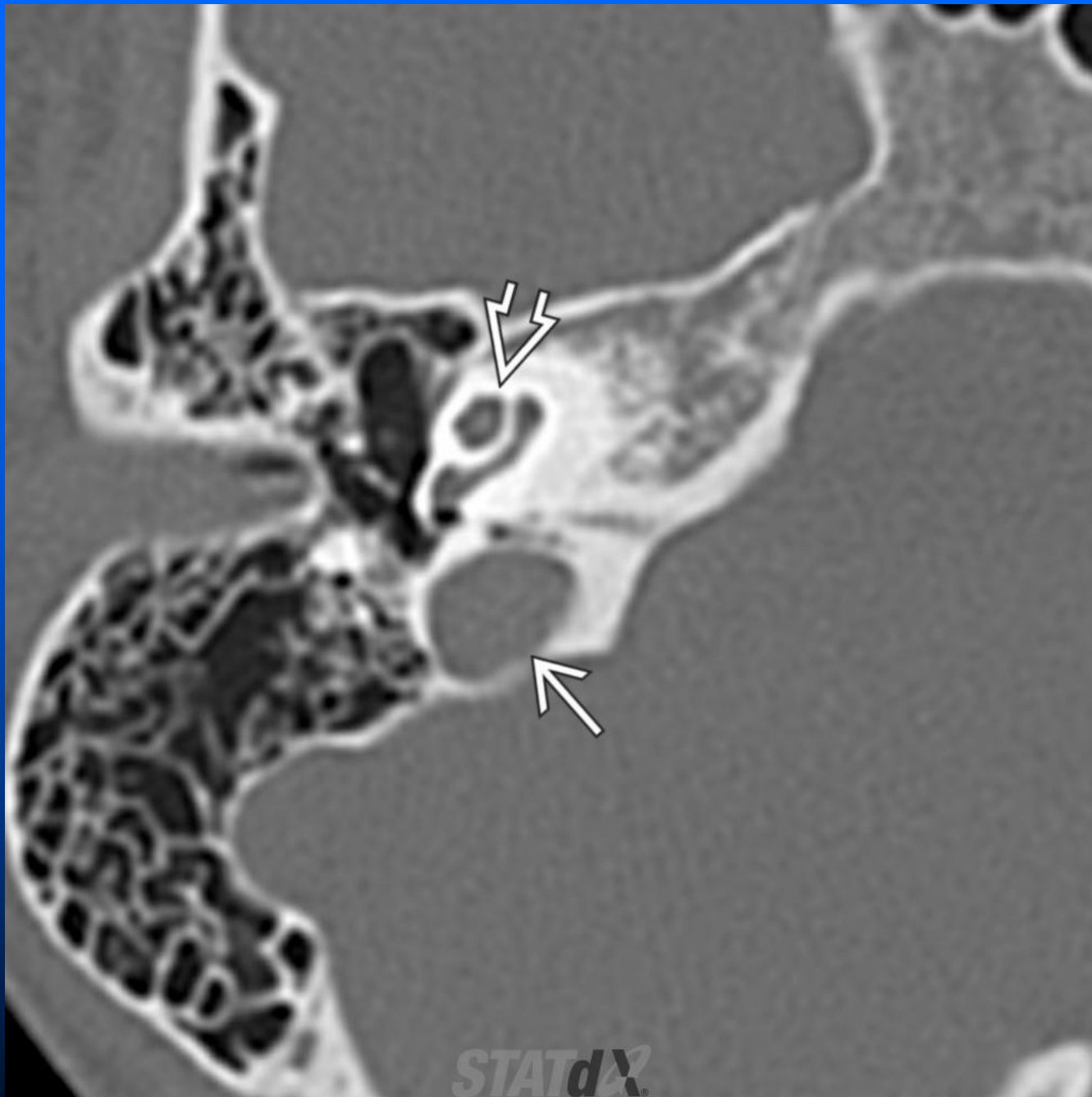


High Jugular Bulb

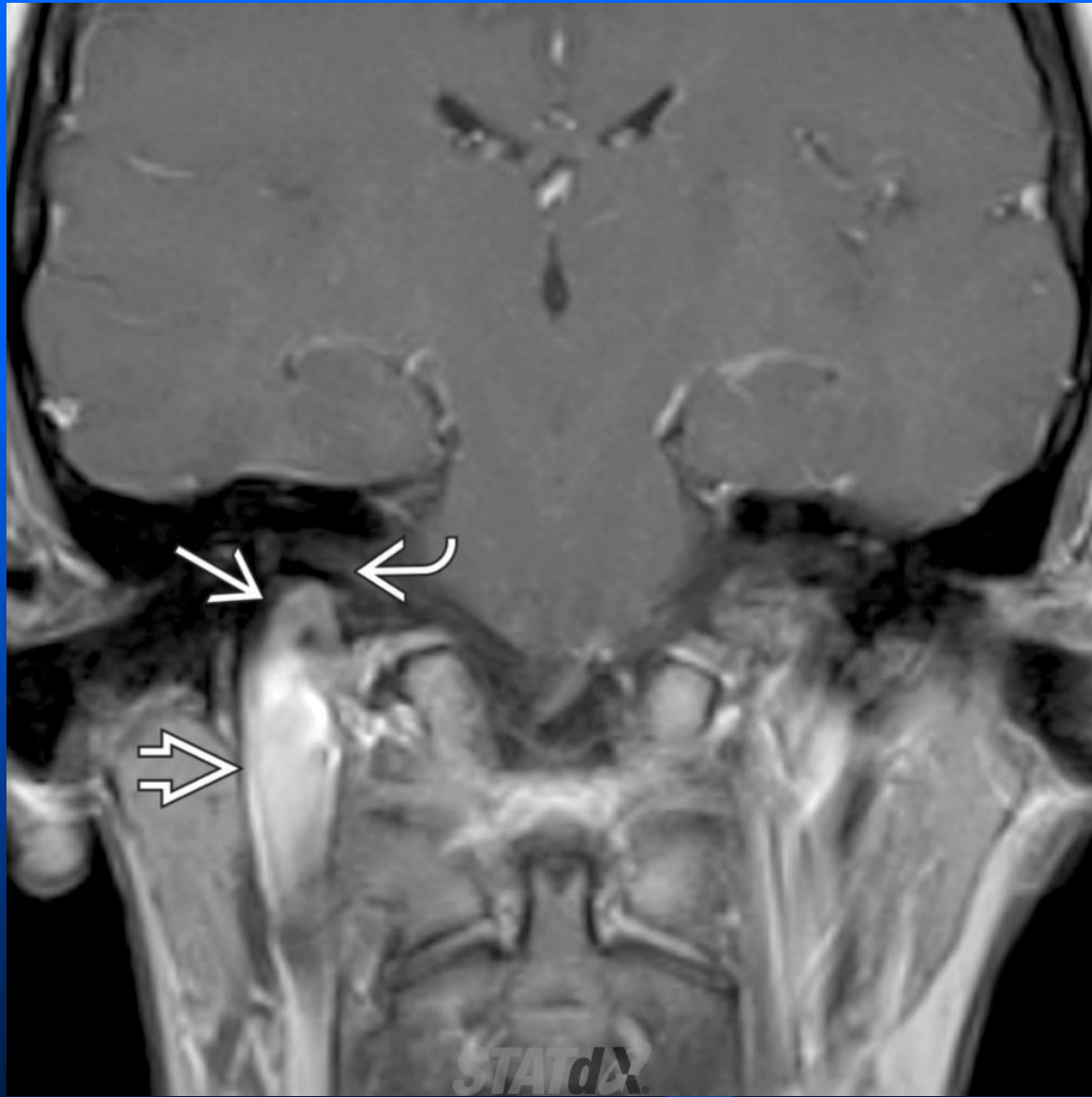
- High jugular bulb (JB): Superior aspect of JB extends above floor of IAC with **no** middle ear connection
- If dehiscence into middle ear present, use "dehiscent JB" not "high JB" to describe.
- Most cephalad portion of JB extends superior to **floor of IAC** \pm at level of basal turn of cochlea
 - Jugular foramen cortical margins intact
- High JB occurs most commonly on **right**



- The jugular bulb is often asymmetric, with the right jugular bulb usually being larger than the left.
- If it reaches above the posterior semicircular canal it is called a high jugular bulb.
- If the bony separation between the jugular bulb and the tympanic cavity is absent, it is termed a dehiscent jugular bulb.
- Rarely an outpouching is seen – this is known as a jugular bulb diverticulum.



Axial T-bone CT of the right ear shows a high jugular bulb (white solid arrow) at the level of the cochlea (white open arrow) with intact cortical margins. These congenital lesions are typically incidental, but may be associated with pulsatile tinnitus.



Coronal T1WI C+ FS MR shows a high jugular bulb (white solid arrow) connected inferiorly to a large internal jugular vein (white open arrow). The top of the high jugular bulb reaches the level of the floor of the internal auditory canal (white curved arrow). On axial images, this may mimic an inner ear lesion if the connection to the jugular vein is not appreciated.

