

Collet - Sicard Syndrome 2

Collet-Sicard Syndrome Induced by Neck Mass : 2 Cases

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Collet-Sicard Syndrome is one of the variant of the jugular foramen syndromes in which the last four cranial nerves are involved whereas the sympathetic plexus is spared. The possible causes of these multiple lower cranial nerve palsy are variable, including metastasis of systemic malignancy to the base of skull, primary tumor of head and neck, vascular complication, trauma and so on. We experienced two men visited to our clinic with symptoms of headache, hoarsness, swallowing difficulty and showed the evidence of cranial nerve palsy on neurologic examination. Magnetic resonance imaging and computed tomography demonstrated oropharyngeal and hypopharyngeal tumor and electrodiagnostic study supported the diagnosis.

Key Words : Collet-Sicard syndrome, Multiple lower cranial nerve palsy, Malignancy

Collet - Sicard syndrome (jugular foramen syndrome) IX, X, XI, XII 가 가 가

3 10 kg

가 1 2

가 X-

가 2 (Collet - Sicard) 4/5(Medical Research Council scale) 가

1. (Fig. 1). 가

57 2 3 가

2

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가 (Table 1).

가
가
가 3 × 3 cm

2.

X -

43 가 3

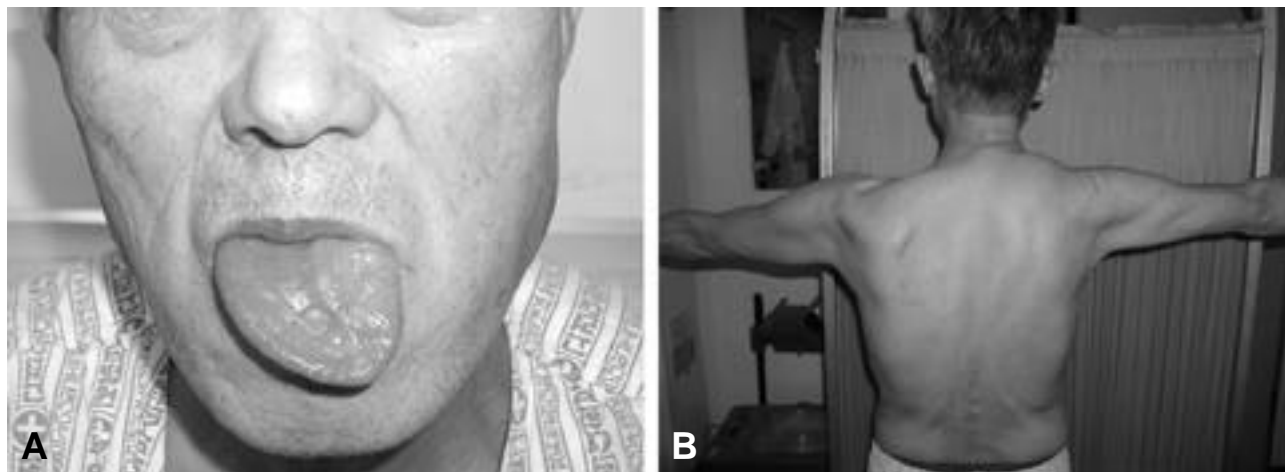


Figure 1. Tongue deviation to the left side(A). Winging of the scapula with abduction of the shoulder joint(B) in Case 1.

Table 1. The serial findings of cerebrospinal fluid

	Case I			Case II		
	Fibrillation potential	Positive sharp wave	Motor units	Fibrillation potential	Positive sharp wave	Motor units
Supraspinatus	2+	2+	Recruitment Normal MUP	Normal	Normal	Normal
Infraspinatus	1+	2+	Recruitment Normal MUP	Normal	Normal	Normal
Trapezius	1+	2+	Recruitment Normal MUP	Normal	2+	Recruitment Amplitude Polyphasic
Sternocleidomastoid	-	-	-	Normal	2+	Amplitude Polyphasic
Tongue	1+	1+	Recruitment Normal MUP	Normal	2+	Polyphasic
Deltoid	Normal	Normal	Normal	Normal	Normal	Normal
Biceps brachii	Normal	Normal	Normal	Normal	Normal	Normal
Pronator teres	Normal	Normal	Normal	Normal	Normal	Normal
Flex. carpi ulnaris	Normal	Normal	Normal	Normal	Normal	Normal
FDI	Normal	Normal	Normal	Normal	Normal	Normal
APB	Normal	Normal	Normal	Normal	Normal	Normal
Cervicalparaspinal	Normal	Normal	Normal	Normal	Normal	Normal

FDI; First Dorsal Interosseous, APB; Abductor Pollicis Brevis

가

83%가

가 (14%) 가 (40%) 가 (12%)

3 cm 가

(Fig. 2).

(Table 1).

9, 10, 11, 12

(Diffuse large B cell type)

가

Collet-Sicard

가

가

. Gupta 1

가

(11)

가

5

가

6

가

가

7

가

가

1,8

6

가

3, 5, 7

2, 9, 10, 12

가

4, 8

1, 가



Figure 2. Neck Computed Tomography showed space occupied mass lesion around oropharynx and tonsil with enlargement of surrounding lymph node.

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