Unmasking the silent tumour: Paraganglioma presenting as Collet Sicard Syndrome

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AIMS

- Collet-Sicard Syndrome (CSS)
- Uncommon neurological disorder
- Unilateral paralysis of the lower four cranial nerves (IX–XII)
- Resulting from skull base lesions

- We present a case of 55 year old female
- Presented with insidious onset progressive right sided neck muscle atrophy, dysarthria and dysphagia
- Neurological examination IX,X,XI,XII involvement
- Right sternocleidomastoid and tounge atrophy .

MATERIALS AND RESULTS

- Magnetic resonance imaging (MRI) of the brain identified a 2.0 × 2.4 × 2.9 cm lesion
- Isointense on both T1- and T2-weighted images, hyperintense on FLAIR
- Showed homogeneous contrast enhancement.
- Suggestive of a right-sided paraganglioma.
- Biopsy confirmed

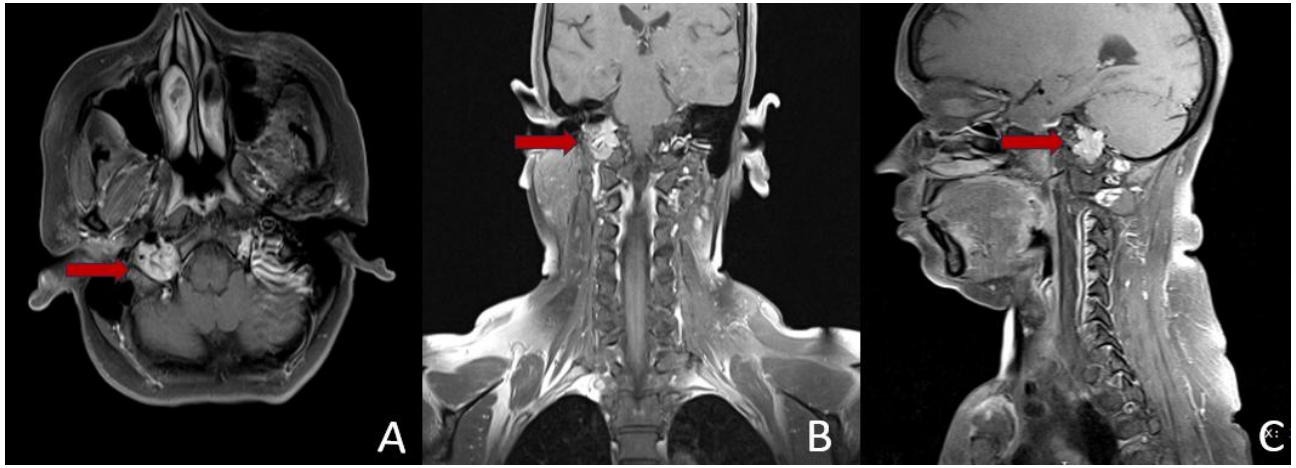

Figure ; MRI Brain and neck FLAIR images axial(A), coronal (B), saggital (C) Tounge atrophy (D), Right SCM atrophy (E)

CONCLUSION

- Paragangliomas of the head and neck are rare
- Highly vascular neuroendocrine tumors arisimg from extra-adrenal paraganglia
- Jugular foramen, carotid body, vagal body most common sites
- Paraganglioma presenting as CSS is rare
- Such cases should be thoroughly investigated

Huang Y, Huang Y, Mo Y, Jin H. Collet–Sicard syndrome caused by a paraganglioma in the region of the jugular foramen on one side: A case report and review. SAGE Open Medical Case Reports. 2024;12. doi:10.1177/2050313X241249613