RESIDENT & FELLOW SECTION

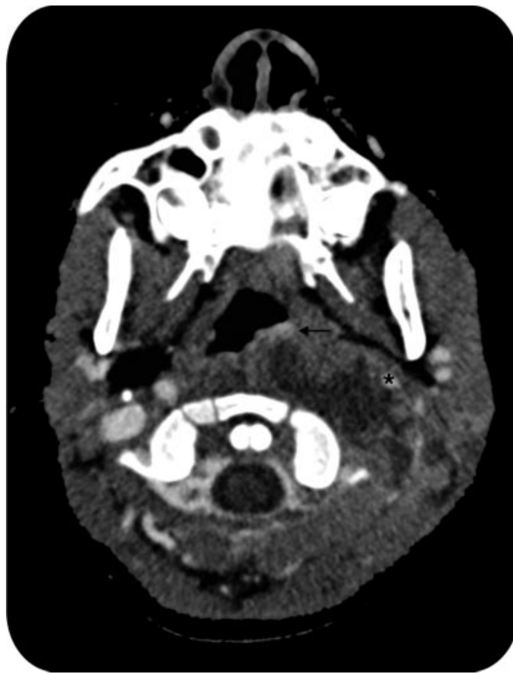
Section Editor Mitchell S.V. Elkind, MD, MS

Teaching Neuro*Images*: Villaret syndrome

Frank de Beer, MD
Bart Post, MD, PhD

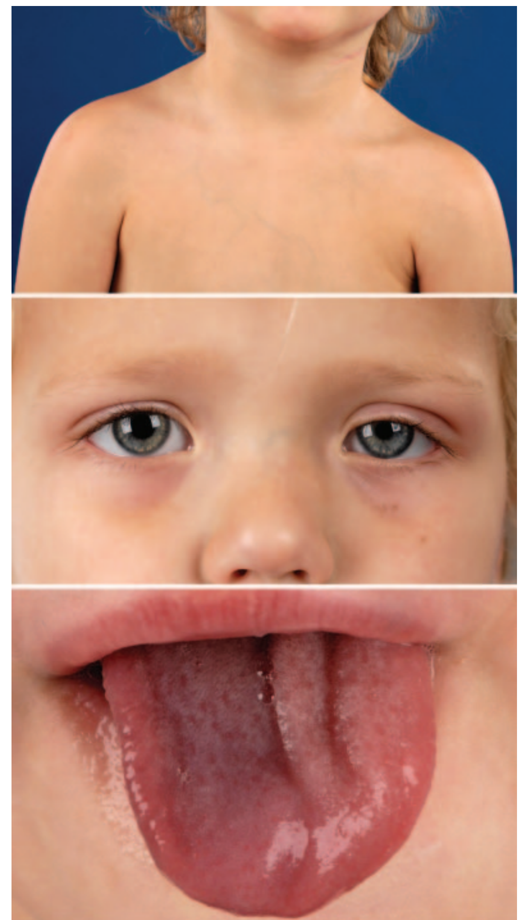
Address correspondence and reprint requests to Frank de Beer, Department of Neurology, St. Lucas Andreas Hospital, Jan Tooropstraat 164, 1061 AE Amsterdam, the Netherlands
fdebeer@gmail.com

Figure 1 CT



CT of the neck with contrast showing an irregular hypodense lesion with some rim enhancement (arrow), most consistent with infiltration. The diameter of the left carotid artery (asterisk) is smaller than the right, presumably due to external compression. No contrast is visible within the left jugular vein due to thrombosis.

Figure 2 Photographs



Photographs of the patient taken 1 month after presentation show a lowered left shoulder due to weakness of the trapezius muscle demonstrating nXI involvement, a left-sided ptosis and miosis as part of Horner syndrome, and an atrophic and left-deviated left side of the tongue consistent with ipsilateral hypoglossal nerve lesion.

A 3-year-old boy presented with fever and painful swelling of the left side of the neck due to retropharyngeal bacterial infection (figure 1). Neurologic examination showed left-sided ptosis, miosis, paresis of the sternocleidomastoid and trapezius muscle, difficulty swallowing, hoarseness, and left tongue deviation (figure 2). Laryngoscopy showed left vocal cord paralysis.

Unilateral lesion affecting nIX to nXII, Collet-Sicard syndrome, in combination with ipsilateral Horner syndrome is called Villaret syndrome,[1] anatomically located outside the skull, in the posterior parapharyngeal space, where these cranial nerves and the sympathetic trunk lie in proximity.[1,2] Six months after surgical exploration and antibiotics, no neurologic improvement had occurred.

REFERENCES

1. Villaret M. Le syndrome nerveux de l'espace rétroparotidien postérieur. Rev Neurol 1916;23:188–190.
2. Tiliket C, Petiot P, Arpin D, et al. Clinical and radiological aspects of Villaret's syndrome. Clin Neurol Neurosurg 1996;98:194–196.

From the Department of Child Neurology (F.d.B., B.P.), Academic Medical Centre, Amsterdam; Department of Neurology (F.d.B.), St. Lucas Andreas Hospital, Amsterdam; and Department of Neurology (B.P.), University Medical Centre St. Radboud, Nijmegen, the Netherlands.
Disclosure: The authors report no disclosures.

Copyright © 2010 by AAN Enterprises, Inc.

Copyright © by AAN Enterprises, Inc. Unauthorized reproduction of this article is prohibited.

Neurology®

Teaching Neuro*Images*: Villaret syndrome

Frank de Beer and Bart Post

Neurology 2010;75;e43
DOI 10.1212/WNL.0b013e3181f0739f

This information is current as of August 30, 2010

Updated Information & Services	including high resolution figures, can be found at: http://n.neurology.org/content/75/9/e43.full
References	This article cites 2 articles, 0 of which you can access for free at: http://n.neurology.org/content/75/9/e43.full#ref-list-1
Subspecialty Collections	This article, along with others on similar topics, appears in the following collection(s): **Bacterial infections** http://n.neurology.org/cgi/collection/bacterial_infections **CT** http://n.neurology.org/cgi/collection/ct
Permissions & Licensing	Information about reproducing this article in parts (figures,tables) or in its entirety can be found online at: http://www.neurology.org/about/about_the_journal#permissions
Reprints	Information about ordering reprints can be found online: http://n.neurology.org/subscribers/advertise

Neurology ® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright . All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.