Teaching NeuroImages: Perineural spread of basal cell carcinoma along the trigeminal nerve

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A 72-year-old man presented with painless left cheek and upper lip paresthesias for 1 year. A basal cell carcinoma had been resected from the left lower lid 2 years before. He had hypesthesia in the left V2-V3 distribution. MRI demonstrated findings suggestive of perineural spread (figures 1 and 2). Local radiation arrested the process.

Perineural spread occurs in 2.5%–5% of head and neck cancers,1 particularly in basal and squamous cell carcinomas.2 This phenomenon commonly affects the trigeminal or facial nerves. The insidious nature of the symptoms and the history of previous resection of a facial tumor should raise the suspicion of this disorder, and help differentiate it from more common trigeminal neuropathies.

REFERENCES
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