Multiple cranial nerve palsies due to perineural invasion

Figure 1 Cavernous sinus thickening

Postcontrast T1-weighted MRI reveals thickening and enhancement of the external wall of the left cavernous sinus (arrows). (A) Axial; (B) coronal.

A 69-year-old man presented with a recent history of painless diplopia and left eye conjunctival injection. He had a cutaneous adenosquamous carcinoma removed from the left forehead 3 years before. The examination showed complete left ophthalmoplegia, exophthalmos, ptosis, and ipsilateral V1 hypoesthesia. Brain MRI revealed thickening and contrast enhancement of the external wall of the left cavernous sinus (figure 1).

Figure 2 Perineural spread

Histopathology of the adenosquamous skin tumor demonstrates perineural and intraneural invasion (arrows). Hematoxylin & eosin, $\times 400$.

Because of skin cancer history, biopsy specimens of the previously resected tumor were reassessed, exhibiting neoplastic perineural spread (figure 2). Cavernous sinus invasion due to centripetal perineural spread from a supposedly removed skin cancer has been previously reported.^{1,2}

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Study funding: No targeted funding reported.

Disclosure: The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

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Neurology 2016;86;1645-1646

DOI 10.1212/WNL.0000000000002615

This information is current as of April 25, 2016

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