A 44-year-old woman presented with 4 weeks of increasing neck pain and newly arising dysphagia and hoarseness. Examination was remarkable for left tongue atrophy and fibrillations, tongue deviation to the left, left vocal cord paralysis, and trapezius and sternocleidomastoid muscle wasting (figure) (Collet-Sicard syndrome, CN IX-CN XII paralysis1,2). Workup revealed a partially calcified left cervical glomus jugulare tumor extending from the jugular foramen into the parapharyngeal space (figure, A). The tumor encased the left internal carotid artery, CN XI, and CN XII. The inoperable lesion was treated with external beam radiation therapy (45 Gy, 25 fractions). Her neurologic syndrome remains stable with improved pain.

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