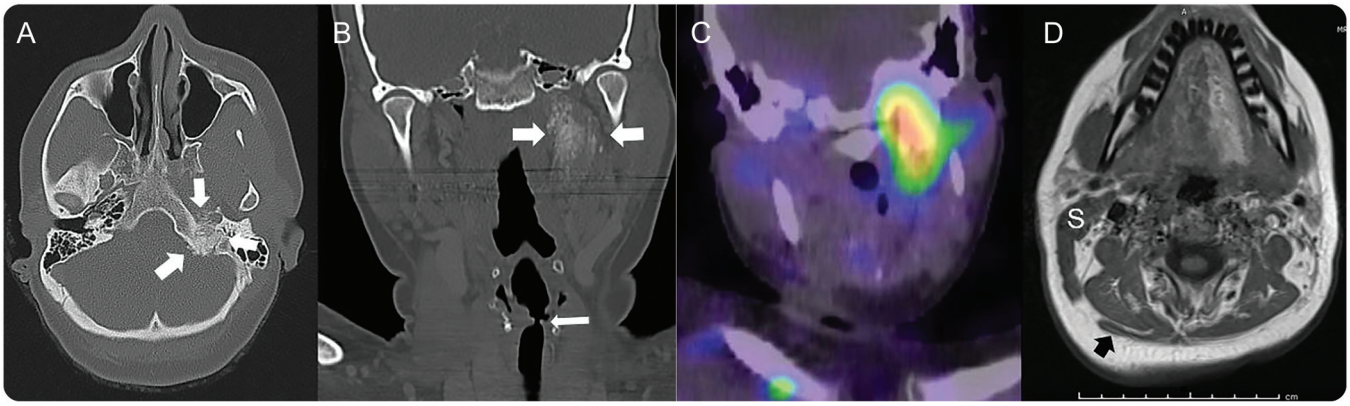
MRI findings in Collet-Sicard syndrome

Figure Imaging findings in Collet-Sicard syndrome



(A) Axial skull base CT: calcified mass obliterating left jugular foramen. (B) Coronal neck CT: partially calcified parapharyngeal mass; paralyzed left vocal cord. (C) 18-Fluorodeoxyglucose PET: torticollis; avid glomus tumor uptake. (D) T1-weighted MRI: fatty degeneration–related left tongue hyperintensity. Left-sided sternocleidomastoid and trapezius atrophy (S + arrowhead = nonatrophied muscles).

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-CNXII paralysis[1,2]). 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, CNXI, and CNXII. 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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