Teaching NeuroImage: Isolated Unilateral Hypoglossal Nerve Palsy due to Skull Base Meningioma

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Figure 1 Clinical Signs vs Image Depiction of Hypoglossal Nerve Palsy

(A) Photograph of the patient demonstrates right tongue deviation and atrophy. (B) Coronal fluid-attenuated inversion recovery MRI from 2016. Abnormal signal hyperintensity in the right hemi-tongue represents fatty infiltration as a consequence of right CN XII compromise (red arrow).

A 73-year-old woman presented with a 6-month history of intermittent lisp, drooling, and aspiration. Initial assessment showed right hemitongue atrophy (Figure 1) with ipsilateral fasciculations and weakness. Residual neurologic examination was unremarkable. MRI brain confirmed a right hypoglossal nerve palsy (HNP) secondary to a hypoglossal canal meningioma, with classical radiologic appearances (Figure 2).

Isolated HNP is rare and often heralds metastatic disease or is idiopathic.\(^1,2\) Other causes include local arteriovenous fistulas, Chiari malformations, and iatrogenic from posterior fossa surgery or carotid endarterectomy.\(^2\) Benign meningiomas rarely cause an isolated HNP but typical radiologic appearances can confirm diagnosis and prevent biopsy.

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**References**
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