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Nerves Paralysises Associated to Nasal Obstruction : What Is Your Diagnosis ??

Case Report

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Case report

A 60 year old man presented with complaints of nasal obstruction (left side), smell disorder , headache and neuralgia on the left side of his face for 2 years, ptosis and diplopia followed by reduction vision of the left side.

The patient was treated in another institution with antibiothiques and antituberculous drugs.

After two weeks, the treatement was stopped because of the deterioration of the neurologic status, and the appearence of new symptoms such as mouth opening limitation, dyspnea, difficulty of swallowing (dysphagia) and cerebellar syndrome. So all cranial nerves at the left side were dysfonctionnal.

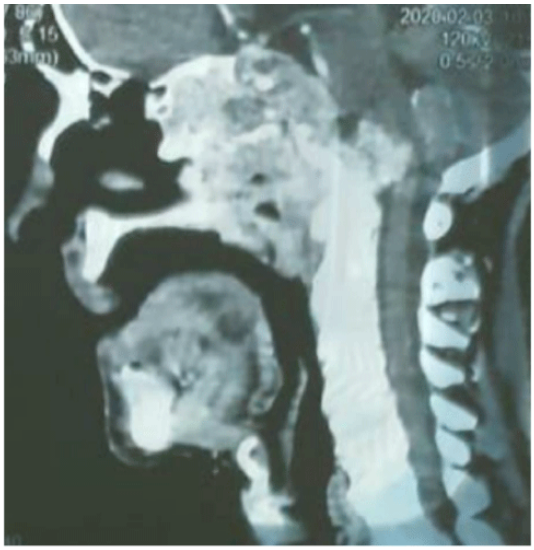

Figure 1: sagital CT scan passing through the nasal cavity.

Figure 2: axial CT scan passing through the nasopharynx

At the onset of these symptoms, tomography computed of the head was done (Figure 1.2).

What is your diagnosis ??

Response

Presence of a large heterogeneous 9 cm tumor of the nasopharynx and the left nasal fossa, extended to the maxillary sinus, oropharynx,skull base ,brainstem and to the left cerebellar hemisphere.Nasal endoscopy biopsy shows a UCNT of the cavum

Discussion

Guillain Alajouanine Garcin syndrome or garcin syndrome is rare disorder with progressive unilateral involvement of all or at least 7 cranial nerves ,first reported in 1926 [1].

This syndrom is frequently seen in the tumors of nasopharynx [2,3] and the base of the skull, which does not affect the brain itself. The syndrome is progressive and, in its complete form, is seen only very rarely. Some reported cases have other symptoms such as headache such as our case.

Prognosis as a rule is unfavorable. The findings on the CT scan and MRI scan are important in early diagnosis [4].

Many cases of Garcin's syndrome have been reported. These include cases that are caused by tonsillar carcinoma, carcinomatous leukemic meningitis, and para-nasal and parotid tumors. Nasopharyngeal carcinoma frequently involves cranial nerves because of its proximity to the skull base [4,5].

Conclusion

This case illustrates the need to consider nasopharyngeal carcinoma as the most common cause of garcin syndrome in the presence of unilateral cranial pair involvement associated with olfactory disorders

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