

ISOLATED UNILATERAL HYPOGLOSSAL NERVE PALSY CAUSED BY AN ATLANTOAXIAL JOINT SYNOVIAL CYST

PARALISIA ISOLADA UNILATERAL DO NERVO HIPOGLOSSO CAUSADA POR UM CISTO SINOVIAL DA ARTICULAÇÃO ATLANTO-AXIAL

Giuliano da Paz Oliveira^{1,2,3}, MD, MSc; Leonardo Furtado Freitas⁴, MD; Victor Hugo Rocha Marussi⁴, MD; Christiane Monteiro Siqueira Campos⁴, MD; Fernando Morgadinho Santos Coelho^{2,3}, MD, PhD.

A 52-year-old man presented with a 3-month history of occipital headache, nonprogressive dysarthria and difficulty in chewing. Physical examination revealed an isolated right hypoglossal nerve (HN) palsy with associated unilateral tongue wasting (figure 1). Brain MRI disclosed a lobulated cystic mass originating in the right atlantoaxial joint, which extended superiorly and insinuated

through the ipsilateral hypoglossal canal, with peripheral enhancement (figure 2).

The association of atlantoaxial synovial cyst and isolated unilateral compressive HN paralysis is rarely seen¹⁻⁴. We believe it should be included in the differential diagnosis of isolated unilateral HN palsy.

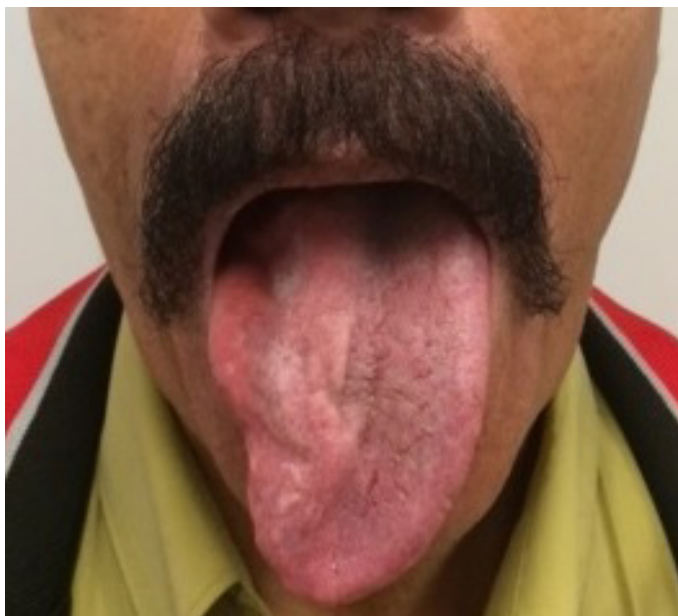


Figure 1: Wasting of the right side of the tongue and its deviation to the right on protrusion indicating a right hypoglossal nerve palsy.

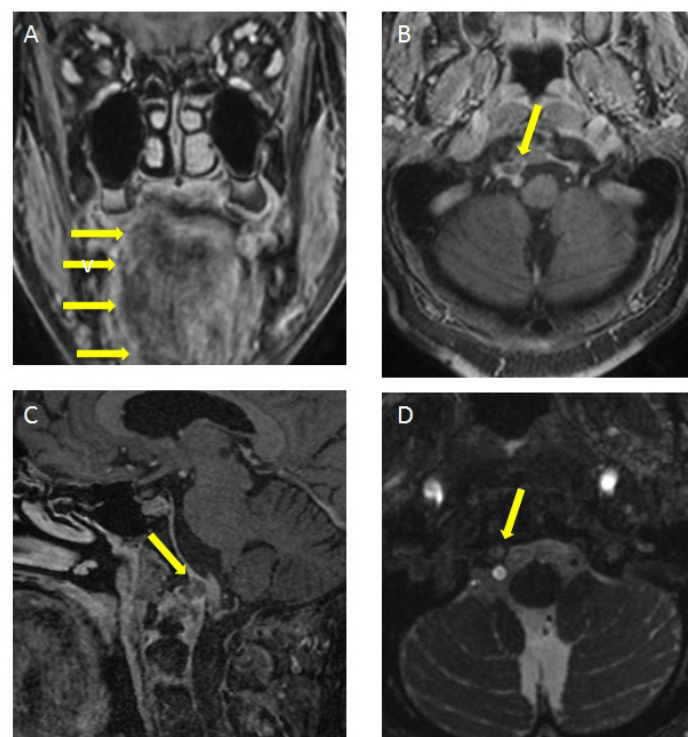


Figure 2: (A), (B) and (C) post-gadolinium T1 fat saturation in the coronal, axial and sagittal planes; (D) axial 3D-CISS MRI. Right hemitongue fatty degeneration due to atlantoaxial arthrosynovial cyst compression and hypoglossal nerve palsy.

¹Department of Neurology and Neurosurgery, Universidade Federal de São Paulo, São Paulo, Brazil.

²Universidade Federal do Piauí, Campus Ministro Reis Velloso, Parnaíba, Brazil.

³Department of Psychobiology, Universidade Federal de São Paulo, São Paulo, Brazil.

⁴Neuroradiology of Medimagem, Hospital Beneficência Portuguesa de São Paulo, São Paulo, Brazil.

Endereço para correspondência: Giuliano da Paz Oliveira, MD, MSc; Department of Neurology and Neurosurgery, Universidade Federal de São Paulo, São Paulo, Brazil, e-mail: giulianooliveira@hotmail.com

CONFLICT OF INTEREST

The author declares that there is no conflict of interest.

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