

Painful Ophthalmoplegia Due to Involvement of Cavernous Sinus Region by Malignant Neoplasm: Report of Three Cases.



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INTRODUCTION: Spread of tumor to intracranial structures is an infrequent and late manifestation of head and neck cancers. We report three cases of painful ophthalmoplegia due to larynx and parotid neoplastic involvement.

METHODS: We report the cases in order to increase the visibility of metastases to the CS resulting in ophthalmoplegia. Data disclosure was authorized by the patients through an Informed Consent Form (ICF).

RESULTS: A 47-year-old man presents right retro-orbital pain and progressive ophthalmoplegia 5 months after resection of laryngeal spinocellular carcinoma and local radiotherapy. A 44-year-old man, 9 months after excision of spinocellular carcinoma of the larynx and subsequent radiotherapy, presents severe pain and paralysis of the left CN VI. Imaging exams showed involvement of CS (figure 1 and 2). A 67-year-old woman with a tumoral mass in the left preauricular region. Biopsy revealed adenocarcinoma of the parotid gland. After total parotidectomy, the supra-omohyoid cervical ganglion was removed. Patient received radiotherapy for 3 months. Then, she presented a frontal and right temporal headache, more intense in the retro-orbital region. After one month, she developed complete CS syndrome, with the right CN VI being the first to be affected. MRI revealed an expansive lesion in the right cavernous sinus with asymmetric contrast enhancement (figure 3). All patients died despite treatment.

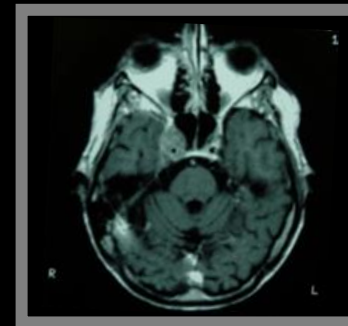


Figure 1: Expansive lesion (2,4x1,7x1,7 cm) in the right cavernous sinus.

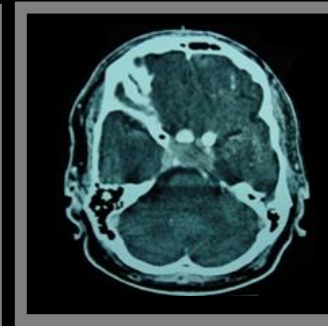


Figure 2: TC showing a hyperdense expansive lesion in the sella turcica.

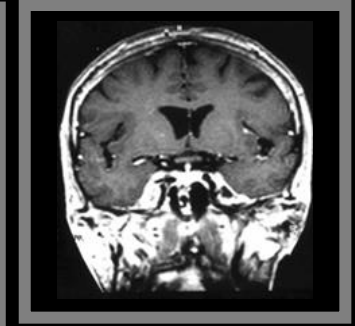


Figure 3: MRI showing an expansive lesion in the right cavernous sinus.

Conclusion: In patients with painful ophthalmoplegia, the most common hypotheses are diabetic neuropathy and Tolosa-Hunt syndrome. CS involvement may be the first evidence of a distant head and neck disease. Despite the poor prognosis, palliative care should be considered.