

Geniculate Ganglion Tumor Manifesting as Insidious Peripheral Facial Nerve Palsy

Fernandes EP¹, Brooks JBB^{2*}, Prosdócimi FC³, Oliveira RA⁴, Silveira GL⁴ and Neto MR⁵

¹UNIMES- Universidade Metropolitana de Santos, Brazil

²Department of Neurology, UNIMES- Universidade Metropolitana de Santos, Brazil

³Department of Structure and Function, UNIMES- Universidade Metropolitana de Santos, Brazil

⁴Clínica Mega Imagem, Brazil

⁵Institute of Neurological Sciences, Hospital Beneficencia Portuguesa de Sao Paulo, Brazil

*Corresponding author: Dr. Joseph B.B. Brooks, Department of Neurology, Irmandade Santa Casa de Misericórdia de Santos, Avenida Claudio Luiz da Costa 50, CEP 11075-900 Santos, SP, Brazil, Tel: +55 13 32020600; E-mail: joseph3b@gmail.com

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Clinical Description

A 20-year-old woman presented with a 9-month history of slowly progressive right peripheral facial nerve palsy. Clinical assessment showed Grade II House-Brackmann right facial nerve palsy [1]. Otoscopy and laboratory examination were normal. History of traumatic brain injury was negative. Magnetic resonance imaging of the brain showed a T1 hypointense, T2 hyperintense and paramagnetic agent enhancement lesion, measuring 1.1 x 0.9 x 0.9 cm, located on the geniculate ganglion topography of the of the right facial nerve (Figure 1). Therapeutic options were discussed with the patient and the wait-and-scan strategy was instituted, since she had a near-normal facial nerve function [2]. Attention to this clinical–radiologic correlation may help physicians make correct diagnoses.

References

1. House JW, Brackmann DE (1983) Facial nerve grading system. *Otolaryngol Head Neck Surg* 93: 184-193.
2. Lahlou G, Nguyen Y, Russo FY, Ferrary E, Sterkers O, et al. (2016) Geniculate ganglion tumors: clinical presentation and surgical results. *Otolaryngol Head Neck Surg* 155: 850-855.

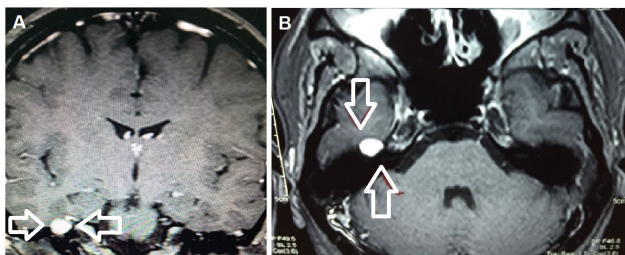


Figure 1: Geniculate ganglion tumor of the right facial nerve. A) Coronal (left) and B) Axial (right) Brain MRI T1 post contrast showing a paramagnetic agent enhancement lesion, measuring 1.1 x 0.9 x 0.9 cm, located on the topography of the geniculate ganglion of the right facial nerve (arrow).