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IMAGES IN OTORHINOLARYNGOLOGY

Unilateral Deafness Associated With a Glossopharyngeal Neurinoma☆

Cofosis unilateral asociada a un neurinoma del glosofaríngeo

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A 57 year old male in follow-up for bilateral symmetrical sensorineural type hearing loss and particularly in high frequencies, of 20-year duration, presented for consultation because during the last few months the hearing loss had progressively increased in the left ear and he had recurrent otitis in the same ear. Otoscopy was performed and a posterosuperior perforation was observed, but occupation of the middle ear was not possible to assess. Liminal tone audiometry revealed deafness of the left ear and mixed deafness which was worse in high frequencies with a loss of 44% in the right ear. A NMR scan was requested to assess the middle ear and an MRI scan of the inner ear and cerebellopontine angle (Figs. 1 and 2) was requested after the discovery of deafness. This showed an anterior tumour at the VII–VIII cranial nerve exit, which was radiologically compatible with the diagnosis of left glossopharyngeal neurinoma.

Isolated glossopharyngeal neurinomas are very rare tumours. Only 46 reported cases have been published in the literature. They usually present as a tumour in the cerebellopontine angle and affect the VII and VIII cranial nerves through compression. The most common symptom is unilateral sensorineural deafness. Diagnosis may be made by correlating the clinical signs and symptoms, together with CT and NMR imaging. There is no treatment protocol for these tumours. There are 3 possible treatment options: surgical resection; radiosurgery; conservative management.

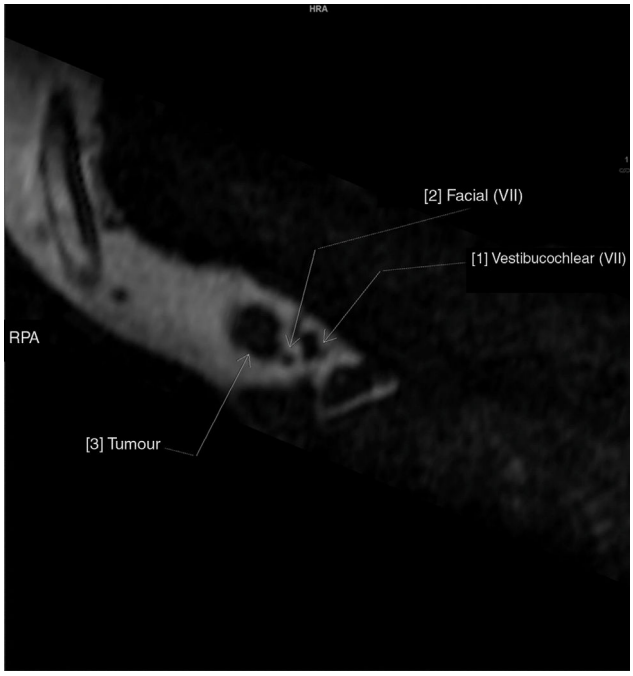

Figure 1

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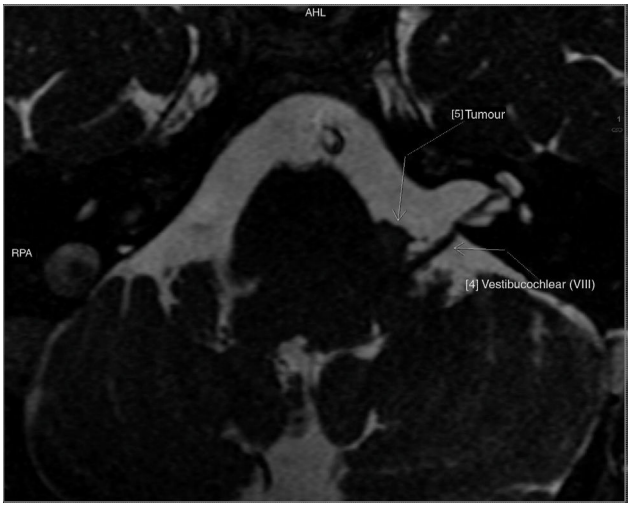

Figure 2

Conflict of Interest

The authors have no conflict of interest to declare.