

Villaret's Syndrome After Ionizing Radiation in The Adjuvant Treatment of Lung Cancer. Case Report

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Villaret's syndrome is characterized by neuronal dysfunction in the posterior retroparotid space, where the external carotid arteries, internal jugular veins, the cervical sympathetic trunk and the following cranial pairs IX, X, XI, XII pass. Symptoms may vary depending on the location and extent of the lesions. (1-5) This case report was approved by the Ethics Committee of Universidade Metropolitana de Santos.

Case Report: The present case refers to a female patient, 54 years old, who presented with an insidious and progressive onset of dysphagia, dysphonia and ageusia during adjuvant radiotherapy treatment for malignant lung cancer. The neurological examination showed miosis with ptosis and enophthalmos, weakness of the trapezius and sternocleidomastoid muscles, palate paresis and atrophy of the right tongue. (Figure).



Figure: Case report image. A-B: Right eye miosis with ptosis and enophthalmos, C: hemi lingual right atrophy; D: atrophy of the right trapezius and sternocleidomastoid muscles.

Clinical diagnosis of Villaret Syndrome was performed. Cranial and cervical spinal cord magnetic resonance imaging (MRI), laboratory and cerebrospinal fluid examination were normal. Villaret's syndrome presents a variety of nosological entities, the most common being neoplastic and involving the posterior retroparotid space. Other causes such as vascular, infectious, immunomediated are described. (1-5). The patient's main etiological hypothesis was post ionizing radiation in the posterior retroparotid space.

Conclusions: After 6 months of radiotherapy and symptomatic treatment, she presented with partial neurological clinical improvement. This case report alerts to the possibility of ionizing radiation in the differential diagnosis of patients with posterior retroparotid space cranial nerve dysfunction.

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