The Journal of Laryngology & Otology (2013), ***127***, *1040*.

doi:10.1017/S002221511300220X

Collet–Sicard syndrome: a rare cause of hypoglossal nerve palsy

Dear Sirs,

I read with great interest the recent article by Islam *et al*. on aberrant anatomy of the hypoglossal nerve.[1] Interestingly, one rare and often overlooked cause of hypoglossal paresis is Collet–Sicard syndrome.

This syndrome involves unilateral cranial nerve palsies affecting the IXth to XIIth nerves. It may occur secondary to malignancies such as fibro-sarcoma.[2] Similarly, schwannomas of the cranial nerves, such as the hypoglossal nerve, can cause Collet–Sicard syndrome. There have been reports of this syndrome occurring secondary to glomus tumours.[3] Metastasis to the skull base can result in the rapid development of Collet–Sicard syndrome. It may occur secondary to neck trauma;[4] for instance, Battaglia *et al*.[5] recently described the case of a 57-year-old man with neck trauma who developed Collet–Sicard syndrome secondary to dissection of the carotid artery. The syndrome may also occur secondary to infectious agents; for instance, untreated otitis media can spread to the cervical region, resulting in cervical instability and Collet–Sicard syndrome.

Patients with Collet–Sicard syndrome usually complain of dysphagia with concurrent hoarseness of voice. Unilateral neck pain may be present. Rarely, Collet–Sicard syndrome may be the initial presentation that leads to the diagnosis of an underlying malignancy. For instance, Villatoro *et al*.[6] recently described the case of a 70-year-old man found to have Collet–Sicard syndrome, which on further evaluation was revealed to be secondary to metastatic prostatic carcinoma. Absence of sympathetic system features helps to distinguish Collet–Sicard syndrome from other syndromes such as Villaret syndrome.[7]

Computed tomography imaging goes a long way in making the current diagnosis. Magnetic resonance imaging gives an even better idea of the extent of the underlying lesion.[8] Surgical removal of the underlying tumour may result in resolution of symptoms. Long-term antibiotic therapy may be needed in infectious cases. Sibai *et al*.[9] recently reported the case of a 56-year-old man with infectious Collet–Sicard syndrome who required simultaneous posterior cervical debridement.

As is obvious from the above discussion, Collet–Sicard syndrome is a rare but serious cause of hypoglossal paresis. Clinicians should keep it high on the differential diagnosis when encountering patients with new hypoglossal nerve symptoms.

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First published online 7 October 2013