Tolosa-Hunt syndrome mimicking cavernous sinus tumor

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INTRODUCTION

The Tolosa-Hunt syndrome was first described in 1954, in the case report of a patient with painful ophthalmoplegia caused by nonspecific granulomatous inflammation of the cavernous sinus and the cavernous portion of the internal carotid artery. Seven years later, Hunt published a series of six patients and proposed the criteria to diagnose the syndrome, as follows: 1 - acute retro-orbital pain; 2 - alterations on the third, fourth, sixth, or first branch of the fifth cranial nerve; and, less commonly, involvement of the optic nerve or sympathetic fibers around the cavernous portion of the carotid; 3 - symptoms persisting for days or weeks; 4 - spontaneous pain remission; 5 - recurrent episodes; 6 - prompt response to steroids.1,2

Fifty-nine years after the description of this condition, the pathophysiological mechanisms and etiopathogenesis of the disease still remain controversial and obscure. This paper reports a case of Tolosa-Hunt syndrome in a patient first assumed to have a tumor in the cavernous sinus. Definitive diagnosis was obtained after a tumor was removed through endoscopic endonasal surgery.

CASE REPORT

M.A, 60, female, reported onset of right-side retro-orbital pain and hemifacial paresthesia six years ago after undergoing dental treatment. She took painkillers to no avail, and was hospitalized as ordered by a neurologist. The patient was discharged three days later with no pain and mild residual paresthesia. Four years later the patient presented right-side hemifacial paresthesia. She was seen by two different ENTs and was diagnosed with right-side hemifacial paresthesia. The patient was seen by two ENTs and was diagnosed with and treated for sinusopathy and labyrinthopathy. Five months later she developed right-side diplopia, and was once again hospitalized by the same team of neurologists. A skull MRI was ordered and she was diagnosed with and treated for a probable tumor in the cavernous sinus. Definitive diagnosis was obtained after a tumor was removed through endoscopic endonasal surgery.

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DISCUSSION

The Tolosa-Hunt syndrome is a painful ophthalmoplegia characterized by unilateral orbital pain and oculomotor paresis that responds immediately to steroid therapy.3 In 1988, the International Headache Society included the Tolosa-Hunt syndrome among the cranial neuralgias and, in 2004, the classification criteria for the syndrome were defined. Differential diagnosis includes diabetic neuropathy, cavernous sinus thrombophlebitis, ophthalmoplegic migraine, and tumors.4-6 Given the nonspecific nature of the disease's clinical findings, imaging and pathology testing can be used to accurately diagnose the syndrome.

Endoscopic surgery offers a safe and viable way to access the cavernous sinus when performed by properly trained personnel. The procedure does not require external approaches such as large craniotomies, and stands out as a less invasive and nearlyatraumatic treatment option, in addition to shortening patient recovery time after surgery. The literature shows that treatment is based on clinical and radiological findings and does not include histology testing, a possibly valuable resource to that end.

REFERENCES


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