

Trigeminal perineural spread of renal cell carcinoma

Propagação perineural trigeminal do carcinoma de células renais

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A 55-year-old man had a five-day history of “pins and needles” sensation on the left chin. Examination showed decreased pinprick sensation on the territory of the left mandibular branch of the trigeminal nerve. Brain magnetic resonance imaging (MRI) with gadolinium showed enhancement involving the left mandibular branch (Fig 1). Computed tomography (CT) of the chest, abdomen, and

pelvis showed a left kidney mass (Fig 2) diagnosed as renal carcinoma following nephrectomy.

The “numb-chin” syndrome heralds or accompanies systemic malignancies¹. Trigeminal perineural spread has been well-documented in head and neck neoplasms², however, to our knowledge, it has not been reported in renal neoplasms.

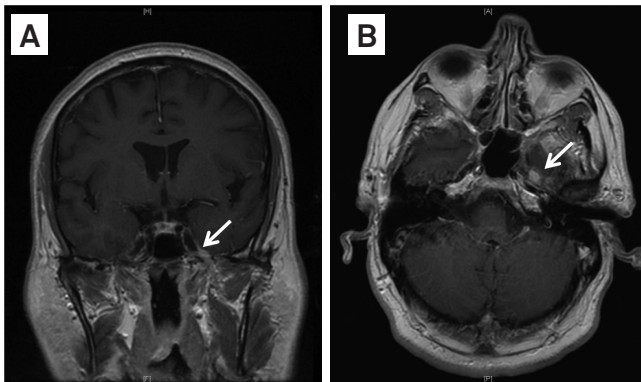


Fig 1. Magnetic resonance imaging of the brain (T1W) with gadolinium, coronal (A), and axial (B) shows an asymmetrically enlarged enhancing mandibular branch of the left trigeminal nerve at the level of the foramen ovale and masticatory space (arrow). There was no bony erosion on the computed tomography scan (not shown).

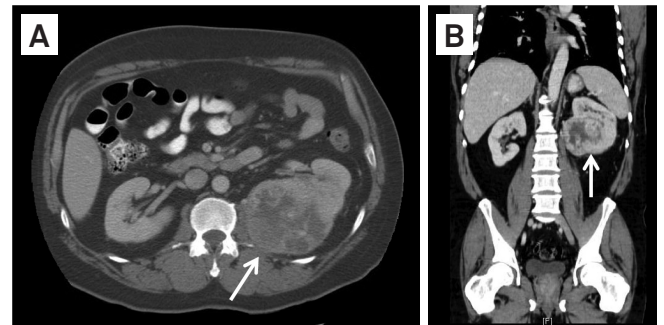


Fig 2. Computed tomography of the chest, abdomen, and pelvis with contrast, axial (A), and coronal reconstruction (B) shows an exophytic peripheral enhancing mass (arrow) arising from the posterior interpolar aspect of the left kidney.

References

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Conflict of interest: There is no conflict of interest to declare.

Received 01 March 2012; Received in final form 30 April 2012; Accepted 07 May 2012