CASE REPORTS


ABSTRACT

Objectives: To present a case of vocal cord paralysis and dysphagia developing in Gradenigo syndrome and to discuss its clinical presentation, differential diagnosis and therapeutic approach.

Methods:

Design: Case Report
Setting: Tertiary Government Hospital
Patient: One

Results: A 54-year-old lady was admitted with a six-month history of left-sided otorrhea, cheek and jaw pain, three months otalgia, and recent-onset hoarseness, dysphagia and diplopia on a background of mastoidectomy at age six. Otoscopy revealed granulation tissue and cholesteatoma occupying the left external auditory canal. There was left vocal cord paralysis with pooling of saliva in the pyriform sinus, left lateral gaze paralysis and left facial nerve paralysis. CT scan revealed sclerosis of the left petrous apex and leptomeningeal enhancement on the left temporal lobe. Chronic suppurative otitis media with cholesteatoma and Gradenigo syndrome was diagnosed, and canal wall down mastoidectomy was performed. Postoperatively, the otalgia and pain over the left jaw diminished in intensity while hoarseness and left lateral gaze palsy remained.

Conclusion: Gradenigo syndrome is known for its triad of retro-orbital pain, lateral gaze paralysis, and chronic middle ear infection due to petrous apicitis. Although rare, vocal cord paralysis and dysphagia may develop when infection traverses and encroaches on the jugular foramen where cranial nerves IX, X, and XI are lodged. Knowledge of the syndrome should not be limited or confined to the classic triad. Practicing ear specialists should be vigilant and cognizant of the clinical manifestations and sequelae of chronic middle ear infection. Prompt surgical intervention is crucial while resolution of the disease may vary for different individuals.

Keywords: chronic otitis media, Gradenigo syndrome, vocal cord paralysis, petrous apicitis

Dealing with chronic suppurative otitis media requires utmost attention and care because of the clever and sometimes elusive nature of the disease. Life threatening complications include meningitis, brain abscess, lateral sinus thrombophlebitis and petrous apicitis which may manifest with Gradenigo’s syndrome.

A recent Grand Rounds discussion of Gradenigo syndrome in a 17-year-old patient with nuchal rigidity and anisocoria was reported in this journal. The literature has several reports about the syndrome manifesting with the classic triad but vocal cord paralysis and dysphagia are not usually mentioned sequelae.

Presented at: Interesting Case Contest (3rd place), Philippine Society of Otolaryngology Head and Neck Surgery, Best Western Hotel, A Venue, Makati City, May 27, 2013.