A Rare Case of Vertebrobasilar Dolichoectasia Presenting with Ipsilateral Facial Paresis and Concomitant Severe Sensorineural Hearing Loss

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ABSTRACT

Objective: To report a case of vertebrobasilar dolichoectasia presenting with ipsilateral facial nerve paresis and concomitant severe sensorineural hearing loss.

Methods:

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

Results: We report a case of vertebrobasilar dolichoectasia with concomitant ipsilateral facial nerve paresis and severe sensorineural hearing loss in an elderly female. She presented to us with left facial nerve palsy House-Brackmann Grade III and prior history of ipsilateral sensorineural hearing loss. MRI of the brain showed normal inner ear structures but revealed a dilated and tortuous basilar artery with compression on the left medulla and possible branches of anterior inferior cerebellar artery as it coursed superiorly and possible partial thrombosis of proximal basilar artery.

Conclusion: Concomitant facial nerve paresis and sensorineural hearing loss can be the clinical presentations of this rare but important condition. MRI is vital in diagnosing vertebrobasilar dolichoectasia.

Keywords: vertebrobasilar dolichoectasia, facial nerve palsy, sensorineural hearing loss, basilar artery

Vertebrobasilar dolichoectasia is also known as megadocholichoectasia, fusiform aneurysm of the vertebral and basilar arteries and tortuous vertebrobasilar system. Vertebrobasilar dolichoectasia is defined as an elongation and dilatation of the major arteries of the posterior fossa. It is a rare but well-known condition in clinical neurology with an incidence ranging from 0.06-5.8%.

It is recognized as an important independent risk factor for stroke. Besides that, these dilated vessels can give rise to manifestations of interest to an ENT Surgeon. We report a case of vertebrobasilar dolichoectasia in an elderly female with an ipsilateral facial nerve paresis and concomitant sensorineural hearing loss.