

Clinical Image

Hipoglossal Palsy

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Hipoglossal palsy is an unusual clinical sign that is associated with a neoplastic etiology in over 50% of the cases, followed by trauma as the next most common cause. The most typical neoplasms include metastatic carcinomas, chordomas, gliomas, nasopharyngeal carcinomas and acoustic neuromas [1]. However, any tumor with potential infiltration of the base of the skull can be implicated. Other etiologies are multiple sclerosis, amyotrophic lateral sclerosis, poliomyelitis, sarcoidosis, syringobulbia, carotid artery dissection and basilar meningitis [1-3]. Supranuclear lesions result in contra lateral weakness, but without significant atrophy or any fasciculation. When these two features are present, either the hypoglossal nucleus or the nerve itself was affected ipsilateral to the clinical manifestations. Because of the proximity of the right and left nuclei, it is not unusual to observe bilateral involvement with this type of anatomic lesion [2]. Idiopathic cases have also been reported, but should only be diagnosed after an extensive clinical investigation (Figure 1) [4].



Figure 1: Right nuclear hypoglossal palsy, with right-sided tongue deviation and ipsilateral atrophy (arrow).

References

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