Geniculate Ganglion Tumor Manifesting as Insidious Peripheral Facial Nerve Palsy

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Clinical Description

A 20-year-old woman presented with a 9-month history of slowly progressive right peripheral facial nerve palsy. Clinical assessment showed Grade II House-Brackmann right facial nerve palsy [1]. Otoscopy and laboratory examination were normal. History of traumatic brain injury was negative. Magnetic resonance imaging of the brain showed a T1 hypointense, T2 hyperintense and paramagnetic agent enhancement lesion, measuring 1.1 x 0.9 x 0.9 cm, located on the geniculate ganglion topography of the right facial nerve (Figure 1). Therapeutic options were discussed with the patient and the wait-and-scan strategy was instituted, since she had a near-normal facial nerve function [2]. Attention to this clinical–radiologic correlation may help physicians make correct diagnoses.

Figure 1: Geniculate ganglion tumor of the right facial nerve. A) Coronal (left) and B) Axial (right) Brain MRI T1 post contrast showing a paramagnetic agent enhancement lesion, measuring 1.1 x 0.9 x 0.9 cm, located on the topography of the geniculate ganglion of the right facial nerve (arrow).

References