Paragagnlioma OF JUGULAR FORAMLEN: A CASE REPORT

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Basic information

• Male, 30 years old
• The left ear tinnitus lasted for more than one year, and the left ear hearing decreased for 5 months.
• After 3 months, facial palsy of left side, gradually aggravated, left side of tongue atrophy, accompanied by hoarseness, occasional Dietary cough.
• No dizziness, headache or other discomfort.
• Deny hypertension, diabetes and other chronic diseases; deny the history of drug and food allergies; smoke for more than ten years, 20 cigarettes per day, occasional drinking.
• Height: 180 cm, weight: 91 kg.
Physical examination

• The left external auditory canal is swollen, the tympanic membrane of the left ear is intact and bulging outwards. Dark red neoplasms can be seen in the tympanic chamber and fluctuate with the pulse.

• The left frontal stria disappeared, eyes closed, cheeks bleeding, mouth corner to the right.

• The left soft palate was paralysed, the pharyngeal reflex was weakened, the left part of the tongue was extended, the left elbow cleft was fixed in the paramedian, and the vocal cords were not closed properly when pronouncing. Hearing loss in the left ear.

• No obvious abnormalities were found in the rest of the cranial nerves.
Enhanced CT scan (C3Di2)
Enhanced MRI of TB (C3Di2)
Surgical plan

Two-stage surgical treatment:
Phase I: Excision of extradural tumors, including tumors around the internal carotid artery
Phase II: Resection of intradural tumors and involved meninges

Main points:
1. Internal carotid artery: strive to separate and prepare for reconstruction;
2. Brain (Direct Injury): Avoid
3. Meninges: Complete, watertight suture after second-stage excision
4. Cochlear and internal auditory canal: watertight suture of defect after secondary resection
5. Posterior cranial nerves: sacrifice
6. Facial nerve: resection and transfacial transplantation later
7. Approach: ITF Type A+B
Infratemporal Fossa Approach Type A+B
(first stage)
2018-04-02
Incision
Closure of the EAC
Resect the facial nerve in temporal bone and protect the trunk of facial nerve outside the stylomastoid foramen and fix the distal end on the parotid gland waiting for the reconstruction the third stage.
Identification of vessels and nerves in the neck. Transect the zygomatic arch and reflect the arch and temporals muscle inferiorly.
Extended Subtotal Petrosectomy (including TMJ)
Exposure of TMJ
Obliteration of sigmoid sinus. Ligation of the IJV.
Resect the tumor from the inferior cranial fossa dura.
Removal of the tumor around ICA
Removal the tumor around ICA
The final cavity of first stage

Tumor inside the dura

Tumor in the IAC
Acute parotitis 1 month after surgery, leading to liquefaction and necrosis of fat and infection of the cavity.
VSD therapy for 4 times（every 5-7 days），the cavity gradually closed after 1 month.

The cavity closed gradually after applying VSD

Wound condition
CT and MRI after 1 year
Infratemporal Fossa Approach Type A+B

(second stage)

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Resect fat and scars in the cavity
Resect the scars around ICA, and elevate the ICA for protection.
The tumor invade the dura. Resect the tumor with dura.
The internal auditory artery clung to the tumor, causing bleeding.
Resect the tumor
Defect of dura
Repair the defect with artificial dura, watertight suture.
1 month after surgery
2 months postoperative