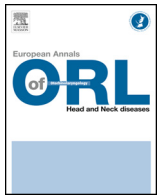




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Images

Painful peripheral facial palsy



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1. Case report

A 55 year-old man presented in emergency with grade IV right peripheral facial palsy on the House and Brackmann classification, and poorly systematized right semicranial pain of sudden onset 3 weeks previously, managed by corticotherapy (Prednisolone 1 mg/kg/day (i.e., 80 mg) for 5 days) as idiopathic facial palsy. There were no signs of cochleovestibular involvement. He had a history of smoking (80 pack-years). Initial pure-tone and speech audiometry found no hearing loss; impedancemetry found conserved stapedial reflex. Given the painful and non-regressive nature of the palsy, temporal bone CT was performed (Fig. 1A) and found a lytic image. Temporal bone MRI (Fig. 1B and C) was requested to specify the nature of the lesion.

2. Questions

Question 1: Interpret Fig. 1.

As part of extension assessment, contrast-enhanced cerebral, thoracic, abdominal and pelvic CT (Fig. 2) was requested.

Question 2: Interpret Fig. 2. How do you confirm the pathology diagnosis?

CT also showed bone lesions of the calvarium. A whole-body bone scan (Fig. 3) was performed.

Question 3: Interpret Fig. 3. What treatment do you propose?

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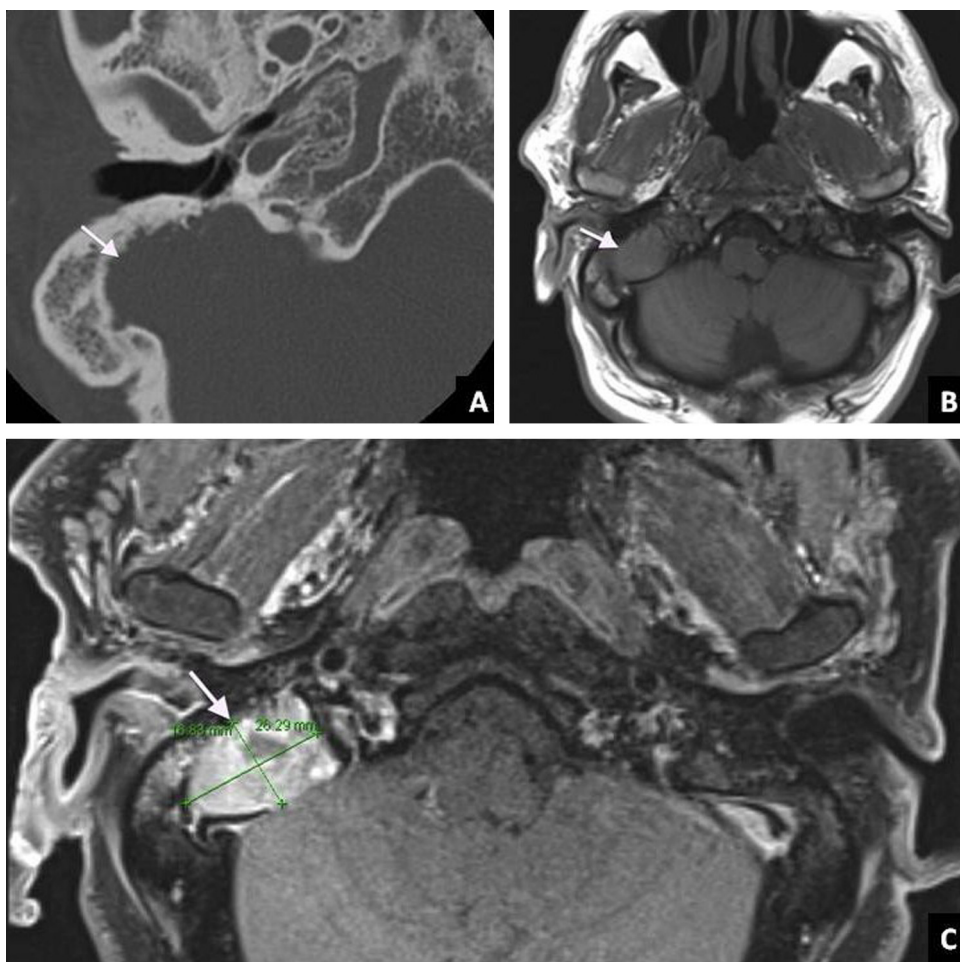


Fig. 1. Right temporal bone CT, axial slices (A); axial T1-weighted cerebral MRI without gadolinium injection, through the temporal bone (B); axial T1-weighted cerebral MRI with gadolinium injection, through the temporal bone (C).

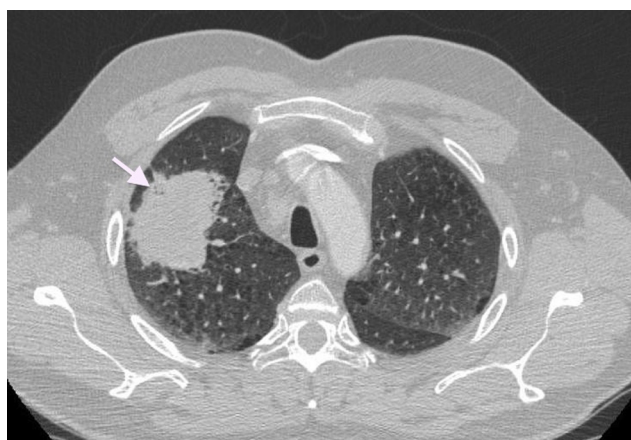


Fig. 2. Parenchymatous-window thoracic CT, axial slices, with contrast medium injection.

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