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Case Report

Bilateral sporadic carotid body tumors—A rare case report

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ABSTRACT

Carotid body tumor presents as palpable mass in anterolateral aspect of the neck. However, bilateral sporadic carotid body tumor is a rare anomaly, reported to occur in 5% of population. We are going to report the case of a 60-year-old patient who presented to our department with painless, palpable mass bilaterally in anterolateral aspects of the neck. He did not have any family history of neck masses. This paper summarizes the topic of carotid body tumor and discusses the radiological and clinical implications of this condition.

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Introduction

Carotid body tumors occur frequently in adults averaging 45–50 years of age and are uncommon in children. Familial forms account for 10% with bilateral tumors seen in 32% of cases. In sporadic cases, bilateral tumors are detectable in only 5% of patients. While the majority of these tumors are benign, 2%–13% pursue a malignant course with metastases to regional lymph nodes, lungs, and bones [3–4]. Medical history and physical examination are essential for the diagnosis of carotid body tumor. As direct biopsy is not suitable for the diagnosis of carotid body tumor due to the vascular nature of carotid body tumor, diagnostic imaging modalities are important in the diagnosis and differential diagnosis of this condition. Based on vascularity and location, ultrasound scan, CT (computed tomography), and MRI (magnetic resonance imaging) are able to diagnose carotid body tumor and differentiate it from many other masses in the neck [10–12].

Case report

A 60-year-old patient presented to our department with painless, palpable mass bilaterally in anterolateral aspects of the neck. His other complaints included dizziness, headache, flushing, palpitations, and tachycardia. Physical examination revealed a mass which was pulsatile, located below the angles of the mandible and was mobile laterally but fixed vertically. The mass was nontender, firm, and incompressible.

Ultrasonography demonstrated a solid, well-defined, hypoechoic mass located within the carotid bifurcation which was causing splaying of the bifurcation and separation of the internal and external carotid arteries (ECA) bilaterally. On color flow imaging, hypervascularity of the tumors were seen as irregular color signals with flow direction being predominantly cephalad. Both tumors had low resistance character with a high diastolic component. Power Doppler imag-

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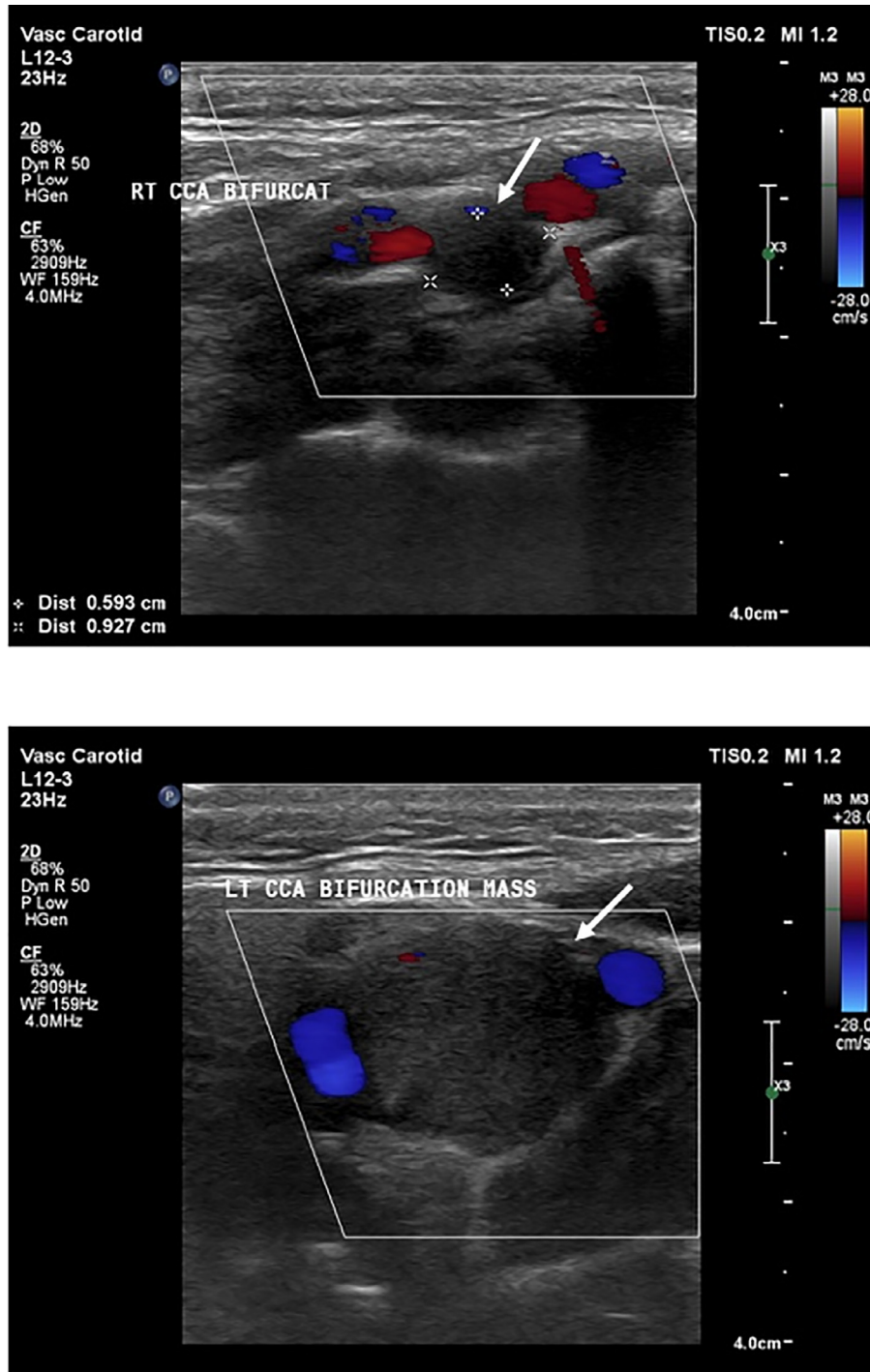


Fig. 1 – (A and B) Ultrasound shows solid, well-defined, hypochoic mass located within the carotid bifurcation on right and left side, respectively.

ing shows abundant flow, characterized as intense blush, throughout the tumors. On the basis of location, ultrasonographic appearance and Doppler finding other solid non-hyper vascular neck masses such as lymph nodes, metastases, salivary gland tumors, or cervical cysts were ruled out.

CT demonstrated a well-defined solid mass that showed homogeneous enhancement on intravenous contrast administration in the regions of carotid bifurcation on both side causing splaying of internal carotid artery (ICA) and ECA approximately measuring $2.7 \times 1.9 \times 1.8$ cm on left side and $1.4 \times 0.9 \times 0.8$ cm on right side. The presence of uniform contrast enhancement and large feed-

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