



Images in medicine

Sixth nerve palsy revealing a nasopharyngeal carcinoma

Parálisis del sexto par craneal reveladora de un carcinoma nasofaríngeo

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A 46-year-old man presented with a 3-month history of horizontal diplopia. He also reported chronic left nasal obstruction. Ophthalmological examination revealed a complete left abduction deficit (Figure 1A). CT-Scan, revealed a left nasopharynx mass (Figure 1B). Upon nasofibroscopy, we found an ulcerated and bleeding mass in the left nasopharynx. Biopsy of this mass confirmed the diagnosis of Undifferentiated Carcinoma of Nasopharyngeal Type.



Figure 1. 1A: Left abduction deficit. 1B: CT-scan showing a left nasopharyngeal mass.

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Nasopharyngeal carcinoma is widespread in Southeast Asia and North Africa and less prevalent in Europe and America. Its main symptoms are rhinological signs such as nasal obstruction and epistaxis, or the presence of cervical lymph nodes. Neurological signs are rare. Sixth nerve palsy is the most frequent form of oculomotor nerve palsy in adults. Its main etiologies are microvascular ischemia and trauma. However, other less well-known causes can be found, such as meningitis, stroke, intracranial hypertension, giant cell arteritis and tumors.

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Patient consent

A written consent to publish this case report has been obtained from the patient.

Conflict of interest

We have no conflicts of interest.