Geniculate Ganglion Hemangioma: A Rare Case of Facial Nerve Palsy

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Keywords
Neonatal airway obstruction; Developmental anomaly; Hairy polyp; Endoscopic resection; Dermoids

Clinical Image
A 34-year old male was referred to our service for evaluation of a sudden complete right-sided peripheral facial nerve paralysis that appeared in April 2011. At the time, the patient was seen at a rural emergency room which excluded a stroke/TIA via CT and an unremarkable MRI without contrast. Patient received steroids with a diagnosis of Bell’s. Several years passed without further investigation. On arrival to our service in July 2017, the patient had a complete right-sided peripheral facial paralysis (H-B score VI) (Figure 1). Magnetic resonance imaging (MRI) with Gadolinium revealed a right-sided hyposignaling T1 and hypersignaling T2 heterogeneously enhancing polylobular 13 mm x 11 mm x 7 mm lesion of the geniculate ganglion consistent with a hemangioma (Panel A, axial, and Panel B, coronal view) (Figure 2). Given the chronicity of the pathology, the patient is currently being evaluated by our service for a facial reanimation via a gracilis muscle free flap.

Figure 1: Coronal view Panel A.

Figure 2: Coronal view Panel B.