

Anterior sternoclavicular dislocation in Villaret's syndrome

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A 46-year-old lady presented with recurrent glomus jugulare tumor. She underwent surgery in 2009 and developed lower cranial nerve palsy. The neurological examination at present revealed paralysis of right 7th – 12th cranial nerves (Villaret's syndrome). The general examination revealed anterior sternoclavicular dislocation on right with drooping of the right shoulder [Figure 1a]. A chest radiograph confirmed the clinical finding [Figure 1b]. A magnetic resonance imaging of the brain revealed a large craniocervical glomus jugulare tumor [Figure 1c].

The clinical signs of IX nerve palsy are due to paralysis of sternocleidomastoid and trapezius muscles. The sternocleidomastoid is tested by having the patient rotate the head to opposite side against resistance while the examiner notes the muscle's contraction by inspection and palpation. The trapezius is tested by having the patient shrug the shoulders against resistance, and comparing the two sides by observation and palpation.^[1] Besides demonstration of the weakness of muscles, other signs of IX nerve palsy include shoulder girdle depression, limited active coronal plane abduction, scapular dyskinesia, and scapular flip sign.^[2]

The sternoclavicular dislocation is rarely caused due to IX nerve palsy. The IX nerve palsy results in shoulder ptosis due to the loss of the trapezius muscle support, which increases stresses transmitted across the medial clavicular head and sternoclavicular joint resulting in early degenerative changes. These degenerative changes progress to arthritis or hypertrophy, later resulting in anterior sternoclavicular dislocation.^[3,4]

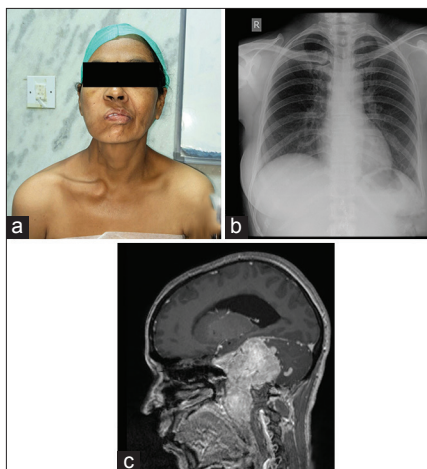


Figure 1: (a) Clinical photograph revealing anterior sternoclavicular dislocation on the right. (b) Chest radiograph showing an increase in sternoclavicular joint space with dislocation on right. (c) Magnetic resonance imaging showing large craniocervical glomus jugulare tumor

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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