

FACIAL PARALYSIS DUE TO METASTATIC CHORIONIC EPITHELIOMA OF THE UTERUS

by

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An extremely rare case of facial paralysis due to secondary deposit from chorionic epithelioma of the uterus is being presented.

CASE REPORT

K, 37 years old, married, female was examined on 11.8.1972 for her complaints of inability to close the right eye and dribbling of saliva from the right angle of the mouth for the last 8 days. She had been getting exertional dyspnoea and blood-stained sputum for the last 20 days. There was no history of trauma, pain or discharge from the ear.

General examination revealed a female in poor general condition. She was very pale and had oedema of the feet. Systemic examinations revealed a haemic murmur, bilateral basal crepitations and an enlarged tender liver.

Local examinations of the ear, nose, and throat did not reveal any abnormality except for the infranuclear paralysis of the VII nerve on the right side. Audiometry and caloric tests could not be undertaken due to poor general condition of the patient.

Blood examination showed Hb 2.5 gms%, erythrocytes 0.8 millions/cmm., total leucocytes 11,300/cmm, with a normal differential count. There were no abnormal cells in the peripheral smear. X-ray of the chest revealed bilateral rounded shadows suggestive of secondary deposits. X-rays of the mastoids and Towne's view of the skull did not reveal any abnormality.

With this background she was further questioned. She gave history of an abortion six

months back when she was 5 months pregnant, followed by irregular bleeding per vaginam. Gynaecological examination revealed a 10 weeks' size uterus with a brownish discharge through the os.

Urine for frog test was positive. With these data a diagnosis of chorionic epithelioma with distant metastases was made. Seven days later the patient died.

Autopsy revealed metastases in the lungs and the liver. A pea sized mass pink in colour was seen blocking completely the right internal acoustic meatus pressing the facial nerve. Histopathological examinations of this and the bits from other areas revealed a typical picture of chorionic epithelioma. (Fig. 1).

Comments

Facial paralysis secondary to metastatic deposit is extremely rare. Adenocarcinoma of the kidney and bronchus are the most frequent primary sites which produce secondary deposits in the temporal bone. Deposits from adenocarcinoma of the bronchus have been reported by Binns and McIntire (1968). Friedmann and Osborn (1965) have recorded a case of leiomyosarcoma of the uterus metastasising in the frontal sinus and palate. Outcome of these cases are poor. Facial paralysis following secondary deposit from the chorionic epithelioma of the uterus has not been observed in the current medical literature.

References

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2. Friedmann, I. and Osborn, D. A.: J. Laryng. 79: 576, 1965.

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See Fig. on Art Paper VII