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A CASE REPORT ON CHEMODECTOMA: A RARE CLINICAL ENTITY

Radiology

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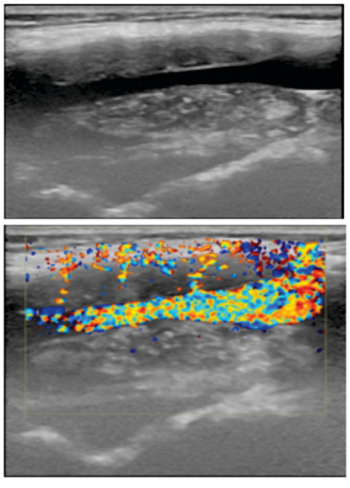
KEYWORDS

CLINICAL HISTORY

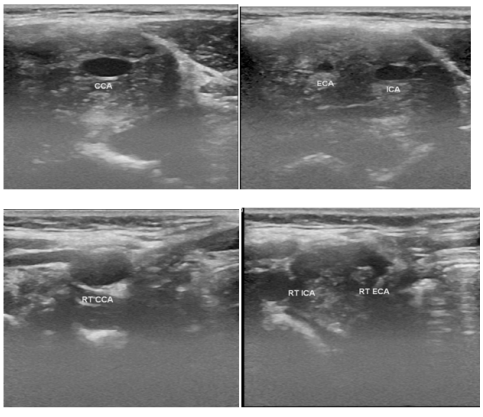
A 17 year old female presented to TB chest disease OPD with complain of swelling over right side of neck . She had these complain since 2 years and was treated with AKT for the same. She was referred to our radiodiagnosis department for ultrasonography of neck. Her routine investigations were within normal limits.

USG FINDINGS

Hypoechoic lesion noted encasing common carotid artery and proximal part of internal carotid and external carotid on both sides, however above mentioned vessels showed normal colour filling on CFM mode.

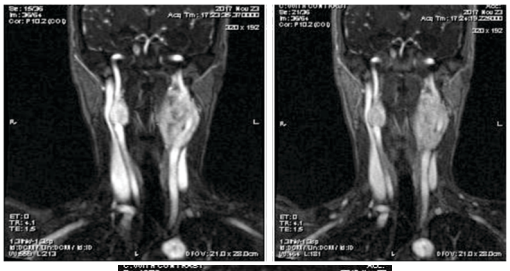


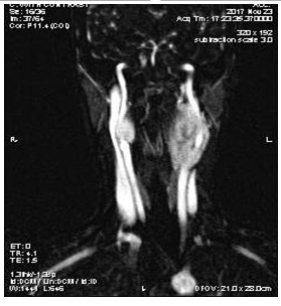
Hypoechoic lesion with internal vascularity encasing common carotid distally and proximally internal and external carotid arteries.



Carotid artery ,predominantly involving common carotid triangle.The lesion appears to displace internal and external carotid arteries and compressing internal jugular vein.

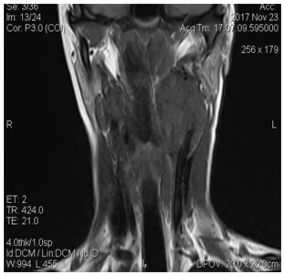
Another approx 2.6(SI)x2.0(AP)1.7(TR)cm size lesion seen near right common carotid artery bifurcation



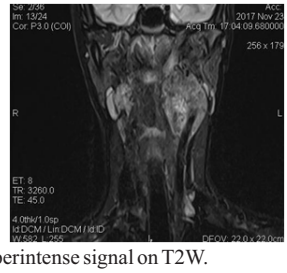


Approx 2.6(SI)x2.0(AP)1.7(TR)cm size lesion seen near RIGHT common carotid artery

5.6(SI)x3.6(AP)x3.4(TR) sized well defined enhancing lesion near left common carotid artery

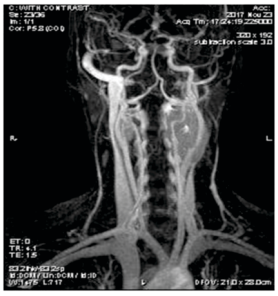


Lesion shows hypointensesignAL on T1W.



Lesion shows hyperintense signal on T2W.

ON MR ANGIOGRAPHY



- The lesion causes splaying of internal and external carotids and extends upto common carotid artery bifurcation.

DISCUSSION

- Common age group is 40-50 years
- Females have a predilection
- Most common type of paraganglioma of head and neck
- Unilateral commonly(bilateral in 10% of cases)
- 7-10% are familial and if they are familial then commonly multicentric and autosomal dominance with other associated syndromes:
- Multiple endocrinal neoplasia:MEN IIA andMEN IIB
- Phakomatosis namely tuberous sclerosis complex, neurofibromatosis 1,von-hippel-lindau disease
- Carney triad

Clinical presentation

- Slow growing rounded neck mass located anterior to sternocleidomastoid muscle near angle of mandible.
- Characteristically the tumour can be moved side to side but not up down.
- Cranial nerves that travel in carotid sheath (glossopharyngeal, vagus,accessory and hypoglossal nerves)may be involved.

CT FINDINGS

- Contrast enhanced CT shows some typical appearances as follows:
- Soft tissue density on non contrast (similar to muscle)
- Bright and rapid enhancement(faster than schwanomma)
- Splaying of ICA and ECA(LYRE SIGN)

DIFFERENTIAL DIAGNOSIS

- Vagal schwanomma :displaces both vessels together rather than splaying them.
- Vagal neurofibroma :displaces both vessels together rather than splaying them.
- Lymph node mass :may look similar if hypervascular
- Glomusvagaletumour:same pathology but located rostrally.
- Carotid bulb ectasia

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