Paragangliomas of the Neck – a 10-year experience of the Department of Otolaryngology of Warsaw Medical University

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SUMMARY
Paragangliomas are rare neoplasms of neurological origin and account for 0.012% of all tumors. Only 10% of them have extraadrenal localization. Head and neck paragangliomas account for 0.33% neoplasms of that localization. Typically paragangliomas are benign tumors, but even 19% cases may have malignant potential. On the neck they are located typically closely to carotid artery bifurcation, jugular bulb and along the course of vagus nerve. Laryngeal localization is very rare. Nonspecific manifestation and wide spectrum of symptoms cause difficulty in diagnosis of paragangliomas.

Aim: Presentation of the diagnostic process, performed treatment and obtained results of neck paragangliomas in the material of the Department of Otolaryngology of Warsaw Medical University in years 2001-2010.

Material and methods: There was performed retrospective analysis, based on the medical documentation of 14 patients with neck paragangliomas (9 women and 5 men), age range 25-62 years, hospitalized in the Department of Otolaryngology of Warsaw Medical University during the last 10 years. The date from the history, physical examination, radiological evaluation and the method of performed treatment and post - treatment complications were studied.

Results: Out of 14 patients with neck paragangliomas, there were 9 cases of isolated tumors and 5 cases of synchronic, multicentric neoplasms. The most common and single symptom was nonspecific neck mass. Doppler ultrasonography was adequate diagnostic tool in carotid artery paragangliomas. To diagnose multicentric paraganglioma, vagal or laryngeal paraganglioma more thorough radiological examination was necessary, including computed tomography, magnetic resonance and angiography. All patients had performed surgical treatment. There were observed very good results in patients with isolated paragangliomas of carotid artery or larynx. Surgical management of multicentric and vagal paragangliomas was exposed to higher risk of cranial nerve paresis.

Conclusions: 1. Paragangliomas are rare tumors of nonspecific clinical manifestation, making the early diagnosis very difficult. 2. Precise radiological evaluation is necessary taking into consideration quite high incidence of multicentric paragangliomas. 3. There is higher risk of cranial nerve paresis after surgical treatment of multicentric paragangliomas, neoplasms larger then 5 centimeters in diameter and vagal paragangliomas then in isolated carotid artery paragangliomas.

Hasła indeksowe: przyzwojaki, przyzwojaki tętnicy szyjnej, przyzwojaki nerwu błędnego, przyzwojaki krtani

Key words: paragangliomas, carotid artery paragangliomas, vagal paragangliomas, laryngeal paragangliomas