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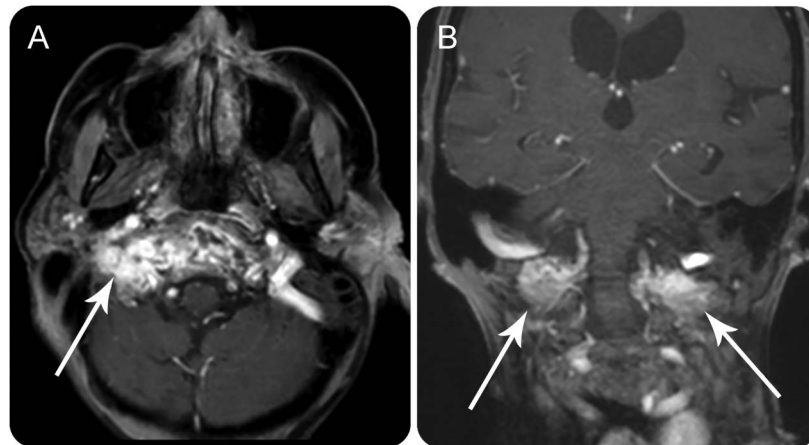
Rheumatoid pannus of the cervical spine

An unusual cause of multiple cranial nerve palsies

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Figure Cervical spine MRI demonstrates extensive rheumatoid pannus



Postcontrast axial (A) and coronal (B) T1-weighted MRI brain demonstrate a large, nonenhancing atlantoaxial pannus (arrows) encroaching bilateral hypoglossal canals and extending along the skull base.

A 71-year-old woman with juvenile-onset rheumatoid arthritis presented with right trigeminal mandibular pain and dysphonia on a background of 6-month oropharyngeal dysphagia and C3-C5 laminectomy in 2010. She had severe deforming polyarthropathy. Neurologic examination revealed bilateral tongue wasting, loss of tongue protrusion, and right vocal cord paresis. Uvula movement and pharyngeal and facial sensation were normal. MRI (figure, A and B) demonstrated a large cervical synovial pannus extending across the skull base. Multiple cranial neuropathies are extremely rare in rheumatoid arthritis^{1,2} and should raise suspicion of cervical spine pannus. Aggressive disease-modifying medical therapy may obviate need for neurosurgery.¹

AUTHOR CONTRIBUTIONS

Dinushi Weerasinghe: acquisition of data, analysis and interpretation of data, drafting of manuscript. Dennis Cordato: study concept and design, acquisition of data, analysis and interpretation of data, drafting of

manuscript, and critical revision of manuscript. Jeffrey Kuan: acquisition of data, analysis and interpretation of data, critical revision of manuscript. Allan Sturgess: study concept and design, acquisition of data, analysis and interpretation of data, drafting of manuscript, and critical revision of manuscript.

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DISCLOSURE

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