**CASE REPORT : “ Doctor, my head is killing me !!! ”**

**A CASE OF NASOPHARYNGEAL MASS WITH MULTIPLE CRANIAL NERVE INVOLVEMENT**

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**INTRODUCTION**

Nasopharyngeal Carcinoma (NPC) is Malaysia’s top five most common cancers in which most individuals present with nasal symptoms. We present a case whereby frontal headache and visual symptoms have initially masked the correct diagnosis.

**CASE DESCRIPTION**

A 42-year-old Malay lady presented to Emergency Department with a complaint of severe unilateral left-sided frontal headache for five days associated with bilateral throbbing eye pain, blurring of vision, and photophobia. She also had left facial numbness for one month but denied any nasal or aural symptoms. Cranial nerves examination revealed reduced left eye visual acuity (6/24) with dilated pupil. There was reduced sensation for the ophthalmic and maxillary branch of the trigeminal nerve with the presence of left lateral rectus palsy. Urgent non-contrast Computed Tomography (CT) brain demonstrated no abnormality. The patient was referred to the Ophthalmology and Otorhinolaryngology team. During admission, CT Venography was done and reported as the presence of a left cavernous sinus mass. Meanwhile, the patient was also noted developing vestibulocochlear nerve palsy as evidenced by left mixed hearing loss through a pure tone audiometry test. Nasoendoscopy revealed a suspicious nasopharynx mass, which the biopsy reported as non-keratinizing NPC. After CT staging, the patient was diagnosed as stage 4 NPC with extension to the brain and neck.

**DISCUSSIONS**

The commonest site of origin of NPC is the lateral aspect of the nasopharynx and the fossa of Rosen muller. Majority of the patients present with nasal obstruction, epistaxis, post-nasal drip, hyponasal speech, or cacosmia. To aid in diagnosis, a nasoendoscopy and CT Venography are crucial to rule out head and neck tumors such as cavernous sinus mass. Therefore, involvement of closely related multiple cranial nerve palsy such as 3rd, V1, V2, and 6th cranial nerves should raise suspicion of cavernous sinus mass which can be a peculiar complication of NPC.

**CONCLUSIONS**

Since the early symptoms of NPC can be non-specific, a high index of suspicion must be established through detailed history taking and thorough cranial nerve examination. Confirmation of diagnosis through nasoendoscopy and CT venography are pertinent for early diagnosis.

**KEYWORDS**

Nasopharyngeal carcinoma, vestibulocochlear nerve palsy, cavernous sinus mass