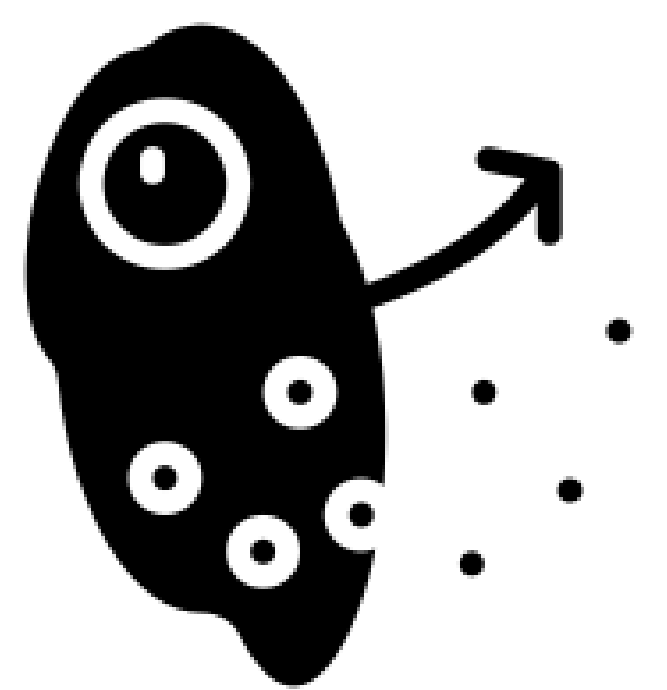


Multidisciplinary Management of a Secretory Jugulo-Tympanic Paraganglioma: A Case Report

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Learning Objective:

< 4% of head and neck paragangliomas are secretory tumors [1]
Despite their rarity, **surgical management imposes a multidisciplinary approach to minimize perioperative complications**



53-year-old female
ASA 3 by poorly controlled hypertension



Procedure:
Excision of a norepinephrine-producing jugulo-tympanic paraganglioma



Total duration: 27 hours over two days

Preoperative

Phenoxybenzamine 10 mg twice daily for 10 days
High-salt diet and increased fluid intake
Tumor embolization 72 hours before surgery

Intraoperative:

Total intravenous anesthesia
Monitoring: standard, invasive blood pressure, bispectral index, cerebral oximetry, stroke volume variation, and cranial nerve electromyography (VII, IX, X, XI, XII)
Airway management: hyperangulated video laryngoscopy
2g Tranexamic Acid for blood loss minimization
Sustained bradycardia managed with atropine during vagus nerve dissection

Postoperative

ICU stay for 7 days
Speech therapy rehabilitation

Discussion:

- ✓ Paragangliomas (PGL) are neuroendocrine tumors that originate in the sympathetic or parasympathetic ganglia of the autonomic nervous system
- ✓ Head and neck paragangliomas (HNPGGL) constitute 65-70% of all PGL. Despite their rarity, HNPGGLs can be functional neuroendocrine tumors
- ✓ Initial biochemical testing should include plasma free metanephrines or urinary fractionated metanephrines for all patients
- ✓ Failure to recognize active PGLs increases the risk of severe intraoperative consequences
- ✓ Preoperative planning is crucial, focusing on controlling blood pressure and maintaining optimal blood volume status
- ✓ The case emphasizes the importance of a multidisciplinary approach in managing secretory jugulo-tympanic paragangliomas

References
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