Perineural Spread to the Cavernous Sinus from Cutaneous SCCa
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INTRODUCTION
Perineural spread of cutaneous squamous cell carcinoma is a well described phenomenon that is estimated to occur in 2.5% to 14% of cases [1]. Perineural spread has been shown to confer an increased risk of both regional and distant metastasis [2]. Although typically silent in presentation, perineural spread may infrequently manifest in dramatic fashion. Herein we present two cases of perineural spread to the cavernous sinus.

CASE PRESENTATION
PATIENT 1
65 y/o M with history of previous resection of cutaneous SCCa of right cheek. Presented to clinic in 2008 with two year history of progressive right facial weakness, diplopia and pain in a trigeminal distribution. Had already undergone craniotomy with non-diagnostic biopsy because of concerns regarding cavernous sinus. On exam had right ophthalmoplegia and facial paralysis; no obvious skin involvement. MRIs were equivocal however PET scan showed hypermetabolic activity in right midface corresponding to infraorbital nerve. Subsequent biopsy of the infraorbital nerve at the foramen demonstrated patient to have tumoral involvement. Treated palliatively in December 2008 with IMRT which improved pain. However, in September 2009 presented to follow up with worsening pain; MRI showed disease progression.

PATIENT 2
59 y/o M with history of resection of right temporal SCCa at outside facility in 2006. Presented to clinic in 2008 with complaint two years of progressively worsening right facial pain and formication. Exam additionally demonstrated right abduens palsy and a subcutaneous nodule in the right temporal region. MRI revealed a 2-cm enhancing mass in the right temporal fossa as well as enhancement in the cavernous sinus suggestive of perineural spread. Treated palliatively for pain with WLE with adjuvant IMRT to the primary site and cavernous sinus in March 2008, which was successful in relieving symptoms. Developed local recurrence in December 2008 for which he received additional IMRT. At most recent follow up in December 2009, patient continues to suffer from persistent locoregional disease.

DISCUSSION
Infiltration of the cavernous sinus is a known but rare consequence of retrograde perineural spread of cutaneous SCCa. Treatment typically consists of palliative measures as resection is not feasible; however disease control is possible [3]. Both EBRT and SRT are described in the literature. Common features include (1) a previous history of cutaneous malignancy, frequently in a high risk region (2) lengthy history of worsening cranial neuropathies, especially pain in trigeminal distribution, (3) essentially palliative upon discovery.

CONCLUSIONS
For patients presenting with unusual and refractory cranial nerve symptoms, practitioners must maintain a high index of suspicion for perineural spread of common cutaneous malignancies. Discovery thereof portends advanced disease and poor prognosis.

SOURCES