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가 25 (60.9%), 가 16 (39.0%), 8 가 6 (19.5%), 6 7 가 3 (7.3%), (14.6%),가 2 (4.8%), 5 가 2 (4.8%), 2000 1994 12 가 1 (2.4%) (Table 72 ( 가 19 47.9 ) 1). 6 가 29 , 가 12 , 2

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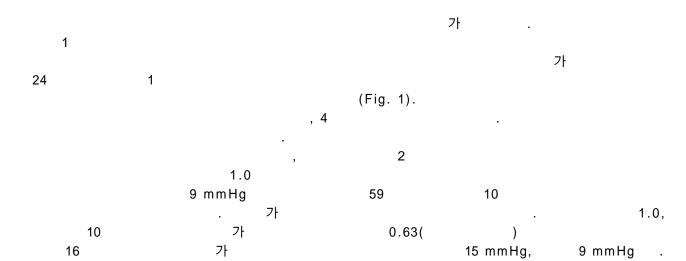
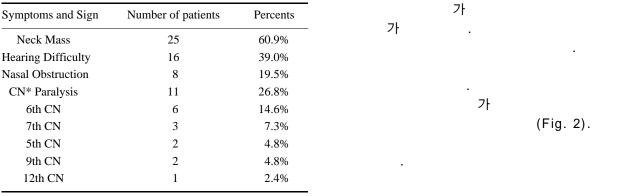


Table 1. Symptoms and Sign

Symptoms and Sign	Number of patients	Percents
Neck Mass	25	60.9%
Hearing Difficulty	16	39.0%
Nasal Obstruction	8	19.5%
CN* Paralysis	11	26.8%
6th CN	6	14.6%
7th CN	3	7.3%
5th CN	2	4.8%
9th CN	2	4.8%
12th CN	1	2.4%

<sup>\* :</sup> Cranial Nerve



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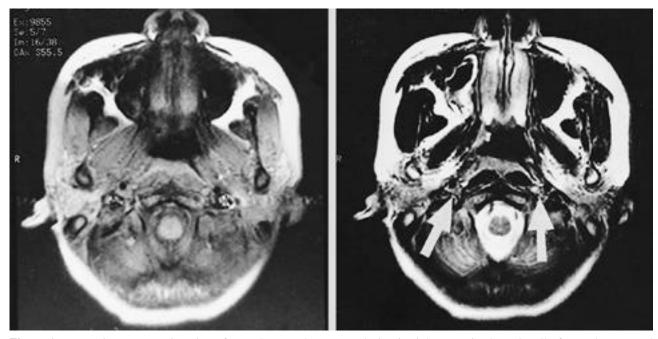
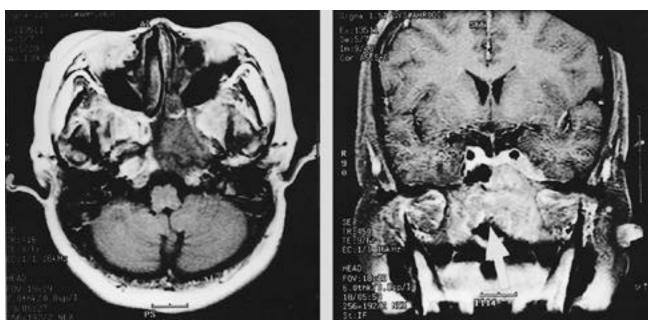


Figure 1. Magnetic resonance imaging of nasopharynx shows mass lesion in right posterior lateral wall of nasopharynx and enlargement of lymph node along bilateral jugular chain (arrow).



**Figure 2.** Magnetic resonance imaging of brain shows diffuse mass lesions in bilateral upper nasopharynx (arrow) with extension to left clivial cavernous sinus.

(Horner's Syndrome) 20~30% 6 가 70% 가 (54%), 3 (39%), 7 (34%), 4 (28%), 12 (28%), 10 (27%), Epstein-Barr 가 (25%), (18%), 11 (4%)41 10 11 (26.8%) 가 1995 54.5% 가 (27.3%),7 265 0.4% 9 (18.2%), 5 (18.2%), 12 2 (9.1%)81 5 7 40 6 7 (60%) 가 가 가 가 (41%), (29%) (Table 1, 2). 1~2 가 가 가 (petrosphenoidal) 5, (poststyloid) 10~30% 12 2 9, 10, 11 가

Table 2. Frequency of Involved Cranial Nerves

Cranial Nerves	Number of Patients	Percents
6th	4	36.3%
9th	2	18.2%
7th	1	9.1%
12th	1	9.1%
5th and 7th	1	9.1%
5th and6th	1	9.1%
6th and7th	1	9.1%
Total	11	100%

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6 (35.3%), 6 (35.3%), 2 (11.8%), (5.9%)116 38 (32.8%) 가 27 , 17 가 10 , 가 4, 가 3 10 (pontine glioma) 2, 3 8 (acoustic neurinoma) 가 6 가 4 (arte-riove-nous mal-for-2 (carotico-cavmation)

2 , 3 Turgman <sup>4</sup> 150 74 7 6 3 . Shoji <sup>21</sup> 3

가 2 ,

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ernous fistula)가 1 ,

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## = ABSTRACT =

## The Sixth Cranial Nerve Paralysis Caused by Nasopharyngeal Cancers

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**Purpose**: To investigate cases of the nasopharyngeal cancer with the sixth cranial nerve paralysis and review the current literatures on the nasopharyngeal cancer and the sixth nerve paralysis.

**Methods**: We analysed retrospectively clinical characteristics of 41 patients diagnosed with the nasopharyngeal cancer from January 1994 to December 2000.

**Results**: In 41 patients with the nasopharyngeal cancer, 6 patients (14.6%) had the sixth cranial nerve involvement. 4 patients of them visited ophthalmologic department after diagnosed with nasophryngeal cancer with symptom of neck mass or tinnitus. 2 patients visited ophthalmologic department and then were diagnosed with nasopharyngeal cancer with magnetic resonance imaging and biopsy.

**Conclusions**: The sixth cranial nerve paralysis may be caused by trauma, intracranial disorder (tumor, meningitis, demyelination), vascular disorder, diabetes, hypertension, and viral illnesses. We emphasize the suspicion for the possibility of the nasopharyngeal cancer in patients with unexplained sixth cranial nerve paralysis causing diplopia and limitation of extraocular muscle.

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Key words: Nasopharyngeal cancer, Sixth cranial nerve paralysis

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