

Editorial Highlights on Multiple Cranial Neuropathy

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Abstract

Patients presenting with multiple cranial neuropathies are not uncommon in neurologic clinical practice. The evaluation of these patients can often be overwhelming due to the vast and complicated etiologies as well as the potential for devastating neurologic outcomes. Dysfunction of the cranial nerves can occur anywhere in their course from intrinsic brainstem dysfunction to their peripheral courses. The focus of this review will be on the extramedullary causes of multiple cranial neuropathies as discussion of the brainstem syndromes is more relevant when considering intrinsic disorders of the brainstem. The goals are to provide the reader with an overview of those extramedullary conditions that have a predilection for causing multiple cranial nerve palsies. In turn, this will serve to provide a practical and systematic approach to allow for a more targeted diagnostic evaluation of this, often cumbersome, presentation.

Introduction

When a nerve located in the skull is damaged, it's called a cranial neuropathy. Several different nerves can be affected, which is called multiple cranial neuropathy (MCN). Some of the different types of cranial neuropathies include: Bell's palsy.

The causes of cranial neuropathies include poorly controlled diabetes or high blood pressure, head injuries, infections, strokes, and brain tumors. Common symptoms can include weakness or loss of sensation in part of the face, or changes in vision.

Some cranial neuropathies go away on their own. But others might be permanent. Controlling diabetes and high blood pressure can sometimes help. If symptoms do not go away, medicines, surgery, or other treatments might be helpful as well.

Key points about cranial neuropathies

- Cranial neuropathies are caused by damage to one or more cranial nerves. These are nerves that arise directly from the brain and affect movement and sensation in the eyes and face.
- The causes of cranial neuropathies include poorly controlled diabetes or high blood pressure, head injuries, infections, strokes, and brain tumors.
- Common symptoms can include weakness or loss of sensation in part of the face, or changes in vision.
- Some cranial neuropathies go away on their own, but others might be permanent. Controlling diabetes and high blood pressure can sometimes help. If symptoms do not go away, medicines, surgery, or other treatments might be helpful as well.
- The complete cessation of crying episodes with the introduction of risperidone, an atypical antipsychotic medication, is the stand-out feature here and in our opinion may convey a novel message on emotionalism generally and PSE in particular.

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