

## Spinal accessory nerve injury due to cervical ganglion biopsy

### Lesión del nervio Espinal accesorio ocasionada por biopsia de ganglio cervical

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A 32-year-old female patient, as an important antecedent: a lymph node biopsy was performed on the anterolateral face of the neck (zone II), presenting immediate moderate pain in the surgical area with radiation to the left neck, shoulder and arm, and immediate abduction difficulty; 30 days later, he noticed subsidence of the supraclavicular region. Physical examination: scar 3 cm in length on the anterior border of the trapezius muscle at the junction of the upper third with the middle third and perpendicular to it; shoulder descent, right trapezius muscle atrophy, ipsilateral supraclavicular fossa subsidence, arches of motion limited to 70 ° of abduction (Figure 1)

The spinal accessory nerve is susceptible to injury, since in its course between the sternocleidomastoid and trapezius muscles it becomes superficial and is found in the subcutaneous tissue in the posterior triangle of the neck (1); the etiology of its injury, which causes paralysis of the trapezius muscle, is multiple; the most frequently reported occurs during biopsy or excision of lymph nodes or tumors in the posterior triangle of the neck. Its treatment is surgical, starting with neurorrhaphy and if it does not respond, muscle transpositions are used to achieve shoulder abduction and correct the winged scapula (2).

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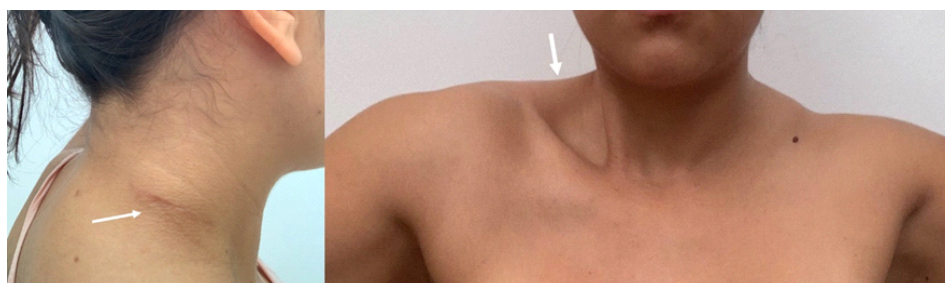
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**Figure 1. Clinical photographs: in (A) right lateral neck area, showing a 3 cm scar covering border areas of zone II-III. In (B), when requesting shoulder abduction, the sinking of the right supraclavicular fossa is noticeable, in addition to the impossibility of abduction above 70 ° due to injury to the spinal accessory nerve.**

#### Authors' contribution

All authors participated in the entire research process.

#### Conflicts of Interests

There is no conflict of interest to declare.

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