A 3-year-old boy presented with fever and painful swelling of the left side of the neck due to retropharyngeal bacterial infection (figure 1). Neurologic examination showed left-sided ptosis, miosis, paresis of the sternocleidomastoid and trapezius muscle, difficulty swallowing, hoarseness, and left tongue deviation (figure 2). Laryngoscopy showed left vocal cord paralysis.

Unilateral lesion affecting nIX to nXII, Collet-Sicard syndrome, in combination with ipsilateral Horner syndrome is called Villaret syndrome,\(^1\), anatomically located outside the skull, in the posterior parapharyngeal space, where these cranial nerves and the sympathetic trunk lie in proximity.\(^1,2\) Six months after surgical exploration and antibiotics, no neurologic improvement had occurred.

**REFERENCES**

Teaching NeuroImages: Villaret syndrome
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