MR findings in acute oculomotor neuropathy, leading to a diagnosis of Sjögren syndrome

Figure Coronal T1-weighted images through the brainstem and skull base

(A) Note the heterogeneous nodular appearance (fat arrows) of the parotids with fatty infiltration (thin arrows). (B–E) Collage of consecutive postcontrast images reveals abnormal enhancement of the right oculomotor nerve (arrows) as it runs its anatomic course from the inter-peduncular cistern to the cavernous sinus.

A 52-year-old woman presented with acute isolated right oculomotor palsy. Contrast enhanced MR showed abnormal enhancement of the right oculomotor nerve (figure), and a heterogeneous and nodular appearance of the parotids with prominent fatty infiltration. On questioning, the patient reported recent feelings of dry mouth and eyes. Subsequent investigations revealed a raised erythrocyte sedimentation rate, positive anti-Ro antibody levels, Schirmer test, and minor salivary gland biopsy of the lower lip, confirming the diagnosis of primary Sjögren syndrome.^{1,2} The patient also underwent thorough investigations to exclude other etiologies, including a double stranded DNA for lupus and CSF examination, culture, and cytology; all these were negative. As patients with Sjögren syndrome rarely complain spontaneously of xerostomia and xerophthalmia,¹ the incidental parotid MR findings in this patient led to the final diagnosis.

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