Teaching Video NeuroImages:

Recurrent oculomotor neuropathy with isolated ptosis vs ophthalmoplegic migraine

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Supplemental data at
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A 13-year-old girl presented with left-sided periorbital headache and homolateral ptosis with normal ocular motility and pupillary response (video segment 1 on the *Neurology*[®] Web site at www.neurology.org). She had a similar episode 1 year before. Brain MRI showed enhancement of the left oculomotor nerve (figure). She recovered completely within 7 days (video segment 2). Two months later, MRI was normal.

Ophthalmoplegic migraine is very rare. One similar report was identified in the literature.¹

Differential diagnoses include neoplasm, aneurysm, carotid dissection, temporal arteritis, sarcoidosis, Tolosa-Hunt syndrome, and infectious etiologies.

Response to steroids and the reversible MRI contrast enhancement of the affected cranial nerve both point to an inflammatory mechanism rather than a migrainous condition, and introduce the possibility of reclassifying ophthalmoplegic migraine as a recurrent neuritis.²

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Figure MRI showing gadolinium-enhanced T1-weighted image of the intracisternal portion of the oculomotor nerve with gadolinium

(A) Coronal image. (B) Sagittal image. (C) Axial image.

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Disclosure: The authors report no disclosures.

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Neurology 2009;72:e44

DOI 10.1212/01.wnl.0000343964.79460.f3

This information is current as of March 2, 2009

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