Painful oculomotor nerve palsy due to lymphocytic hypophysitis

Figure MRIs

Gadolinium-enhanced coronal (A) and sagittal (B) sellar MRIs reveal enlarged pituitary gland and thickened pituitary stalk with a strong enhancement, which were normalized on follow-up MRIs (C and D) 1 month later.

A 40-year-old man developed headache and a left oculomotor nerve palsy. MRI revealed diffuse enlargement of the pituitary gland and thickening of the pituitary stalk with strong gadolinium enhancement (figure). CSF examination showed a lymphocytic pleocytosis; there were laboratory findings of panhypopituitarism, but no related symptoms. We administered IV methylprednisolone. The headache and ophthalmoplegia showed a dramatic response, resolving 5 days later. Lymphocytic hypophysitis is characterized by autoimmune inflammation of the pituitary gland,¹ usually presenting with headache and visual disturbances in women, rarely with oculomotor nerve palsy.^{1,2} Glucocorticoids effectively reduce inflammation and support adrenal function.

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Study funding: Supported by a grant of the Korea Health 21 R&D Project, Ministry of Health & Welfare, Republic of Korea (A080750).

Disclosure: Dr. Moon reports no disclosures. Dr. Kim serves as an Associate Editor of *Frontiers in Neuro-otology* and on the editorial boards of the *Journal of Korean Society of Clinical Neurophysiology*, the *Journal of Clinical Neurology*, *Frontiers in Neuro-ophthalmology*, and *Journal of Neuro-ophthalmology* and receives research support from SK Chemicals, Co. Ltd.

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Neurology 2011;76;104

DOI 10.1212/WNL.0b013e318203e99e

This information is current as of December 27, 2010

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