

Teaching NeuroImages: Herpes zoster ophthalmicus–related oculomotor palsy accompanied by Hutchinson sign

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Figure 1 Partial ptosis, mydriasis, and exotropia consistent with a right oculomotor palsy

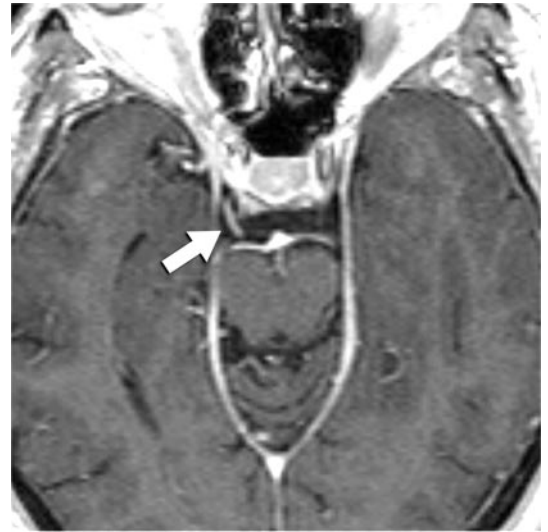


The skin lesion on the tip of the nose (Hutchinson sign) signifies involvement of the nasociliary branch of V1, which also innervates ocular structures.

A 51-year-old woman presented with acute diplopia. Findings include right ptosis, a dilated, unreactive pupil, and impaired adduction and vertical ductions (figure 1). A skin lesion was noted on the right tip of the nose, residual from a vesicular rash over the right forehead 3 weeks earlier (figure 1). MRI demonstrated enhancement of the cisternal third nerve, obviating the need for angiography (figure 2). The oculomotor palsy resolved within 3 months.

Oculomotor palsy may present weeks after herpes zoster ophthalmicus.^{1,2} Involvement of the tip of the nose (Hutchinson sign) is a strong predictor of ocular involvement, indicating involvement of the nasociliary branch of V1, which innervates both the tip of the nose and ocular structures such as the cornea, conjunctiva, and uvea.

Figure 2 T1-weighted MRI showing enhancement of the cisternal portion of the oculomotor nerve (arrow)



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Disclosure: Dr. Reilly reports no disclosures. Dr. Shin has received speaker honoraria from Bayer Schering Pharma and Teva Pharmaceutical Industries Ltd.

Neurology[®]

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Neurology 2010;74:e65

DOI 10.1212/WNL.0b013e3181d8c1f6

This information is current as of April 12, 2010

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