Teaching NeuroImages:
Superior divisional oculomotor nerve palsy due to orbital lymphoma

Divisional patterns of oculomotor nerve palsy usually indicate a lesion involving the oculomotor nerve distal to anterior cavernous sinus where the nerve divides into the superior and inferior branches. A 48-year-old man showed painless ptosis and limitation of elevation, but normal pupil in the left eye (figure, A), which indicates a lesion limited to the oculomotor superior division that innervates the levator palpebrae and superior rectus. MRI revealed a nonpalpable mass in the superior portion of left orbital cavity (figure, B) that was confirmed as a malignant lymphoma (figure, C).

Orbital lesions including lymphoma should be considered in divisional patterns of oculomotor palsy.

AUTHOR CONTRIBUTIONS
Dr. S.-H. Park wrote the manuscript and analyzed and interpreted the data. Drs. S.-H. Kim, J.-Y. Choe, and J.H. Paik conducted the design and interpretation of the data. Dr. J.-S. Kim conducted the design and conceptualization of the study, interpretation of the data, and drafting and revising the manuscript.

STUDY FUNDING
Supported by a grant of the Korea Healthcare Technology R&D Project, Ministry of Health and Welfare, Republic of Korea (HI10C2020).
DISCLOSURE

REFERENCES
Teaching NeuroImages: Superior divisional oculomotor nerve palsy due to orbital lymphoma
So-Hee Park, Sung-Hee Kim, Ji-Young Choe, et al.

Neurology 2015;85:e3-e4
DOI 10.1212/WNL.0000000000001709

This information is current as of July 6, 2015