Orbital infarction syndrome from giant cell arteritis

A 76-year-old man with a 3-month history of headaches, scalp pain, and jaw claudication presented with unilateral right eye complete ptosis, near-complete ophthalmoplegia, a fixed mid-dilated pupil, corneal edema with stromal thickening, and hypoesthesia in the right trigeminal V1 distribution. Temporal artery biopsy confirmed giant cell arteritis. CT angiography showed absent filling of the right ophthalmic artery and luminal narrowing affecting the right superficial temporal artery. MRI showed T2 diffusion-weighted imaging hyperintensity along the right optic nerve in the optic canal and bulbus oculi (figure). His clinicoradiographic presentation was consistent with orbital infarction syndrome.1

REFERENCES
Teaching NeuroImages: Orbital infarction syndrome from giant cell arteritis
David Dongkyung Kim, Adrian Budhram, David Pelz, et al.
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