

Deviant Behaviour in Third nerve Palsy

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Abstract

29-year male presented with the complaints of diplopia for 4 years following a road traffic accident 5 years ago and drooping of left eye. A diagnosis of aberrant regeneration of third nerve was made. MRI revealed temporal lobe contusion. Aberrant regeneration may be a sign of underlying cavernous sinus tumour or aneurysm. Patient was stable at a follow up of 8 months and was advised surgery.

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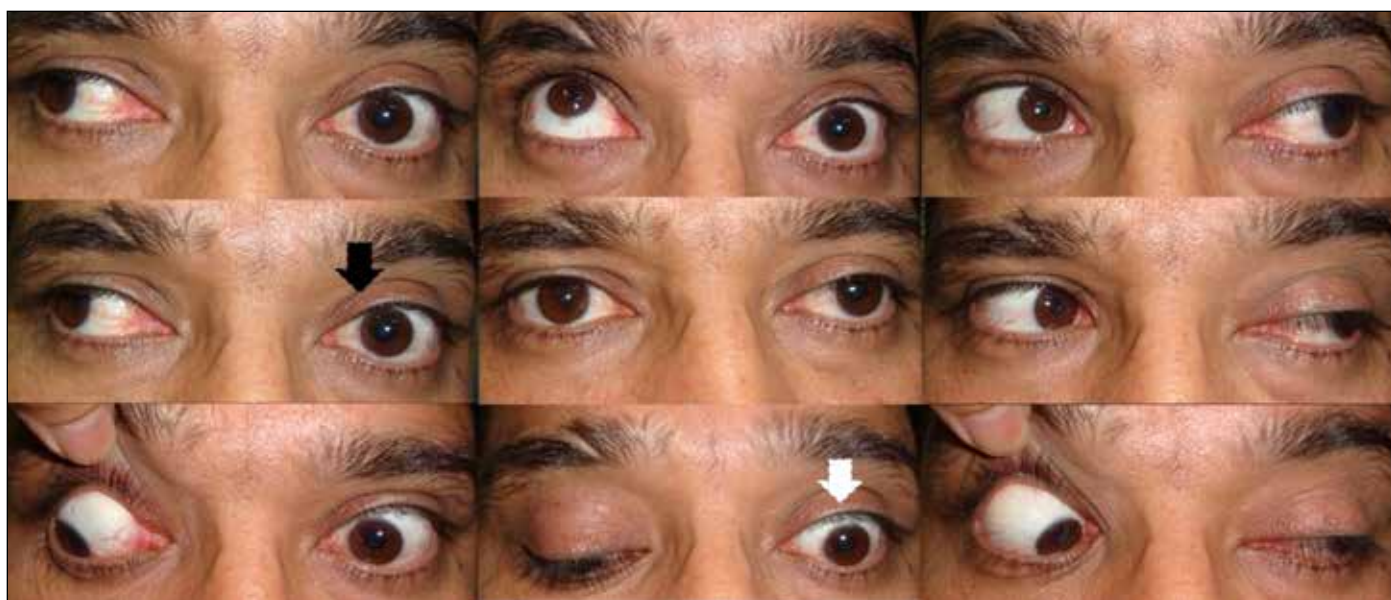
Keywords: Third nerve paralysis, aberrant regeneration, oculomotor palsy.

29-year male presented with the complaints of diplopia for 4 years following a road traffic accident and drooping of left eye. On examination best corrected visual acuity was 20/20 OU with left mild ptosis and an exotropia of 25 prism diopters in primary gaze. There was limitation of elevation, depression and adduction of the left eye (figure). Marked lid retraction was observed on looking down (pseudo-Von Graefe's phenomenon, white arrow) and adduction (lid-gaze dyskinesia, black arrow).

A diagnosis of aberrant regeneration of third nerve was made. MRI revealed temporal lobe contusion. Aberrant regeneration should be kept in mind as a possible late manifestation of recovering third nerve palsy.^{1,2} It may be a sign of underlying cavernous sinus tumour or aneurysm.^{3,4} Surgery on horizontal muscles of the non-involved eye improves the eyelid position.⁵ Patient was stable at a follow up of 8 months and was advised surgery.

References

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Figures 1: 29-year male highlighting limitation of elevation, depression and adduction of the left eye with mild ptosis. Marked lid retraction on looking down (white arrow) and adduction (black arrow).

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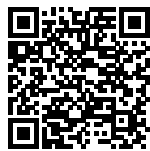
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