Sneha Anilkumar Tewari et al., Ophthalmol Case Rep 2019, Volume 3

VI NERVE PALSY- A FALSE LOCALISING SIGN

Sneha Anilkumar Tewari and **K Kalaivani**
Vinayaka Missions Medical College Karaikal, India

A 27 yrs old female patient came with the complaint of deviation of right eye since 15 days, binocular double vision 15 days and headache which was associated with vomiting since last 15 days. Patients describe the headache as worst headache, present whole day.

No history of Defective vision, Ocular pain, Stiff neck, fever, Redness, Photophobia, transient obscuration of vision.

No history of Diabetes, Hypertension, Asthma, Epilepsy.

Ocular Examination showed Esotropia in RE 15 Degree, no facial asymmetry, normal head posture.

Anterior Segment Examination was normal in both yes(Eyelid & adnexa, Conjunctiva, Cornea, Anterior Chamber, Iris, Pupil, Lens)

Extraocular movements was restricted in both eyes for abduction (In RE Abduction was restricted upto -3 and in LE -1)

- Diplopia charting was done which showed diplopia present both eyes.
- Intraocular pressure was 17.3mmhg both eyes
- Cranial nerves Examination showed bilateral (sixth) abducens nerve palsy, rest other intact im both eyes
- CNS examination Tone, Power, Gait, Reflexes were normal both sides
- Fundus in both eyes suggestive of chronic Papilledema i.e Disc margins blurred,disc edematous,splincter hemorrhage present over disc margin. CUP obliterated, VESSEL tortous, 2:3, foveal reflex present.
- Mr. Brain with her Mr. Andiogram and Venogram was done which showed

1. Partial Empty Sella with thinned pituitary gland in the floor of sella.
2. Tortuous course of bilateral optic nerve with prominent perioptic CSF Space.
3. No evidence of acute infract, hemorrhage or Space occupying lesion noted.

- Mr. Andiogram was within normal limits
- Mr. Venogram Showed Left Transverse is Hypoplastic.

Treatment:

1. T. Diamox 250 mg BD
2. T. Topamed 50mg BD
3. T. Homin D3 OD
4. T. Myorest BD
5. T. Pan 40 BD (BF)

Impression: Being Intracranial hyper Tension with clinical correlation.

Clinical diagnosis: So from case history, clinical finding and investigation I come to my clinical diagnosis – bilateral sixth nerve palsy due to benign intracranial hypertension.

BIOGRAPHY

Sneha Anilkumar Tewari is 27 year old, she has completed her MBBS from Dr. Panjabrao alias Bhausaheb Deshmukh Memorial Medical College, Amravati Maharashtra which comes under (MUHS) Maharashtra University of Health Science, India, She is now undergoing MS Degree in ophthalmology from Vinayaka Missions Medical College, Karaikal, Pondicherry, INDIA.

drsnehahrj@gmail.com

Note: