A CASE APPLIED WITH PAINFUL OPTHALMOPLEGIA BECAUSE OF INVADED MENENGIOMA

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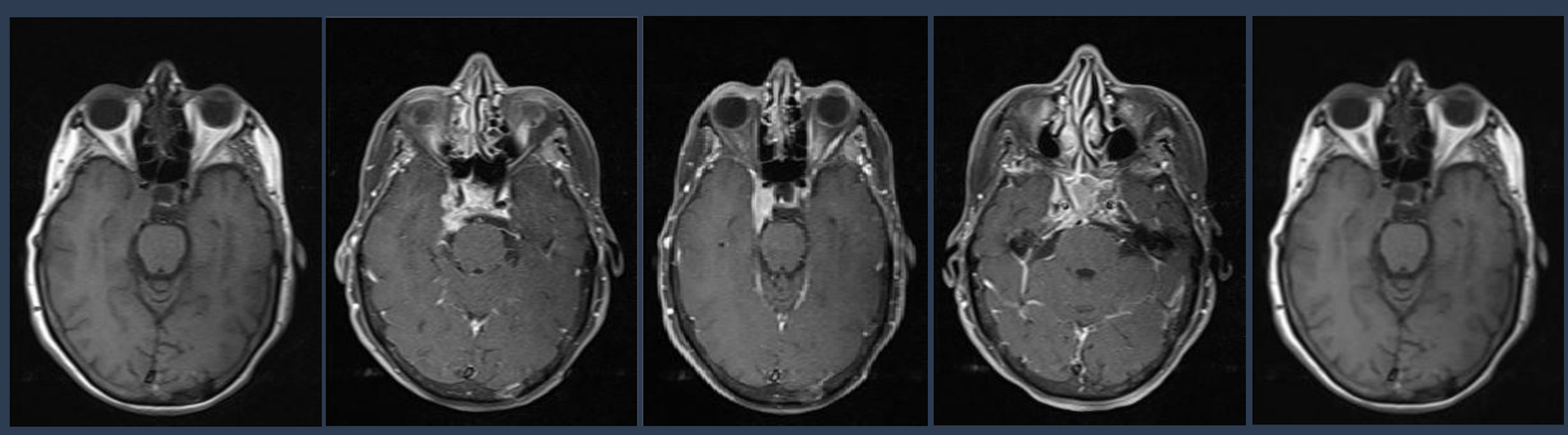
Introduction

Tolosa-Hunt Syndrome is a clinical antity that includes painful opthalmoplegia , diplopia and sometimes headache. It affects cavernous sinus, fissura orbitalis superior and orbital apex. It's a granulomatous inflamatuar disease. 68 years old woman patient applied with a painful opthalmoplegia, headache and diplopia. She was treated with corticostreoids as taught Tolosa -Hunt Syndrome in the other health centers but there was any improvement. We hospitalized her and saw MRI with contrast agent. She was have a menengioma that invaded cavernous sinus, occulomotor nerve, abducens nerve and trochlear nerve. We have consulted her to brain surgery. She was operated on with sphenoorbital surgical tecnique and after operation her diplopia , headache and painful opthalmoplegia has partially improved.



Discussion

According to published data brain tumor is the second cause of opthalmoplegia comes after inflammatory diseases of cavernous sinus, and menengioma is the most common tumor. Other causes are vascular diseases and infectous diseases. Facial sensory disturbances and second branch of trigeminal nerve involvement are independent associated with tumor. The early course of pain and involvement of occulomotor nerve are associated with inflammatory diseases. Sometimes proptozis, occular and conjunctival congestion and Horner's syndrome can be seen. Optimization of MRI examination method can better identity the cavernous sinus lesions.

Results

The purpose of presenting this case is: İnvaded tumors can be present like Tolosa -Hunt Syndrome and the second most common cause of opthalmoplegia is brain tumor. We must examine carefully.

References

1. Clinical and image features and aetiologic diagnosis value in patients with cavernous sinus lesion presenting with opthalmoplegia; Sun HL,Cui Sl, Liu Ljiang HQ, Zhang XL, Wang JW
2. Cavernous sinus syndrome; need for early diagnosis; Toro J, Burbano LE, Reyes S, Barreras P
3. Evaluation of opthalmic manifestations in patients with intracranial tumors; Wadud SA, Ahmet S, Choudhury N, Chowhury D
4. İntracranial menengioma with opthalmoplegia in a Rhesus macague; Tanaka T, Canfield DR