“Superior Rectus Paralysis” due to Inferior Rectus Myxedema

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Figure 1.

Short summary

A 56-year-old man presenting with double vision as a subjective symptom was admitted to our hospital. He had been diagnosed as having left superior rectus paralysis by an ophthalmologist at another university hospital, because of loss of upward gaze of the left eye (Fig. 1 A). At that hospital, head MRI/MRA, ophthalmologic examination, and serologic examination were performed, but did not reveal remarkable findings. In our hospital, subclinical hypothyroidism (fT 3 2.5 pg/ml, fT 4 1.0 ng/dl, TSH 10.7 mIU/l, TPO Antibody negative) and glucose intolerance were detected, but a malignancy survey including Ga-scintigraphy was negative. Enhanced orbital cavity CT revealed thickening of the left inferior rectus muscle indicating myxedema and inflammation (Fig. 1 B, arrow), and we diagnosed dysthyroid orbitopathy (1). Levothyroxine and prednisolone were prescribed, and his double vision gradually improved. Finally his serologic examination was improved (fT 3 3.3 pg/ml, fT 4 1.2 ng/dl, TSH 4.61 mIU/l). This case indicated that myxedema could restrict muscle extension.

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