Isolated Trochlear Nerve Palsy in Herpes Zoster Ophthalmicus

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Picture A. The forehead of the patient. The vesicular cutaneous eruption in the distribution area of the left ophthalmic nerve were improved (arrows).

Picture B. The Hess-Lancaster Chart. Isolated trochlear nerve palsy was demonstrated on the left side.

A 64-year-old woman without contributory medical history complained of severe pain and vesicular cutaneous
eruption in the distribution area of the left ophthalmic nerve. Herpes zoster was diagnosed by the serological test on May 2006. With 14 days of intravenous acyclovir at 750 mg/day, these symptoms were markedly improved (Picture A). However, 10 days after initiation of the therapy, isolated left trochlear nerve palsy was diagnosed based on positive Bielschowsky head-tilt testing and Hess-Lancaster Chart findings (Picture B), despite that she had no restricted eye movements. Fundoscopic findings, blood and cerebrospinal fluid examinations, and cranial magnetic resonance imaging demonstrated no abnormalities. Three months later, ophthalmoplegia disappeared with methylcobaramine at 1.5 mg/day. Herpes zoster ophthalmicus commonly demonstrates not only periorbital vesicular rash distributed according to the affected dermatome but conjunctivitis, keratitis and uveitis. Additionally, peripheral ophthalmoplegia rarely develops and its pathogenesis remains unclear. The oculomotor nerve appears to be the most commonly involved and involvement the trochlear nerve is very rare (1-3).

References


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