[PICTURES IN CLINICAL MEDICINE]

Sagging Eye Syndrome: A Differential Diagnosis for Diplopia

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Key words: sagging eye syndrome, diplopia, superior sulcus, MRI, lateral rectus-superior rectus band

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Picture.

A 66-year-old woman presented with a 6-year history of diplopia. A neurological examination revealed horizontal and vertical diplopia, diplopia in far-vision, and mild bilateral lateral gaze palsy without parkinsonism, or fluctuating, fatigable muscle weakness. Deep superior sulci were observed (Picture A). Mild baggy eyelids and mild internal strabismus were found in the both eyes. T1-weighted orbital MRI revealed redundant or ruptured lateral rectus-superior rectus bands (arrows) with sagging in the lateral rectus (Picture B), in comparison to a healthy control (Picture C). Other causes of diplopia, including myasthenia gravis, were excluded. We diagnosed her to have sagging eye syndrome (1), and her diplopia improved by the use of prism glasses. Clinician should include this connective tissue involution in the differ-

ential diagnosis of diplopia in the elderly (1).

The authors state that they have no Conflict of Interest (COI).

Reference

1. Chaudhuri Z, Demer JL. Sagging eye syndrome: connective tissue involution as a cause of horizontal and vertical strabismus in older patients. *JAMA Ophthalmol* **131**: 619-625, 2013.

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