ORIGINAL RESEARCH PAPER

General Medicine

TOLOSA HUNT SYNDROME

KEY WORDS: Painful Ophthalmoplegia, Headache, Inflammation.

Dr. Sravanth	Dr.D.Y.Patil School of Medicine,Nerul,Navi-Mumbai.
Dr. Archana Bhate	Dr.D.Y.Patil School of Medicine,Nerul,Navi-Mumbai.
Dr. N.D. Moulick	Dr.D.Y.Patil School of Medicine,Nerul,Navi-Mumbai.
Dr. Basavesh Gongadashetty	Dr.D.Y.Patil School of Medicine,Nerul,Navi-Mumbai.
Dr. Vivek Patel	Dr.D.Y.Patil School of Medicine,Nerul,Navi-Mumbai.

ABSTRACT

Background: Tolosa Hunt Syndrome is an Idiopathic Painful Ophthalmoplegia caused by Non-specific inflammation of Cavernous sinus and superior orbital fissure. However Traumatic injury, Tumors or Aneurysms may be the potential triggers. The Inflammation in the cavernous sinus region has seen a rare association with Intra-Cranial inflammation, but systemic inflammation is not yet reported. **Objectives:** To discuss the clinical picture, diagnosis and management of Tolosa Hunt Syndrome **Conclusion:** I hereby present a case report of patient who presented with classical signs and symptoms of Tolosa Hunt Syndrome and was diagnosed Clinically and Radiologically.

INTRODUCTION:

Tolosa-Hunt syndrome is a idiopathic, painful ophthalmoplegia caused by non specific inflammation of cavernous sinus or superior orbital fissure. However, traumatic injury, tumors or aneurysm may be a potential triggers. The inflammation in the cavernous sinus region has seen a rare association with intracranial inflammation, but systemic inflammation is not yet reported.

Case Report:

A 60 year old female patient was admitted with complaints of diplopia (bilateral), Ophthalmoplegia since 2months, unilateral headache of right parietal region since 3 months. Patients past and personal history was normal. Menopause occurred 5 years back. On examination: patient was conscious coherent with temperature: afebrile; PR: 88bpm; SPO2:98%RA; BP: 100/60mmhg; RR: 18cpm. Systemic examination: CVS:S1S2+; RS:BAE+ no added sounds;PA:Soft NT, CNS: Tandem walking and swaying to left side was present.

Lab Investigation:

HB:9.5g%,TLC:13.5,Plt Cnt:410,Creat:0.92,Na+:136meq,K+: 5.3emq, Cl-:103meq,Total bilirubin:0.27,Indirect Bilirubin: 0.16, Direct Bilirubin: 0.11, SGOT:17.8, SGPT: 11.6, Alkaline Phosphatase:184, Total Protein:6.7: Albumin:3.6, CRP: 5.76, BUN: 22.0 *hba1c: 6.7%, T3:63ng/dl, T4:12ug/dl, TSH: 2.57uIU/ml,* ***CSF analysis***: Total protein:8.7, Sr.Glucose:139, Albumin:0.2,ADA:1.5,ACE:WNL,no cells.

MRI Brain+B/L orbits:S/O Inflammatory changes in the region of anterior cavernous sinus; Superior orbital fissure without Orbital apex

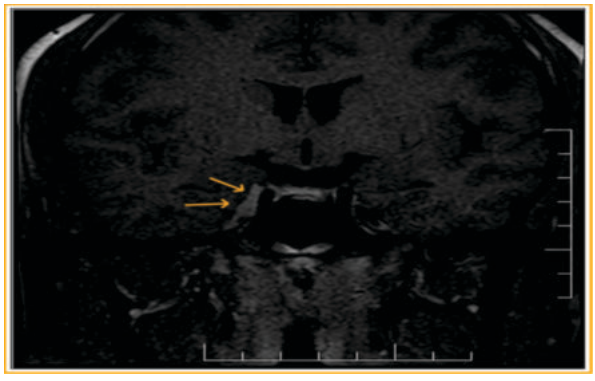
DISCUSSION:

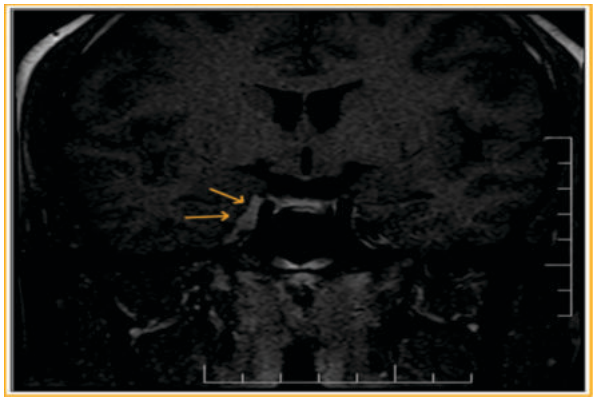
60/F with complaints of diplopia and ophthalmoplegia, unilateral headache. Patient is a known case of DM, HTN, Hypothyroidism. On CNS examination Diplopoia (vertical-left lateral rectus palsy), CN 2,4,6 Palsy was seen due to which opthalmoplegia was observed. On Ophthalmic examination: No findings of Hypertesive or Diabetic Retinopathy or Papilledema is seen. No History of Nausea, Vomiting, Giddiness,LOC,Seizures.

CONCLUSION:

Tolosa Hunt Syndrome is a rare disorder which is less prevalent (9% of population). Most common cause of it been inflammatory changes in the cavernous sinus, Thickening of Dura of Cavernous sinus which can be well appreciated in MRI scanning.

Treatment of THS include immunosuppressives such as corticosteroids most often prednisolone or steroid sparing agents such as methotrexate and azathioprine. Prognosis of THS is good, rougly 20-30% of the patients who are treated for THS experience a relapse Below MRI is a picture of Tolosa Hunt Syndrome where there is thickening of Dura of Cavernous Sinus can be seen





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