



Herpes Zoster Ophthalmicus-Induced Oculomotor Nerve Palsy

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Clinical Image

A 63-years old female presented to our clinic, as a referral for ocular examination following a diagnosis of Herpes Zoster Ophthalmicus. On presentation, there was complete ptosis of the left upper eyelid as well as crusted-over vesicles on the distribution of the first division of trigeminal nerve. The patient was positive for Hutchinson sign.

Her ocular history was positive for cataract extraction in both eyes (OU). The patient's medical history was positive for rheumatoid arthritis. She reported taking prednisolone and adalimumab.

She visited a local hospital 5 days ago with a complaint of soreness around her upper left eyelid and concomitant blurry vision in her left eye (OS), as well as painful blisters on the left side of the face on the distribution of the trigeminal division. Following a HZO diagnosis, the patient had been prescribed oral acyclovir 800 mg 5 times per day, and tobramycin ointment for her left eye.

Initial presentation in our clinic revealed left ptosis and defective ocular motility OS. The involved eye was deviated "down and out". Visual acuity was 20/30 OD and 20/50 OS. The left

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Figure 1: Initial Presentation.



Figure 2: 6-Month Follow-Up.

pupil had a remarkably minimal response to light compared to the right and also showed a positive APD. Slit lamp examination showed superficial punctate keratopathy OS. Goldman tonometry was 17 mmHg OU. Fundus examination was unremarkable OU.

She was referred for a Magnetic Resonance Angiogram (MRA) and a Magnetic Resonance Imaging (MRI) to rule out other etiologies of cranial nerve involvement such as an aneurysmal compression of the oculomotor nerve or space-occupying lesion. The results didn't show any of the above aetiological factors.

We decided to treat the patient with acyclovir 625 mg/8 h (10 mg/kg) intravenously for 7 days, as well as topical thilocof four times daily and virgin eye ointment five times daily for 10 days.

After a 6-month follow-up period, ocular motility returned to near-normal levels, her ptosis OS had resolved and there was a considerable increase in visual acuity.