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Isolated Paralysis of The Oculomotor Nerve (III) Revealing A Planum Sphenoidale Meningioma

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We report the case of a 63 year-old patient with a six month history of headaches and deteriorating vision. He presented to the ophthalmic emergency for decreased visual acuity, complaints about ptosis of the eyelid in the left eye, evolving for 2 days, as well as diplopia at the binocular vision, with no other associated signs.

The ophthalmological examination included a measure of visual acuity using Snellen's distance vision chart. We did a complete and bilateral biomicroscopic examination of the anterior and the posterior segment with measurement of the eye pressure.

The ophthalmological examination found total paralysis of the oculomotor nerve (III) (A,B,C,D) confirmed by an examination of the Lancaster, associated with fixed dilated pupil reflexes. Biomicroscopic examination was normal and the fundus revealed no abnormality. The neurological examination was also normal except the third cranial nerve palsy . The report was completed by an emergency CT angiography, which found a Planum sphenoidale meningioma (E,F). No aneurysm was detected.

Planum sphenoidale meningiomas are typically slow-growing tumors, explaining why some patients remain asymptomatic and therefore, un-diagnosed for extended periods of time. The ensuing growth of the extra-axial neoplasm can cause displacement of the optic apparatus, resulting in visual disturbances.

This case illustrates the typical radiological findings of a planum sphenoidale meningioma.

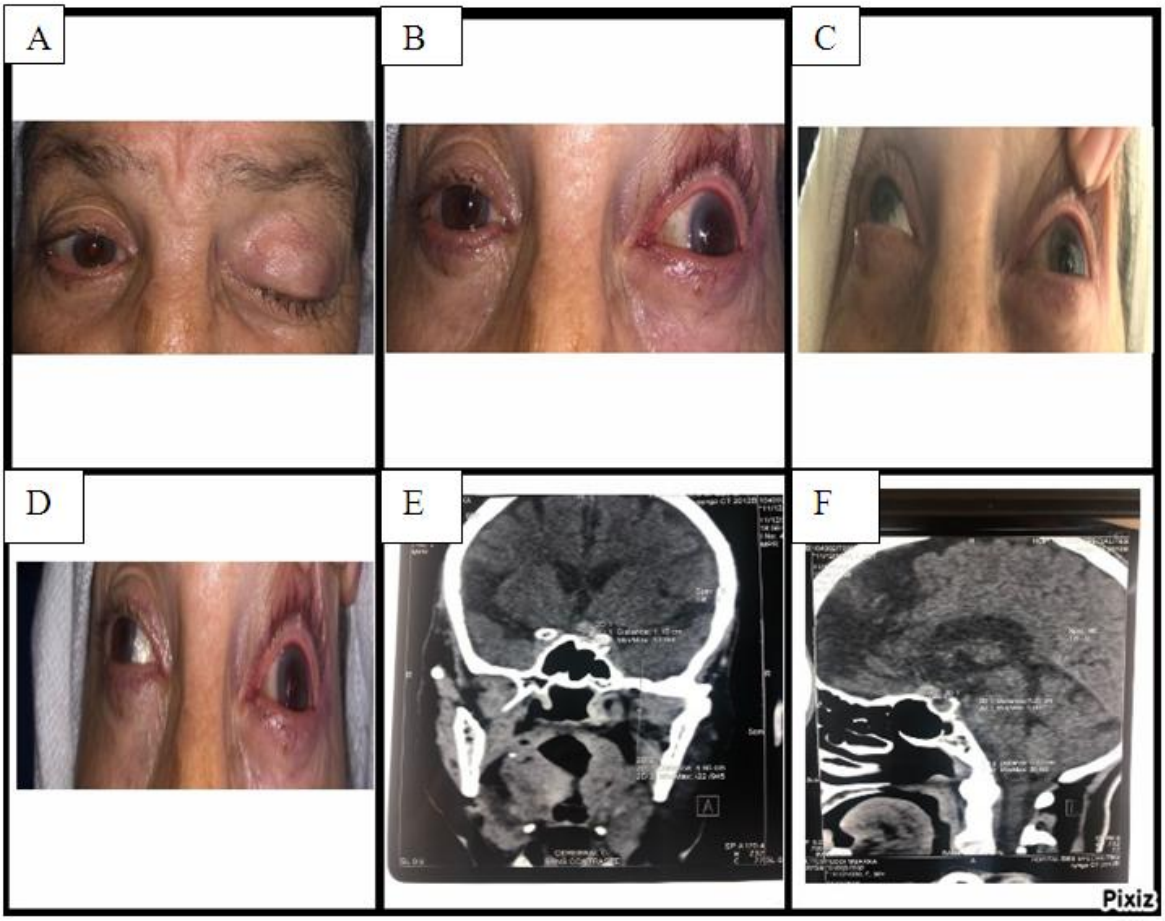

Figure 1 : Total left third nerve palsy, manifesting as: A) complete left ptosis; B) ocular left divergence with fixed dilated pupil, C) elevation deficit; D) adduction deficit, E,F) Planum sphenoidale meningioma