

Unilateral exophthalmus in an acute episode of MS

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Here we present a clinical case of a unilateral exophthalmus which occurred for the first time in an acute episode of multiple sclerosis (MS). Diplopia occurred together with a new paresis of the left hand. Concerning the paresis of the hand, a cervical spinal lesion was found, whereas the cause of the diplopia is most likely a protrusion of the right

eye. Diplopia improved slightly under a cortisone regime. Laboratory study and thyroid ultrasonography did not reveal an endocrine cause of the exophthalmus and the physiological relationship to MS remained elusive. However, a type of autoimmune-overlap syndrome must be considered [1-3].

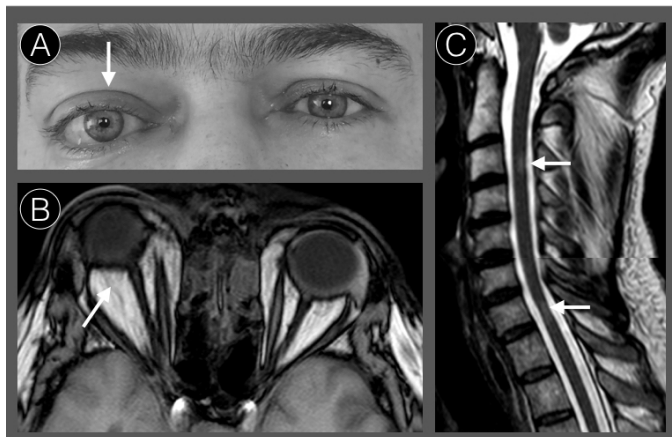


Figure 1. Exophthalmus in an acute MS episode. (A) Clinical presentation of exophthalmus of the right eye (arrow) and diplopia. (B) Transversal T2-weighted MRI with protrusion of the right eye and proliferation of intra-orbital fat tissue (Comerci, Elefante et al. 2013). (C) Sagittal T2-weighted MRI with two spinal lesions (arrows), the lesion in the upper cervical spine (C3, upper arrow) showed gadolinium enhancement and was most likely the reason for the acute paresis of the left hand.

References

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