

A Case of Ophthalmoplegic Migraine with Gadolinium Enhancement of the Oculomotor Nerve on MR Imaging

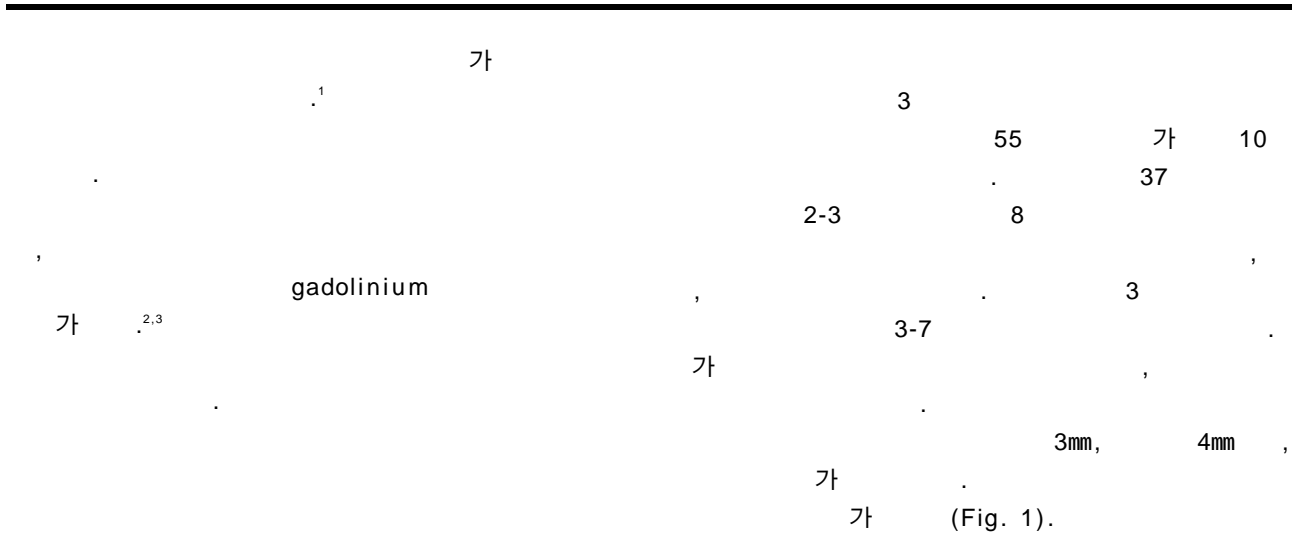
Tae-You Kim, Nack-Cheon Choi, Oh-Young Kwon, Hae-Jeong Yun,
Jun-Hyeok Kwak, Sung-Chul Jeon, Byeong-Hoon Lim

Department of Neurology, Gyeongsang National University College of Medicine
Gyeongsang Institute for Neuroscience, Gyeongsang National University

The typical manifestation of repeated migraine headache followed by ophthalmoplegia can be diagnosed as a ophthalmoplegic migraine. The diagnosis requires exclusion of other causes. MRI was useful in excluding other causes of ophthalmoplegia with headache and there is few abnormal findings on MRI in ophthalmoplegic migraine patients. A 55-year-old man with a familial and personal history of migraine was admitted due to left ptosis and diplopia followed by insidiously developed headache. The migraine headache and ophthalmoplegia were improved spontaneously within 3 days and within 4 weeks, respectively. MRI demonstrated gadolinium enhancement on the cisternal portion of left oculomotor nerve.

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Key Words : Ophthalmoplegic migraine, MRI, Oculomotor nerve enhancement



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* Address for correspondence
Nack-Cheon Choi, M.D.
Department of Neurology,
Gyeongsang National University, College of Medicine,
Gyeongsang Institute for Neuroscience, Chilam-dong 92,
Chinju, Gyung-sangnam-do, 660-702, Korea
Tel : +82-591-750-8077 Fax : +82-591-755-1709
E-mail : neuro@nongae.gsnu.ac.kr

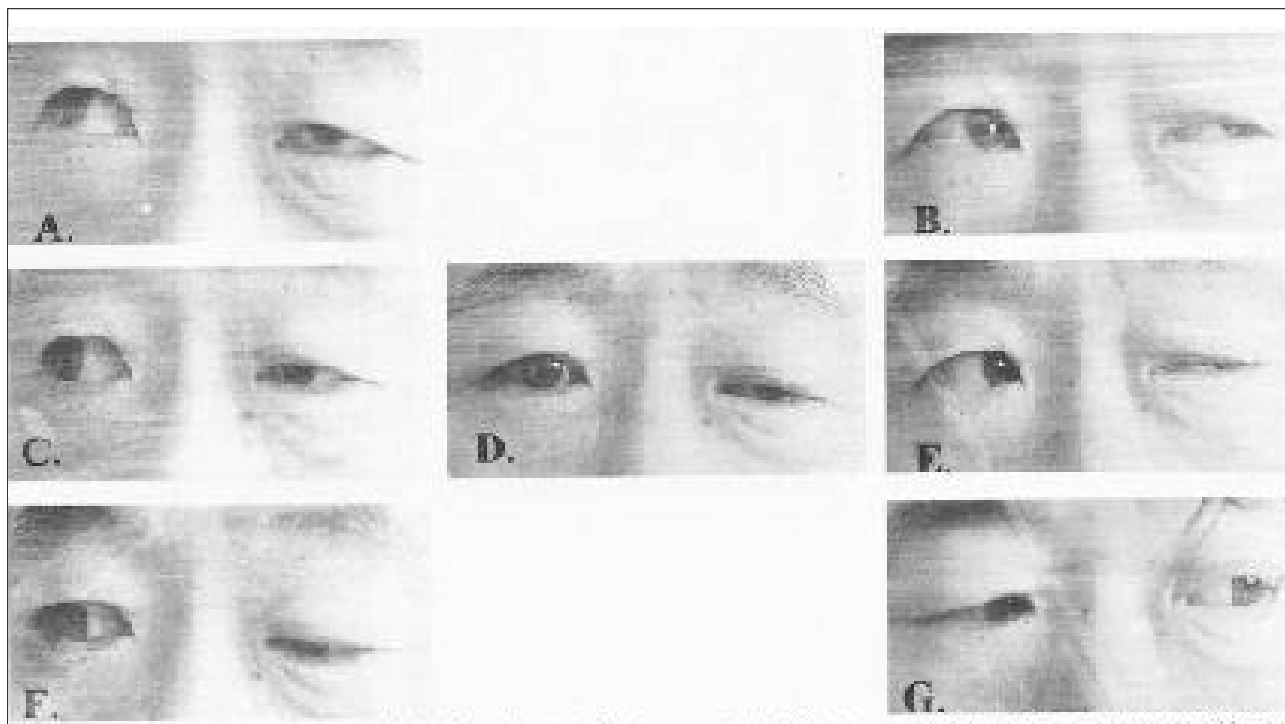


Figure 1. Ocular motility at the time of initial examination. In primary position (D) ptosis and mild exotropia are present. Adduction (C) is limited. Slight limitation of elevation and depression of the left eye are also present. (A: Right lateral upward gaze, B: Left lateral upward gaze, C: Right lateral gaze, D: Primary position, E: Left lateral gaze, F: Right lateral downward gaze, G: Left lateral downward gaze)

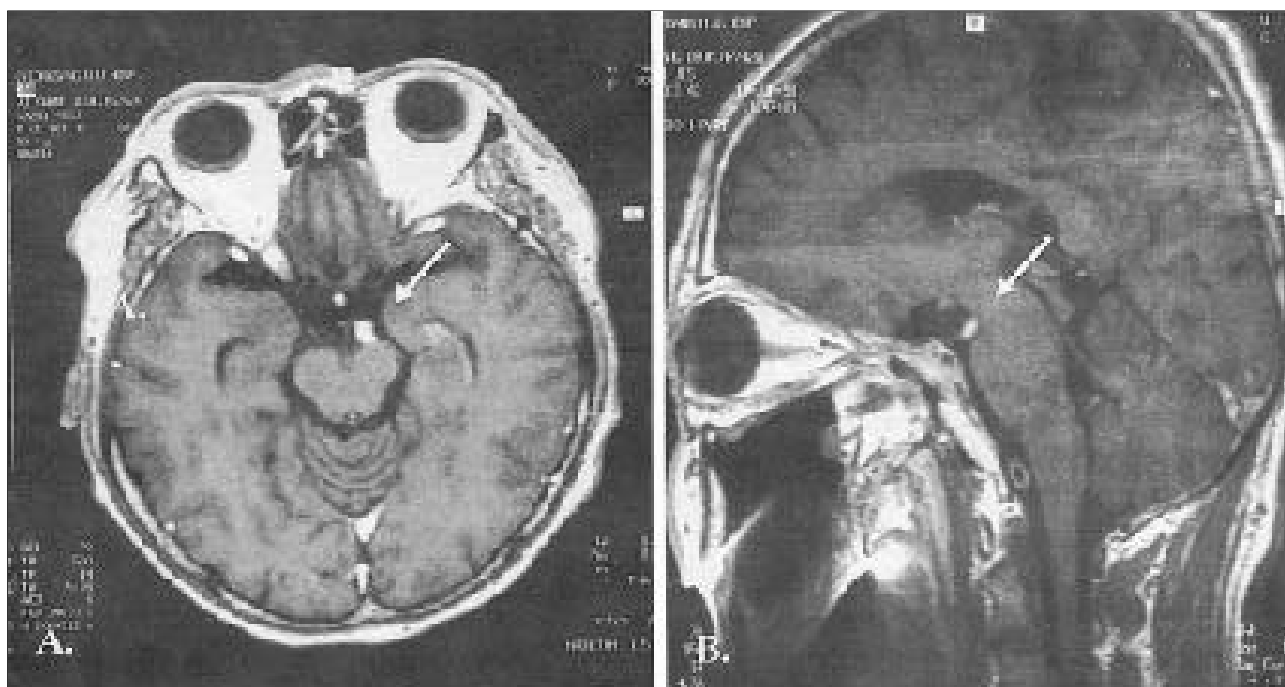


Figure 2. T1-weighted gadolinium enhanced axial (A), sagittal (B) images showed marked enhancement on the cisternal portion of the left oculomotor nerve (arrow).

4

(Fig. 4).

Charcot¹(1890)가
(ophthalmoplegic migraine)

가

35

가

5.7

Gubler⁴(1860)가

가, 2

가

5.6

가가

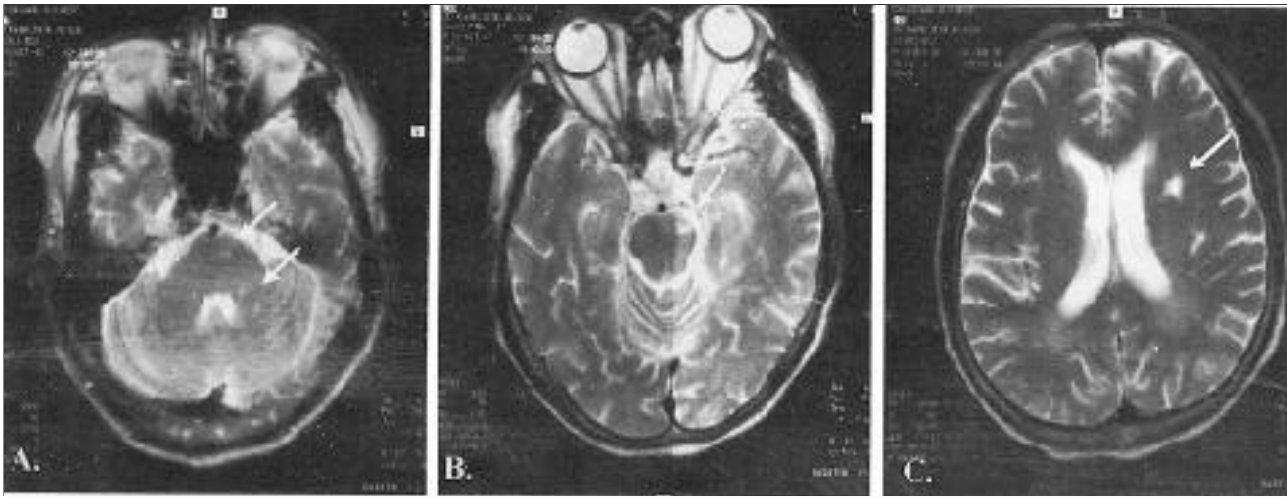


Figure 3. T2-weighted axial images demonstrated small infarctions (arrow) on (A) cerebellum and mid pons, (B) upper pons, and (C) periventricular white matter.

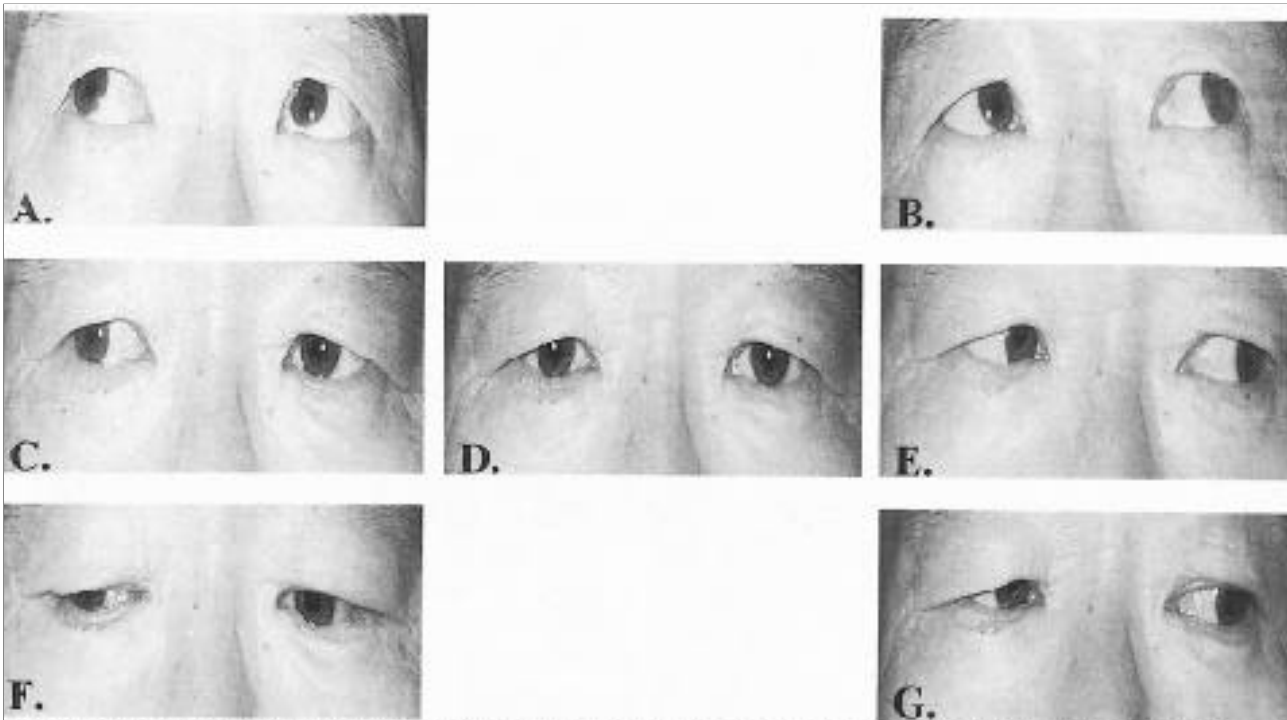


Figure 4. Four weeks later from the initial symptom onset, ocular motility of the left eye showed no limitation. Ptosis is fully improved. (A: Right lateral upward gaze, B: Left lateral upward gaze, C: Right lateral gaze, D: Primary position, E: Left lateral gaze, F: Right lateral downward gaze, G: Left lateral downward gaze)

가 (International Headache Society, 1) 2) 3, 4, 6 3) (parasella) ; 1) 2) 20 3) 1 3 6 가 (frontotemporal) 가 (internal oph- 9 24 8 가 10 1988) 11 3) 1 3 6 가

gadolinium³ Stommel²(1993)
 (circumflex mesencephalic artery)
 (perforating artery of posterior cerebral artery)

(compressive neuropathy)
 (ischemic neuropathy) 가
 가

Walsh O'Doherty⁷(1960)가

가 가¹⁷

가¹⁹ 가¹⁸
 가 Vijayan¹⁰ 18
 (delayed ischemic neuropathy)
 , Walsh Hoyt²⁰
 (vasa nervorum)

(neurogenic inflammation) 가
 Moskowitz²¹ substance P, prostaglandin

가
 가
 propranolol²²
 aspirin, acetaminophen
 prostaglanin inhibitor fluofenamic acid²³
²⁴
 가
 가

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