

Diplopia and a lazy eye

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Internuclear ophthalmoplegia (INO), is a cause of blurry vision with diplopia in patients caused by dysfunction of extraocular movements of eye. Adduction of the affected eye is weak with contralateral abduction nystagmus.

A 59 year old gentleman with past history of glaucoma, hyperlipidemia, coronary artery disease status post stenting of the left anterior descending artery in 2017, prostate adenocarcinoma in remission post external beam radiotherapy, and erectile dysfunction presented with sudden onset of lightheadedness and blurred vision. He denied any current or past history of remitting paresthesia, limb weakness or slurred speech. No sensation of “falling curtain” over field of vision, no headaches fever or neck stiffness. After one hour of the symptoms, he presented to the emergency department.

Medications included doxazosin, latanoprost, simvastatin, aspirin, and viagra (last taken 3 days prior). The patient quit smoking and drinking alcohol more than 5 years ago and denied any illicit drug use or sexually transmitted diseases. He has been on disability since diagnosed with cancer and previously worked as a custodian.

On exam, vitals were temperature 37, heart rate 46, respiratory rate 14, blood pressure 137/72, and 100% on pulse oximetry. Pupils were round and reactive to light, red reflexes were seen and no obvious abnormality seen on fundoscopic exam. On tonometry, left eye pressure was 11 mmHg and right eye pressure was 12 mmHg. Right eye demonstrated impaired adduction with contralateral left eye nystagmus on leftward gaze. Patient had reproducible diplopia on leftward gaze which also resolved with covering of the right eye. Otherwise cranial nerve exam unremarkable. There was no demonstrable motor or sensory deficits and no cerebellar signs.

CT and MRI of the head showed nonspecific white matter changes, echocardiogram and carotid duplex were normal. Patient was discharged with neurology follow up, new medications included aggrenox and atorvastatin.