Isolated Sixth Cranial Nerve Palsy – An Uncommon Presenting Feature of Multiple Sclerosis

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57 year old male presented with acute onset of blurring of vision on looking to the left side. There was no history of headache, loss of vision, pain on ocular movements and other neurological symptoms. There was no past history of any neurological disorder including bowel and bladder dysfunction. There was no history of hypertension or diabetes mellitus. He was neither a smoker nor an alcoholic. On examination, there was evidence of left 6th cranial palsy (Figure 1). There were no long tract signs. MRI brain (T2W) showed pericallosal plaque (Figure 2). MRI brain (T2W) showed periventricular plaques (Figure 3). MRI brain (FLAIR) showed plaques over centrum semiovale (Figure 4). His HBA1c was 6%. A detailed vasculitic workup including ANA was negative. In view of the above clinical features and MRI imaging, diagnosis of multiple...
sclerosis was made. After pulse therapy of intravenous methyl prednisolone, left lateral rectus weakness gradually improved. Patient is on regular follow up.

Isolated cranial nerve palsies are rare clinical findings in multiple sclerosis, occurring in only about 1.6% of all patients and in 5.2% as the presenting sign. MRI may fail to confirm the corresponding brain stem lesions in many patients with isolated cranial nerve palsies.

This case highlights the uncommon presenting sign of multiple sclerosis and emphasises the need for a high index of suspicion and to treat this demyelinating illness.

References
