Case Lesson 36-2025

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A 19-year-old boy was followed and evaluated because of recurrent attacks of ptosis and retro-orbital pain of the right eye since six years ago.
He developed intermittent right eyelid drooping accompanied by retro-orbital pain and double vision, during this time of observation. Neurological examination revealed complete ptosis of the right eye and diplopia.

- Pictures taken with the approval of the patient (April 2019)

First brain MRI (Fig 1-2) showed an extra-axial lesion located anterior to the right cerebral peduncle, which enhanced homogeneously after contrast administration amd a left temporal arachnoidal cyst.
After corticosteroid therapy, the ptosis gradually regressed within four weeks.

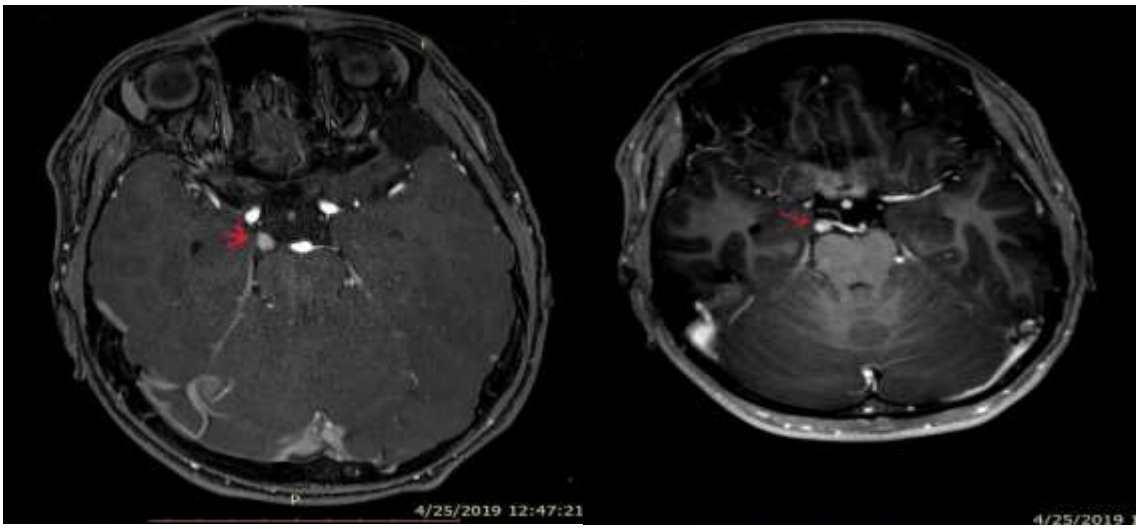

Fig 1. Axial T1 weighted magnetic resonance imaging with gadolinum enhacment (April 2019)

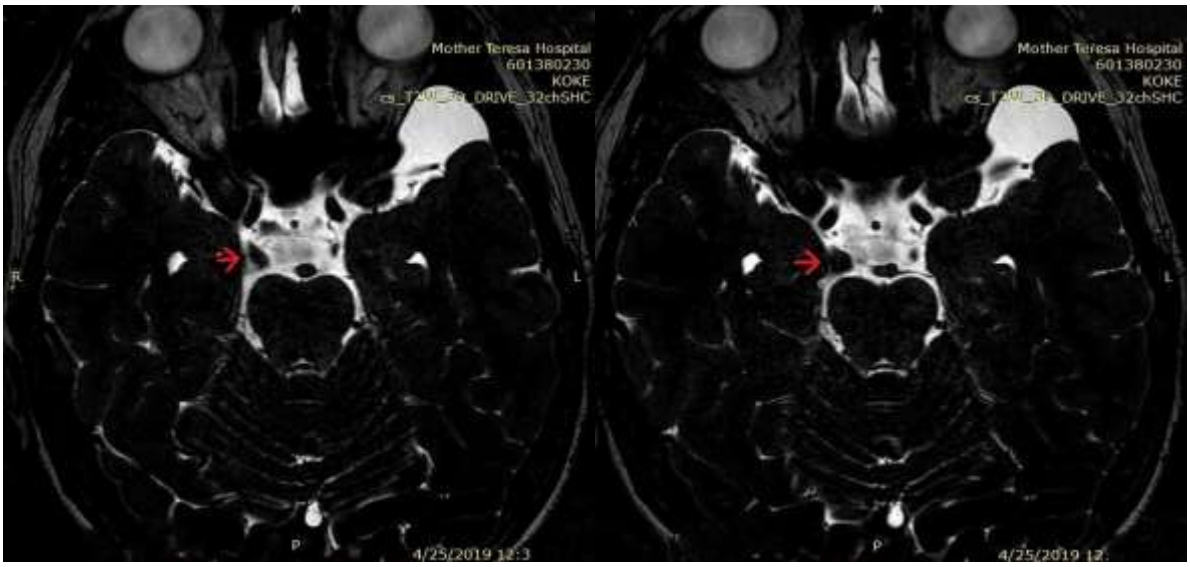

Fig 2. Axial T2 weighted DRIVE sequence magnetic resonance imaging (April 2019)

In 2022, the patient developed another episode of right eye pain and incomplete ptosis, which lasted for three weeks and resolved spontaneously. (See below photo of this episode, 2022)

In September 2025, the patient reported no other complaints for three years. Neurological examination revealed anisocoria rght > left: the right pupil measured 6 mm with delayed direct and indirect pupillary reflex, while the left pupil was 4 mm with direct and indirect pupillary reflex preserved.

September 2025

Follow-up MRI (Figure3-4) demonstrated no change in the size of the lesion compared to the initial imaging.

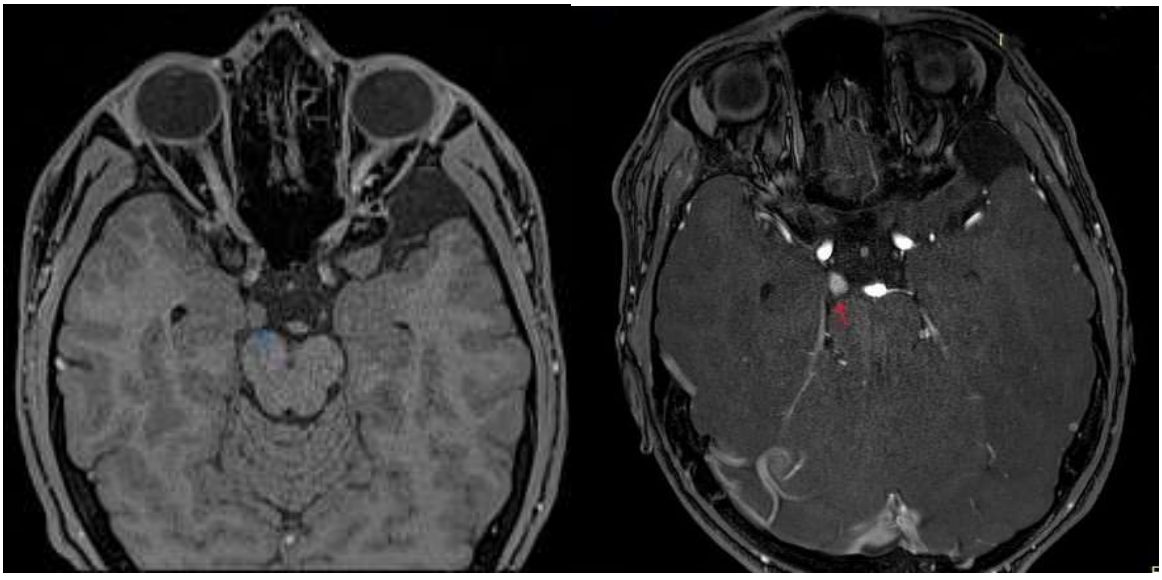

Fig3. Axial T1 weighted sequence without amd with gadolinum enhacement (September 2025)

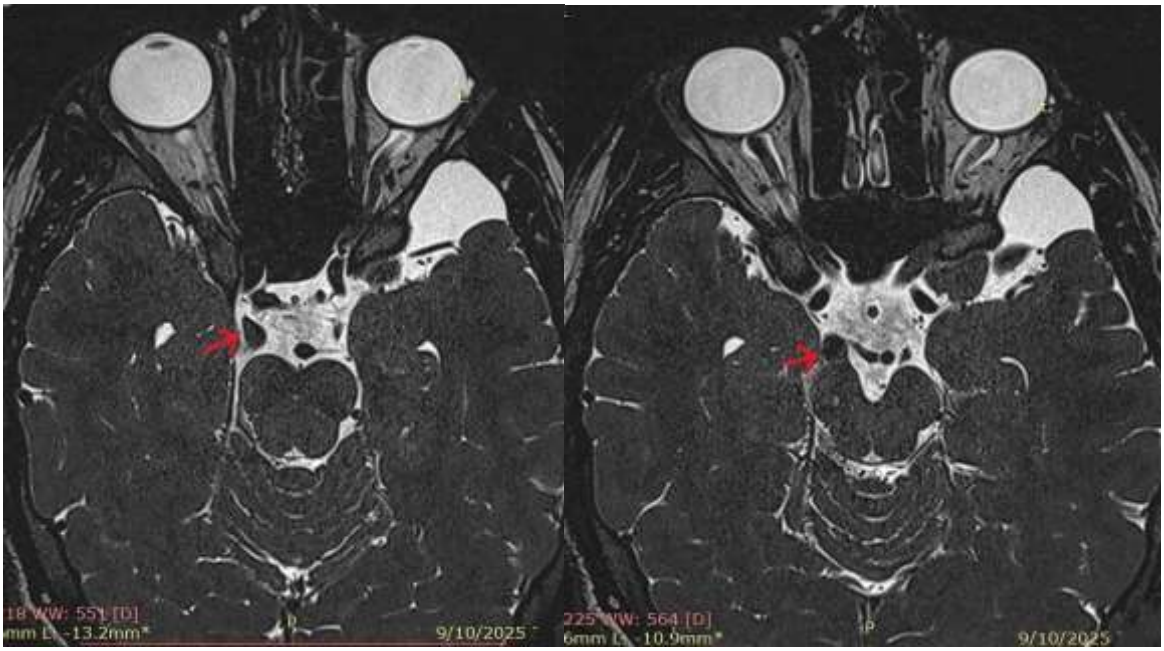

Fig4. Axial T2 weighted SPACE sequence magnetic resonance imaging (September 2025)

What is the diagnosis?

- **A.** Recurrent painful ophthalmoplegic neuropathy (ophthalmoplegic migraine)
- **B.** Tolosa–Hunt syndrome
- **C.** Oculomotor nerve schwannoma
- **D.** Cavernous sinus meningioma
- **E.** Posterior Comunicating Aneurysm