

Teaching NeuroImages: Recurrent oculomotor palsies caused by neurosarcoidosis

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A 53-year-old man presented with a recurrent left fourth nerve and acute left third nerve palsy (figure 1). Brain MRI showed leptomeningeal and oculomotor nerve contrast enhancement (figure 2). CSF examination indicated chronic lymphocytic meningitis with massively increased soluble interleukin (IL)-2 receptor and IL-6.¹ Extensive infectious disease workup remained unremarkable. [¹⁸F]-Fluorodeoxyglucose (FDG)-PET/CT revealed active deep cervical lymph nodes containing noncaseating granulomas (figure 2). No pulmonary or other systemic manifestation was found, consistent with clinically isolated neurosarcoidosis.² Upon immunosuppressive treatment,^{1,2} the oculomotor palsies rapidly remitted. Neurosarcoidosis is a rare condition lacking specific biomarkers.² When suspected, FDG-PET/CT can guide diagnosis and prevent CNS biopsy.¹

AUTHOR CONTRIBUTIONS

V.K., J.A.P., K.I., A.C., C.G.-K., P.A., and M.L. were involved in the clinical management of the patient. V.K. wrote the manuscript. J.A.P., K.I., A.C., C.G.-K., P.A., and M.L. commented on the manuscript.

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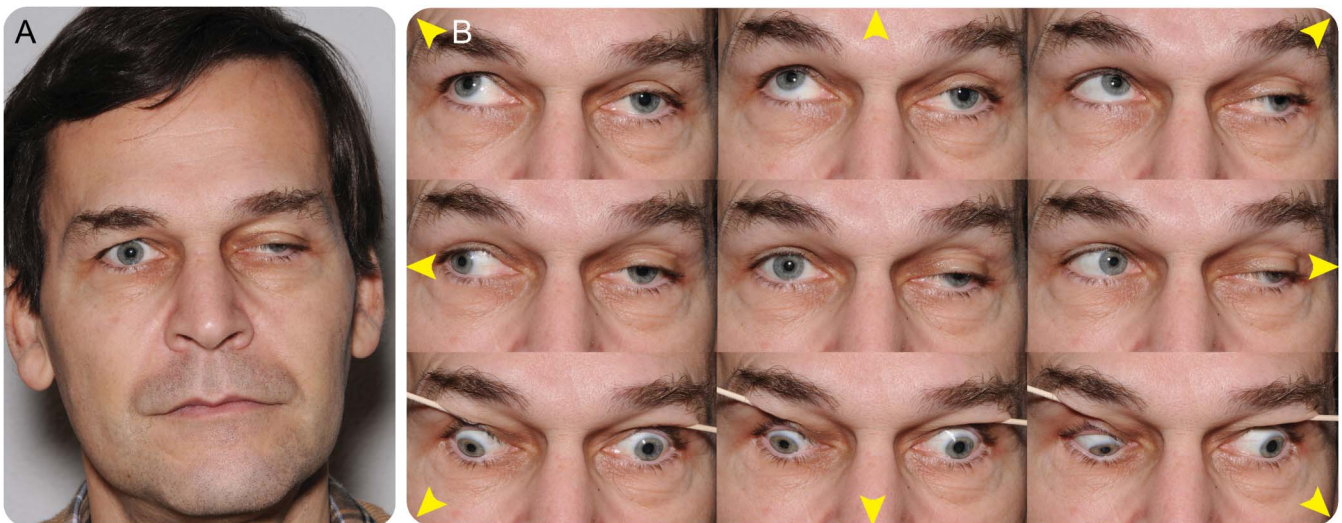
DISCLOSURE

V. Kana, J. Petersen, K. Ikenberg, A. Chappaz, C. Gerth-Kahlert, and P. Appenzeller report no disclosures relevant to the manuscript. M. Linnebank reports grants, personal fees, and nonfinancial support from Ammiral, Bayer, Biogen, Genzyme, Merck, Novartis, and Teva outside the submitted work. Go to Neurology.org for full disclosures.

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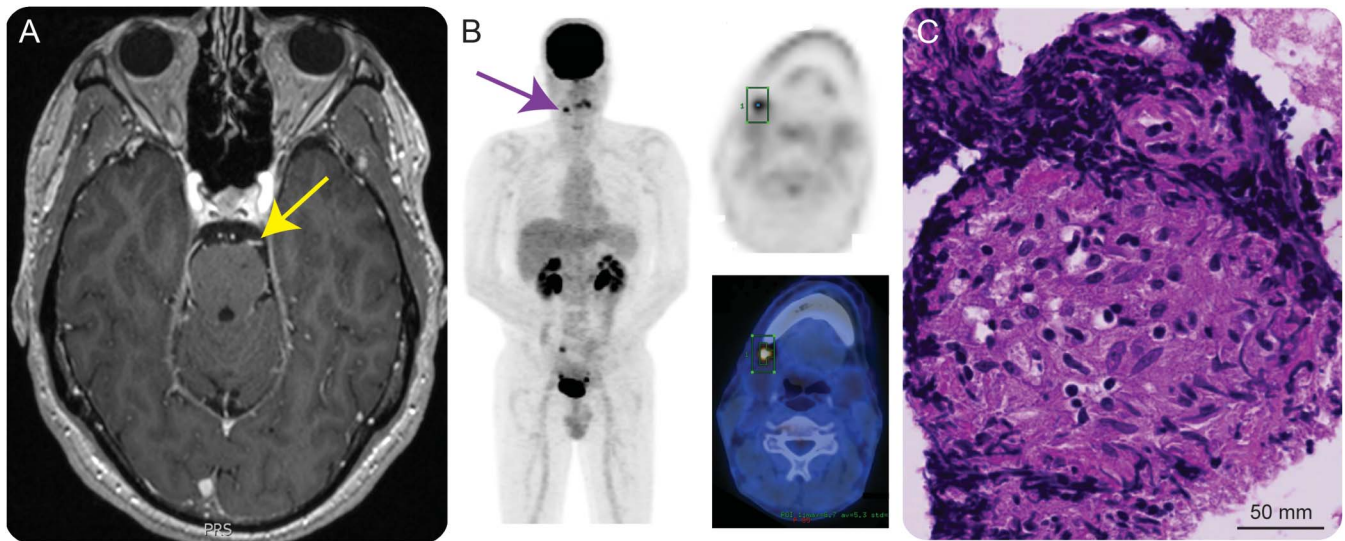
Figure 1 Oculomotor palsies



(A) Complete left third nerve palsy with (B) limited adduction, elevation, and depression of the left eye, ptosis, and mydriasis.

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Figure 2 Imaging and pathology



(A) Axial T1-weighted MRI shows basal leptomeningeal contrast enhancement along the left third nerve (arrow). (B) Active lymph node (arrow) in coronal (left) and axial (right) [¹⁸F]-fluorodeoxyglucose-PET/CT containing (C) lymphadenitis with noncaseating granuloma (hematoxylin & eosin).

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