

Seeing double after a coronary angiogram

Jien Chien Beh, Marvinash Rao Aruku Naidu, Kogilavaani J Raman@Jayaraman

Department of Ophthalmology, Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia

ABSTRACT

Neurologic complications post coronary angiography (COROS) are rare but significant, requiring prompt diagnosis and management for optimal care. A 50-year-old man with underlying diabetes mellitus, hypertension, dyslipidaemia, and a history of cerebral infarction presented with acute left eye (LE) diplopia at right gaze and ptosis following COROS for non-ST elevation myocardial infarction. Examination revealed a mild LE ptosis with the eye positioned downward and outward at primary gaze. Dextroversion, dextrolevation, and dextrodepression were absent over the LE but pupillary reflexes were preserved with no other abnormal neurological signs present. Echocardiography post-COROS showed no thrombus, and plain computed tomography (CT) brain revealed multifocal old infarcts, no acute intracranial haemorrhages. He was diagnosed with LE isolated pupillary sparing partial oculomotor nerve palsy and was managed conservatively. Subsequent follow-ups showed his symptoms improved. Examination showed recovery of LE muscle function evidenced by normal corneal reflex, absence of ptosis, and presence of dextroversion, dextrolevation, and dextrodepression. CT angiography of the brain and carotid showed old infarcts at the left corona radiata extending to the left lentiform nucleus and at the left thalamus, with short segment narrowing at the proximal basilar artery with no obvious plaque. Neurologic complications post-COROS are rare, most likely linked to microembolisms or transient vasospasms in this case as per CT angiography findings. A thorough assessment is vital for prompt diagnosis and effective treatment, enhancing patient outcomes and preventing long-term sequelae.