A rare manifestation of optic neuritis secondary to Tolosa Hunt syndrome with pachymeningitis

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ABSTRACT

Tolosa-Hunt syndrome (THS) usually presents with severe unilateral periorbital headache and ophthalmoplegia. This case demonstrates an atypical presentation of THS that is characterised by painless blurring of vision and optic neuropathy. A 48-year-old Malay female with underlying diabetes mellitus, hypertension, and dyslipidaemia presented with painless blurring of vision in her right eye (RE) over several months. Visual acuity in the right eye was reduced, with a positive relative afferent pupillary defect (RAPD). Optic nerve function tests were impaired: red desaturation and diminished light brightness. Extraocular movements (EOM) were intact, with no involvement of other cranial nerves observed. Fundus examination of the right eye revealed normal findings. Humphrey visual field testing showed a central scotoma. Blood parameters for infections and connective tissue diseases were normal. Urgent contrast-enhance computed tomography brain and magnetic resonance imaging brain revealed an enhancing lesion at the left MCA-ICA junction and enlargement of the right cavernous sinus, indicative of THS with pachymeningitis. Treatment given was intravenous methylprednisolone 250 mg QID for 5 days, followed by a tapering course of oral prednisolone which resulted in improved visual acuity and resolution of the central scotoma. After a few weeks, symptoms relapsed and azathioprine was added which further improved the central scotoma. THS may not always present with painful ophthalmoplegia during early presentations. Concurrent pachymeningitis can occur, so a high suspicion for THS is important. Prompt diagnosis and initiation of treatment for THS are crucial to prevent complications like recurrent optic neuritis, even in the absence of classic symptoms.