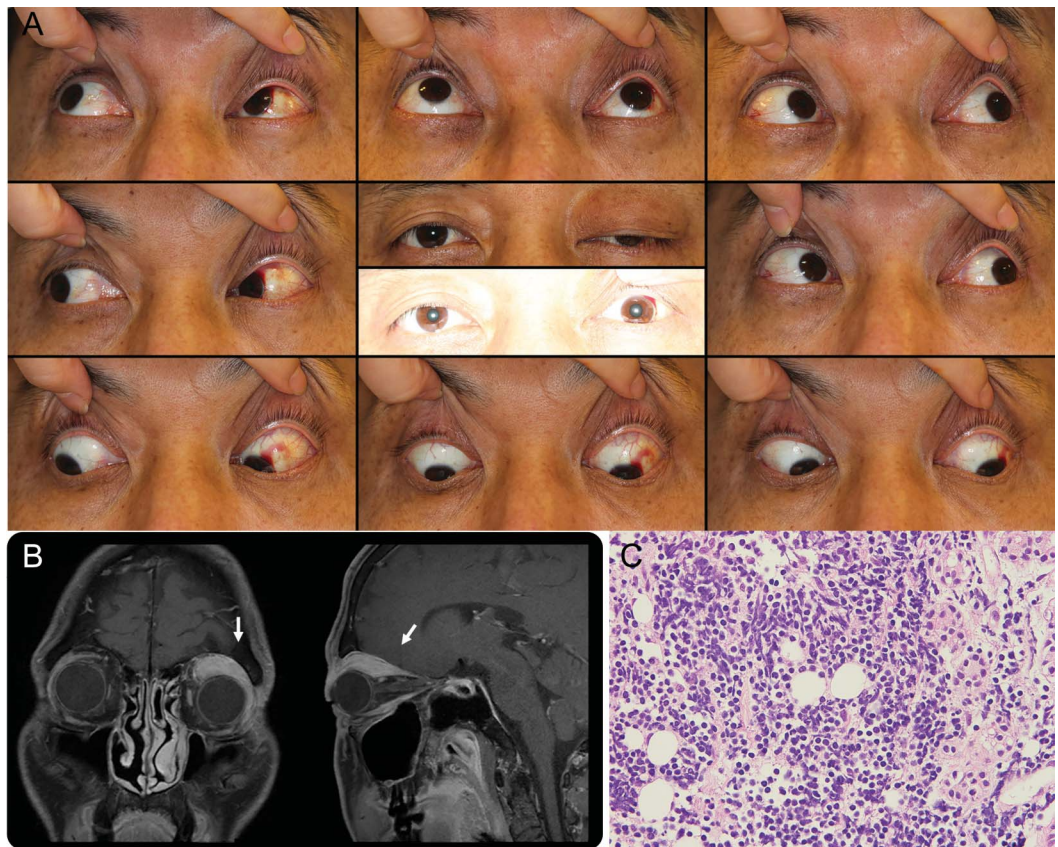


Teaching NeuroImages: Superior divisional oculomotor nerve palsy due to orbital lymphoma

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Figure Findings in the patient



(A) Incomplete ptosis and limitation of elevation in the left eye is consistent with superior divisional palsy of left oculomotor nerve. (B) MRIs show a well-enhancing lesion in the left superior orbital cavity (arrow). (C) Dense infiltration of small lymphoid cells is consistent with a malignant lymphoma (hematoxylin & eosin, $\times 400$).

Divisional patterns of oculomotor nerve palsy usually indicate a lesion involving the oculomotor nerve distal to anterior cavernous sinus where the nerve divides into the superior and inferior branches.¹ A 48-year-old man showed painless ptosis and limitation of elevation, but normal pupil in the left eye (figure, A), which indicates a lesion limited to the oculomotor superior division that innervates the levator palpebrae and superior rectus. MRI revealed a nonpalpable mass in the superior portion of left orbital cavity (figure, B) that was confirmed as a malignant lymphoma (figure, C).

Orbital lesions including lymphoma should be considered in divisional patterns of oculomotor palsy.²

AUTHOR CONTRIBUTIONS

Dr. S.-H. Park wrote the manuscript and analyzed and interpreted the data. Drs. S.-H. Kim, J.-Y. Choe, and J.H. Paik conducted the design and interpretation of the data. Dr. J.-S. Kim conducted the design and conceptualization of the study, interpretation of the data, and drafting and revising the manuscript.

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DISCLOSURE

S. Park, S.-H. Kim, J. Choe, and J. Paik report no disclosures relevant to the manuscript. J.-S. Kim serves as an Associate Editor of *Frontiers in Neuro-otology* and on the editorial boards of the *Journal of Clinical Neurology*, *Frontiers in Neuro-ophthalmology*, *Journal of Neuro-ophthalmology*, *Journal of Vestibular Research*, and *Journal of Neurology*. Go to Neurology.org for full disclosures.

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