RESIDENT & FELLOW SECTION

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Teaching Neuro*Images*: Painful diplopia and Crohn disease

Think about orbital myositis

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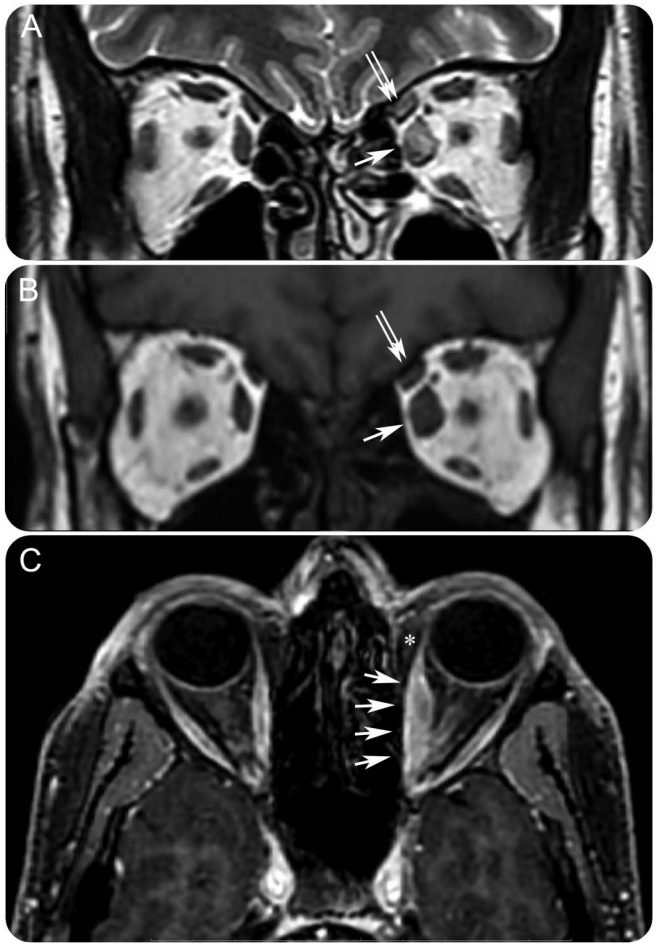
Figure Orbital MRI



Coronal (A) T2-weighted and (B) T1-weighted images. (C) Axial gadolinium-enhanced T1-weighted image. Orbital MRI reveals (A–C) an enlargement and (B) enhancement of the left medial rectus (arrow) and superior oblique muscles (double arrow). Uncharacteristically, tendon insertions appeared spared (C: * medial rectus tendon insertion).

A 34-year-old man with Crohn disease (CD) treated with infliximab was seen for a 2-month history of painful binocular horizontal diplopia. Pain initially appeared in the right eye, then switched to the left eye 1 month later. Neuro-ophthalmologic testing revealed a painful limitation of the left eye during adduction and periorbital edema. Thyroid tests were normal. Orbital MRI showed features of orbital myositis (figure).

In CD, extraintestinal ocular manifestations can occur, including episcleritis, scleritis, and uveitis. Orbital myositis is much rarer but can occur, in combination or

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not, with intestinal relapses.[1,2] Oral steroids generally lead to a dramatic improvement, like in this patient.

AUTHOR CONTRIBUTIONS

D. Biotti: first author, corresponding author, principal investigator, neuro-ophthalmologic management. P. Toulemonde: Crohn disease management. D. Brassat: neurologic management. F. Bonneville: radiologic management.

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DISCLOSURE

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