

Diagnostic Challenge

The weak eye

Amy Louis-Bayliss, MD*; Brian Deady, MD†

CASE HISTORY

A 51-year-old male presented to the emergency department (ED) with sudden headache, nausea, vomiting, and pain in his left eye. These acute symptoms were preceded by a 2-week history of blurred vision and an inability to open his left eye. The patient had no significant past medical history and no medications or allergies. He was a nonsmoker.

Vital signs on admission to the ED were blood pressure 164/102 mm Hg, heart rate 80 beats/min, respiratory rate 16 breaths/min, temperature 36.7°C (98°F), and oxygen saturation 99%. The patient was alert and oriented, and his speech was normal. A cranial nerve examination revealed a dilated, sluggish left pupil, inability to adduct the left eye, and left-sided ptosis (Figure 1). Visual acuity was normal. Power in the limbs, coordination, and gait were all normal, as was the remainder of the physical examination.

QUESTION

Based on the physical examination findings, your provisional diagnosis is

- a) Ophthalmoplegic migraine
- b) Traumatic cranial nerve palsy
- c) Intracranial aneurysm
- d) Ischemic stroke
- e) Giant cell arteritis

For the answer to this challenge, see page 413.

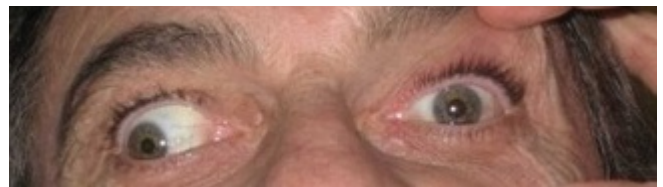


Figure 1. Illustration of left-sided ptosis and inability to adduct the left eye.

From the *Emergency Department, Credit Valley Hospital, Mississauga, ON, and the †Emergency Department, Royal Columbian Hospital, New Westminster, BC.

Correspondence to: Dr. Amy Louis-Bayliss, Emergency Department, Credit Valley Hospital, 2200 Eglinton Ave. W., Mississauga, ON L5M 2N1; alouisbayliss@gmail.com.

Submitted March 29, 2010; Revised September 13, 2010; Accepted September 13, 2010.

This article has been peer reviewed.

© Canadian Association of Emergency Physicians

CJEM 2011;13(6):398

DOI 10.2310/8000.2011.110265