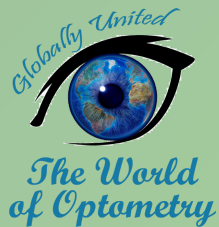
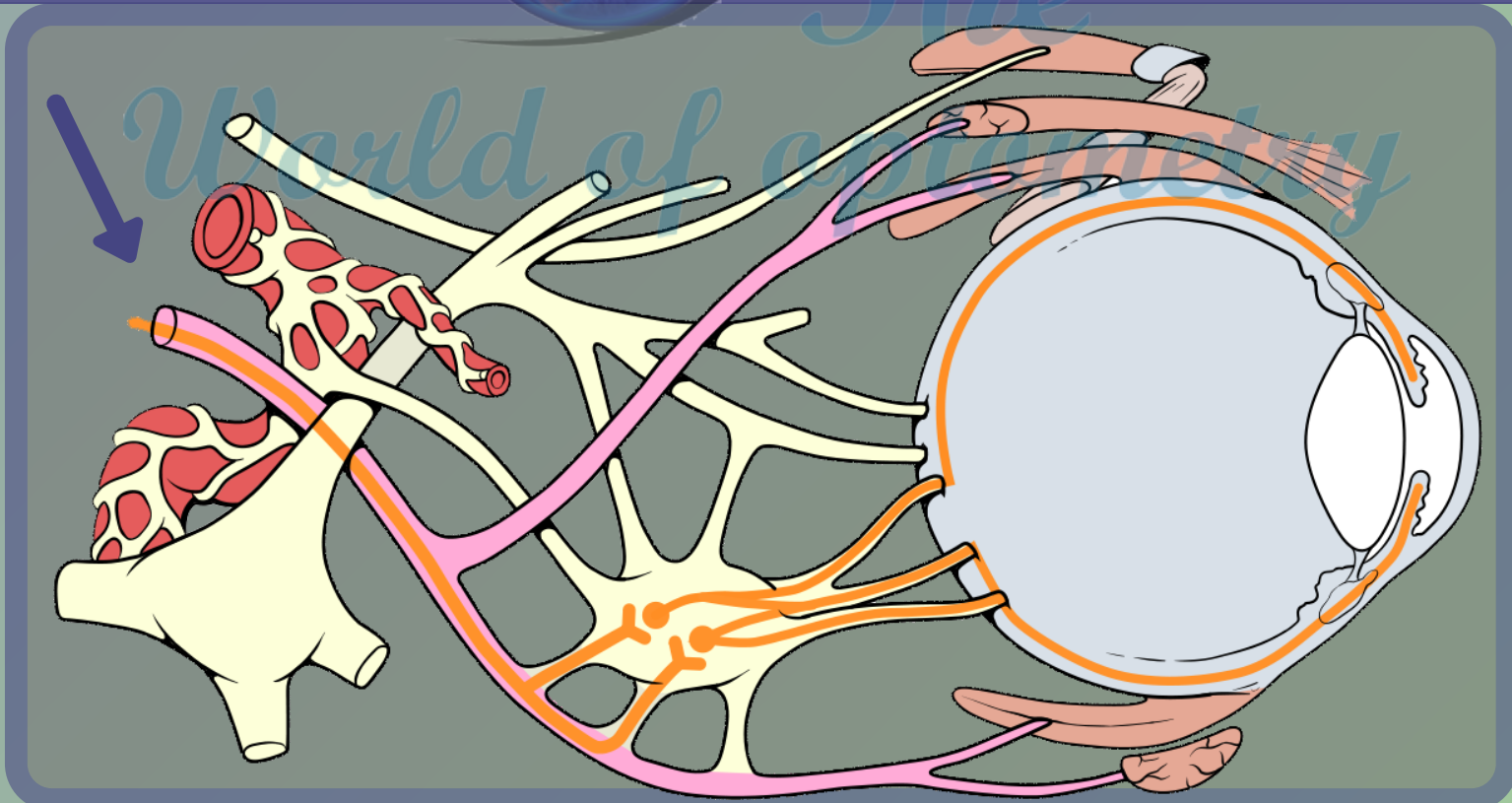
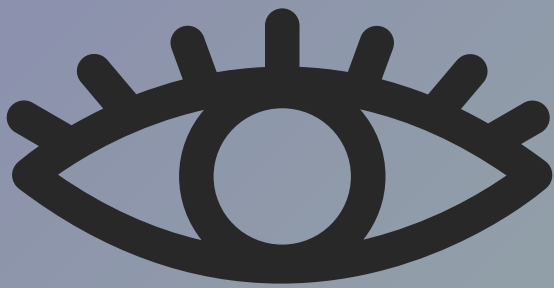


TWOP Discussion

3RD NERVE PALSY



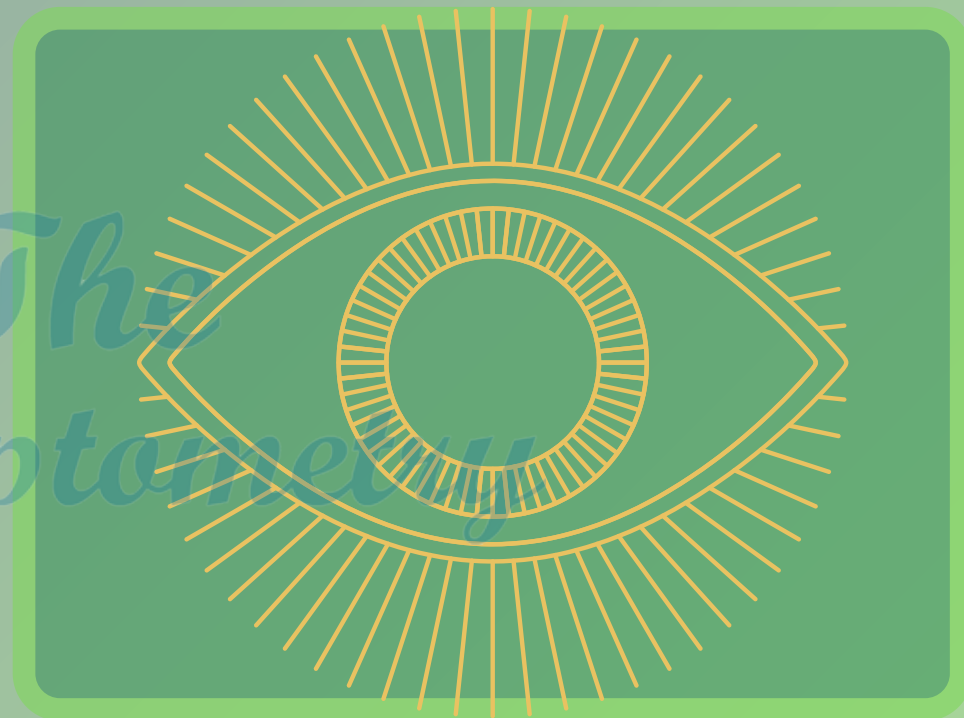


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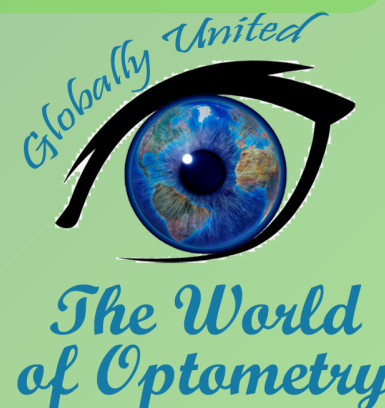
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INTRODUCTION

- Also known as the ocular motor nerve
- Controls the movement of four eye muscles
- Entirely motor in function



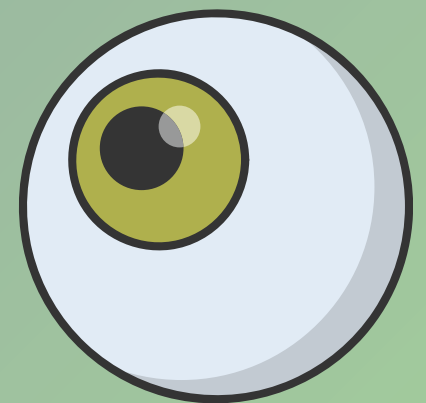
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EYE MUSCLES

- The oculomotor nerve innervates the following muscles, and therefore results in the following eye movements as follows.
- Table: Summary of the Extraocular Eye Muscles



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Muscle	Movement
Inferior oblique	Elevation when adducted
Inferior rectus	Depression when abducted
Superior rectus	Elevation when abducted
Medial rectus	Adduction
Levator palpebrae superioris	Eyelid elevation
Sphincter muscle	Pupillary constriction

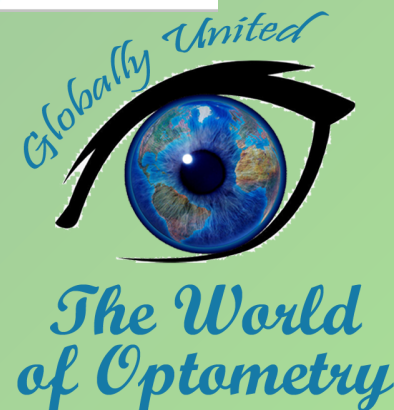
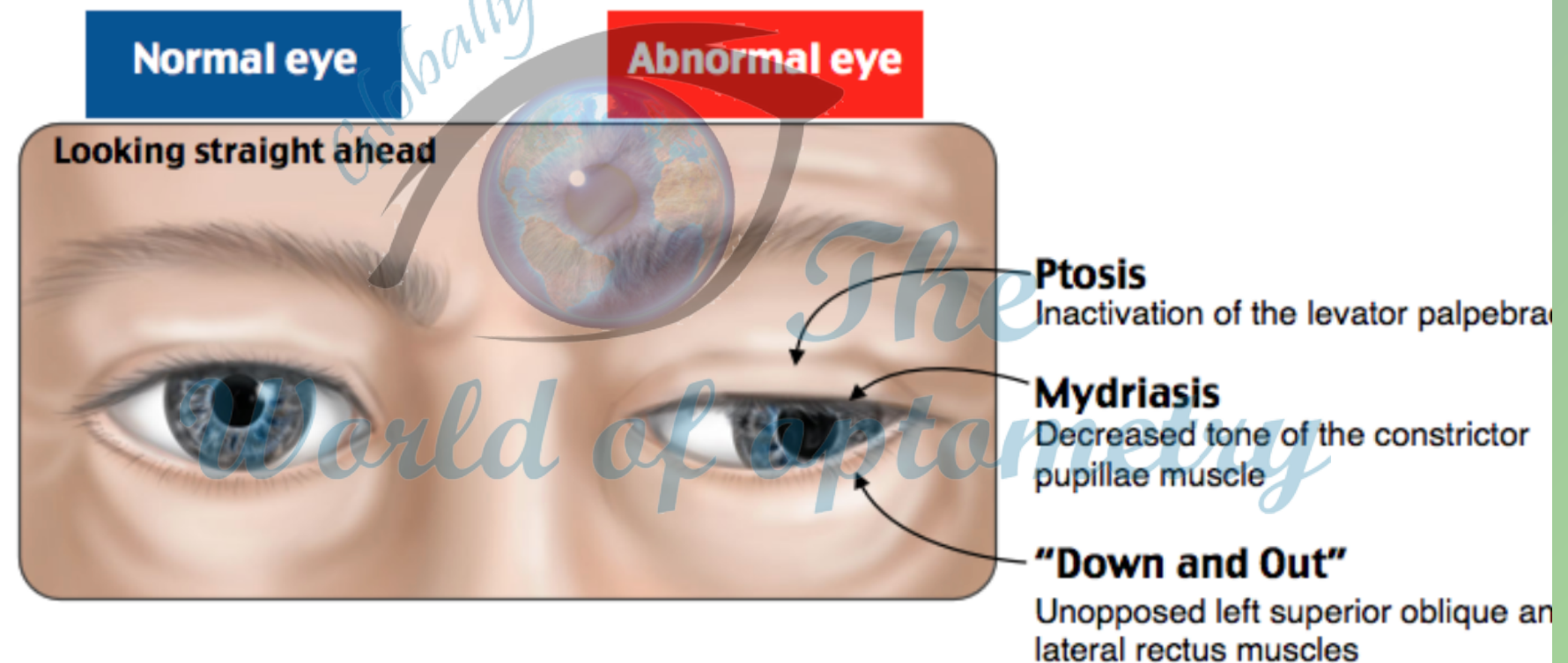


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CLINICAL FEATURES & SYMPTOMS

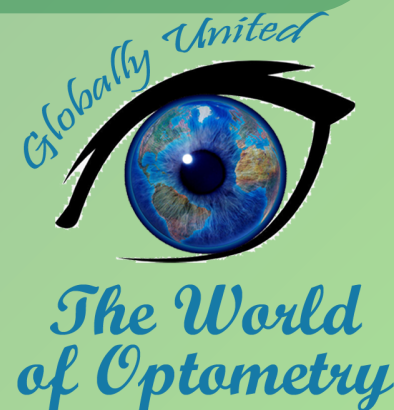
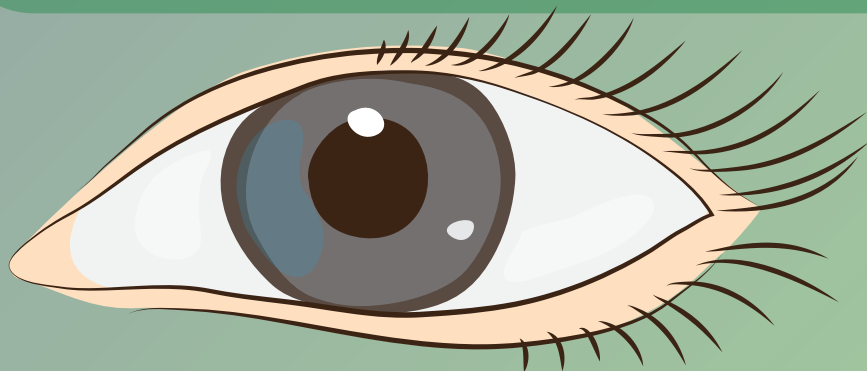
Oculomotor Nerve (CNIII) Palsy



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CAUSES OF ISOLATED 3RD NERVE PALSY

- Idiopathic – about 25%
- Vascular – Hypertension & Diabetes (commonly pupil sparing)
- Aneurysm-posterior communicating artery at its junction with internal carotid artery
- Trauma – subdural haematoma with uncal herniation
- Miscellaneous

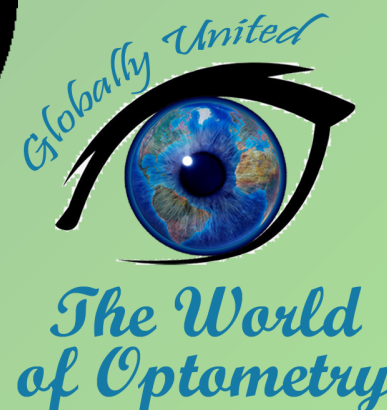
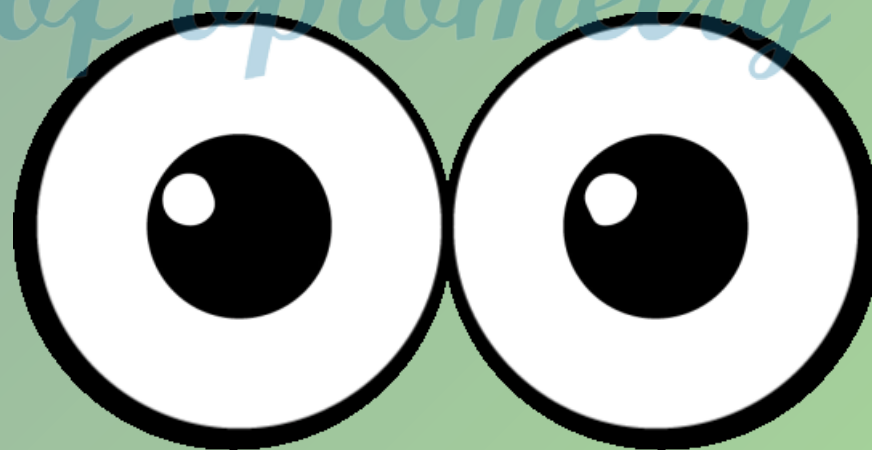


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CLINICAL FEATURES OF TOTAL 3RD NERVE PALSY

- **SYMPTOMS**
- Drooping of eyelid
- Binocular double vision
- Pain (may be present)



SIGNS #TwopDiscussion

- Ptosis
- Abduction of globe
- Intorsion of the globe which increases on attempted down gaze
- Limitation of adduction
- Limitation of elevation
- Limitation of depression
- Dilated pupil with defective accommodation



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DIFFERENTIAL DIAGNOSIS

- Myasthenia gravis
- Thyroid associated orbitopathy
- Chronic progressive external ophthalmoplegia
- Idiopathic orbital inflammatory disease



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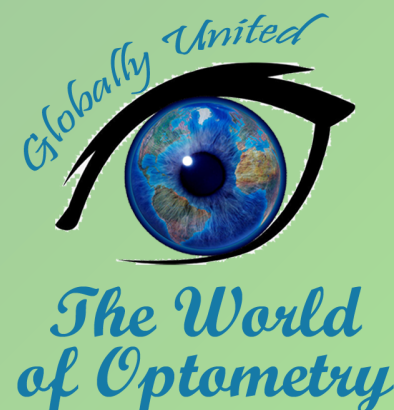
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HISTORY OF PATIENT

- Onset
- Duration
- Diplopia
- Trauma
- Associated systemic disorders

EXAMINATION

- Pupillary reactions
- Motility restrictions
- Ptosis
- Other cranial nerves



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INVESTIGATIONS

- CT or MRI, Cerebral angiography

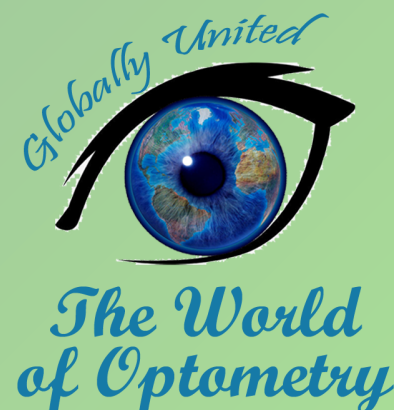
MANAGEMENT

Non-Surgical:

- Treatment of underlying cause
- Diplopia – Occlusion patch or prism in involved eye
- Monitor children for development of amblyopia

Surgical:

- Neurosurgery – Aneurysm or haematoma
- Strabismus or ptosis surgery – Not earlier than 6 months from time of onset



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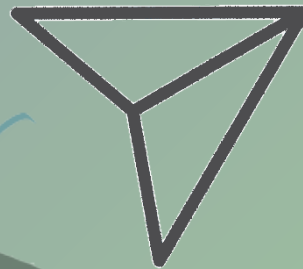
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