Magnetic resonance appearance of recurrent ophthalmoplegic migraine

Aspectos de ressonância magnética na enxaqueca oftalmoplégica recorrente

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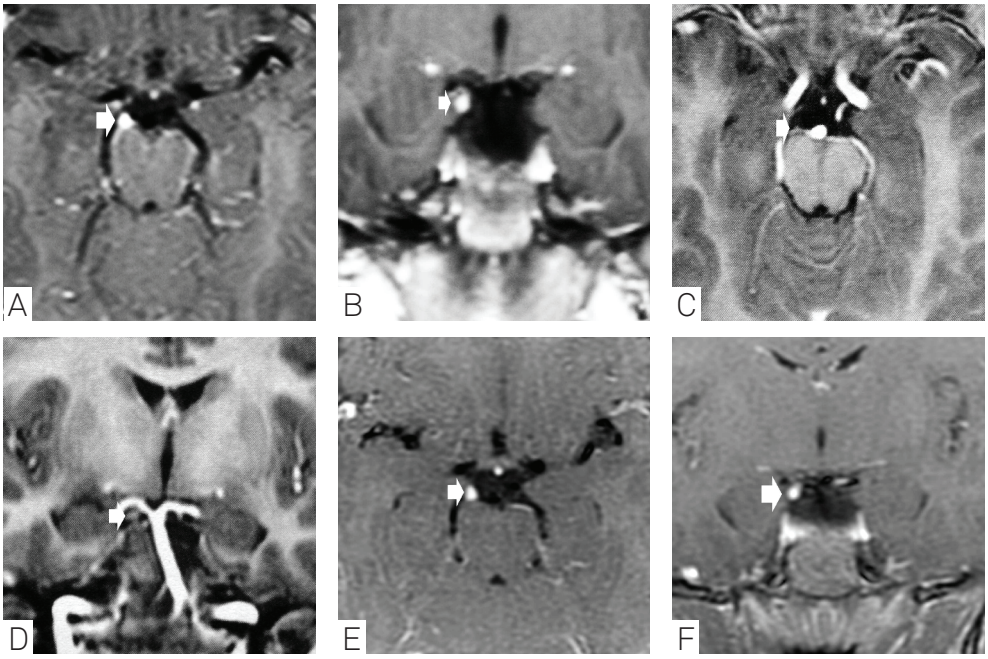

Figure. T1-weighted post-gadolinium axial and coronal images obtained during the initial episode (A-B) displayed typical focal thickening and enhancement of the proximal cisternal segment of the third right cranial nerve (arrows). (C-D) Comparative images taken 3 years later showed persistent focal thickening without evident enhancement (arrows). (E-F) Images obtained during the recurrence also showed thickening and enhancement (arrows).

A 5-year-old boy presented with severe frontal headache followed by right cranial nerve paresis. His previous medical history, blood tests and CSF analysis were unremarkable, and he made a full recovery after 4 weeks. Nevertheless, a similar episode occurred 5 years later. Magnetic resonance imaging follow-up supported diagnosis of recurrent ophthalmoplegic migraine (Figure).

This rare form of migraine, which mainly affects children[1], may present as a triad of symptoms consisting of migraine ophthalmoplegia (nerve palsy) and focal enhancement of an enlarged third cranial nerve at the root exit zone. However, other diagnoses must be ruled out. The controversial pathogenesis of the condition may stem from the reversible breakdown of the blood-brain barrier due to vasospasm during the migraine attack or recurrent demyelinating neuropathy[1,2].

References

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