**In the shadow of Tolosa-Hunt-Syndrome: The realm of orbital pain and ocular palsy**

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**Introduction:**

Tolosa-Hunt Syndrome (THS) stands as a rare and painful condition characterized by unilateral, partial or total ophthalmoplegia.

**Case:**

30-year-old woman presented with a 7-day history of drooping of the right eyelid following intermittent fever, double vision, and headache episodes. The onset of eyelid drooping was gradual, without a discernible pattern of fatiguability. Despite seeking treatment from multiple centers, her condition remained unresolved. She exhibited complete ptosis of the right eye, and had cranial nerve III, IV, and VI palsies without nystagmus or proptosis. Pupils were reactive and equal bilaterally. Infective markers, cerebrospinal fluid (CSF) analysis and autoimmune workups yielded normal results. MRI of brain and orbits revealed increased T2W signal intensity of right optic nerve, thickening, and enhancing right lateral wall of cavernous sinus and enhancement of right orbital apex. She received a daily intravenous dose of methylprednisolone, and upon symptoms improvement, was discharged with oral prednisolone regimen.

**Discussion:**

Tolosa-Hunt syndrome, a rare painful ophthalmoplegia, has an estimated annual incidence of one case per million. It results from idiopathic inflammation in the cavernous sinus affecting cranial nerves III, IV, and VI, often leading to misdiagnosis. This syndrome should be suspected in a patient with unilateral headache, granulomatous inflammation of cavernous sinus or orbit evidenced by MRI or biopsy, and paresis of ipsilateral CN III, IV, and/or CN VI. In severe cases, optic and facial nerves may be involved, risking permanent visual loss if left untreated. The gold standard treatment involves high-dose glucocorticoids followed by tapering doses, and rapid pain resolution confirming the diagnosis. A study from Jeremy et.al, in 2008 showed that diagnostic uncertainty and misdiagnosis occurred in over one-third of all neurological consultations in ED. Misdiagnosis in Emergency Department (ED) could lead to incorrect treatment and worse prognosis for the patient. Efforts to enhance diagnostic accuracy are vital to provide the optimal care to patients with neurological conditions.

**Conclusion:**

Tolos-hunt-syndrome remains an uncommon diagnosis in ED. Educational strategies on the common and uncommon neurological presentations in ED could enhance diagnostic accuracy and lead to improved patient care.

**Keywords:**

Tolosa-hunt-syndrome, orbital pain, ocular palsy