**THE SWEET EYE : A case of Mononeuritis Multiplex**

INTRODUCTION

Mononeuritis multiplex is a rare diabetic neuropathy defined by acute or subacute asymmetric sensorimotor paralysis of 2 or more peripheral nerves. Although Diabetic Mellitus is often included as a cause of mononeuritis multiplex, there are very few case reports in the literature. We present such case that presented at our centre.

CASE DESCRIPTION -:

A 73-Year-old female with underlying Diabetes and Hypertension came with sudden onset of left eyelid drooping, associated with pain and diplopia for the past 5 days. Upon examination BP :201/101 and dextrose was 18mmol/L. Elevated blood sugar level at presentation suggest poor glycemic control. Examination revealed left eye exotropia and hypertrophic complete ptosis. Pupil were equal bilaterally. The conjunctiva was white and not erythematous. Unaided left eye visual acuity 6/18.

Contrast enhanced CT and CT angiography of the brain revealed no focal enhancing parenchymal lesion and cerebral artery aneurysm. Other potential causes include paraneoplastic syndrome, connective tissue and giant cell arteritis was ruled out.Patient was referred to neuro ophthalmology team and diagnosed with complete 3rd nerve palsy (pupil sparing) of the left eye due to mononeuritis multiplex.

Patient was discharged with a follow up to optimize glucose level.

DISCUSSION -:

Mononeuritis multiplex is a rare form of diabetic mononeuropathies. It is characterized by diplopia, complete ptosis and pain. Other common form of diabetic mononeuropathies are due to entrapment and less commonly due to nerve infraction from occlusion of vasa nervosum. Patients respond to strict glucose control and immunosuppressive therapy may be considered in addition to that.The prognosis is favorable even though it may take months or years for the neuropathy to completely resolve.

CONCLUSION -:

Mononeuritis multiplex should be considered in patients presenting with complete ptosis (3rd nerve palsy) associated with pain and diplopia. Equal pupil size points more towards medical rather than surgical cause. Contrast enhanced CT of the brain is necessary to rule out other causes in making this diagnosis. Treatment consist of strict glucose control and medication adherence which can reduce the nerve damage. Follow up to ensure this would facilitate patient’s recovery.