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BILATERAL TOLOSA HUNT

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INTRODUCTION

Tolosa-Hunt Syndrome (THS) is a rare inflammatory condition, with an incidence of 1 case per million people per year, which occurs due to granulomatous inflammation of the cavernous sinus or superior orbital fissure, compressing the lll, lV and Vl nerves and causing intense retro-orbital pain and extraocular muscle paralysis. The bilateral occurrence of this syndrome is even rarer (4-5%), suggesting a more extensive inflammatory process, making cases more complex and complicating diagnosis and treatment.

CASE REPORT

N.A.P.S, female, 36 years old, arrived at the emergency room complaining of frontotemporal headache and nausea for 3 days. Two days ago, there was an increase in bilateral ophthalmic symptoms with progressive worsening: decreased visual acuity, intraocular pain, photophobia, diplopia and sudden strabismus (predominantly on the left). Her past history included hypothyroidism, a skin infection on her feet 2 months ago and an episode of polymyalgia 4 years ago. On the same day, the patient was transferred to the ICU for clinical investigation. After neurological reassessment, both pupils were isochoric and isophotoreagent and a VI nerve palsy was found, paralyzing the lateral rectus muscle on the left (remission of the palsy and strabismus in the right eye). Laboratory tests were requested (blood count, coagulogram, B12 and thyroid hormone dosage); lumbar puncture with cerebrospinal fluid analysis; rheumatology panel and a basic investigation for autoimmune diseases, but all of these were unchanged. For imaging, Magnetic Resonance Imaging and Arterial and Venous Angiography of the Skull were carried out, both without significant alterations. Considering the hypothesis of Tolosa--Hunt Syndrome, therapy with Prednisolone 60mg/day was started on the third day of hospitalization. The patient reported an improvement in all previous symptoms from the start of treatment. Corticotherapy was continued for 5 days in hospital, followed by discharge and slow weaning from outpatient treatment, with complete resolution of the condition.

DISCUSSION

STH is a rare disease of unknown etiology, and is considered a diagnosis of exclusion made on the basis of a suggestive clinical presentation, complementary exams and a dramatic response to corticosteroid therapy. As reported, the patient presented with painful ophthalmoplegia of the sixth cranial nerve. Although the imaging tests did not show the presence of an inflammatory process, no other causes were identified to justify the condition, such as tumors or vascular pathologies. The rapid clinical improvement following the introduction of corticotherapy reinforces the diagnostic hypothesis and confirms the importance of early treatment in preventing further complications. It is worth noting that the patient's previous history suggests a predisposition to inflammatory processes.

CONCLUSION

The complexity of diagnosing Tolosa-Hunt Syndrome is evident, especially in rare bilateral presentations. This case highlights the need for a multidisciplinary approach to ensure effective management, early diagnosis and appropriate treatment.