

## **BENIGN RECURRENT ABDUCENS NERVE PALSY**

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A thirty-six-year-old male presented with a sudden onset of binocular, horizontal diplopia in June 2012. He had experienced similar complaints previously, in 2009, 2010 and June 2011 that were evolved in longer periods from one and a half month to three months respectively.

On admission his blood pressure was 140/90 mmHg and his pulse rate was 88 beats/ minute and regular. On examination, best corrected visual acuity was 6/6 in each eye and colour vision was normal. Pupils were briskly reactive without anisocoria or a relative pupillary defect. Visual fields were full. Facial sensation was intact, and there was mild right ptosis but no proptosis. The patient had an ocular motility disturbance consistent with a right abducens nerve palsy: abduction of the left eye was decreased. There was no history of smoking or previous stroke. Monitoring for rhythm and blood pressure were normal. Routine laboratory investigations including complete blood count, thyroid function tests, rheumatoid factor screen, coagulation profile, erythrocyte sedimentation rate, chest radiography and magnetic resonance imaging of the brain were within normal limits. The right abducens nerve palsy resolved gradually over 4 months. There was no familial history of similar affected family members.

As the patient remained stable during follow-up and the presence of small artery disease (data not shown) together with the acute ischemic stroke, low dose aspirin (100mg/day) was started on the tenth day of the acute event.

Recurrent abducens nerve palsy is a rare condition, described in literature, depending on various etiologies. A patient with no other history of hypertension presented with a sudden onset mild decrease of right eye abduction that rapidly evolved to severe over the next few hours. Neurologic investigations revealed totally normal. Uncontrolled atherosclerotic risk factors such as hypertension seem to be only major risk factor for the presence of ocular motility disturbance in this patient.