

Clinical Image

Aneurysm-Induced Oculomotor Palsy in Neurofibromatosis Type 1

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A 44-year-old woman with café au lait spots on her skin (Figure 1; upper left), who had a history of neurofibromatosis type 1 (NF1) and no history of intracranial lesions, presented with retrobulbar headache associated with left oculomotor palsy (Figure 1), which began 3 days before admission. Magnetic resonance imaging revealed no subarachnoid hemorrhage; however, magnetic resonance angiography revealed a left saccular aneurysm (diameter, 8 mm) projecting inferolaterally, at the junction of the internal carotid artery and posterior communicating artery (Figure 2). Because her painful oculomotor palsy indicated impending aneurysmal rupture, she underwent emergency surgery. The left oculomotor nerve was compressed by the aneurysm dome, and the aneurysm neck was successfully clipped. Her oculomotor palsy disappeared after the surgery.

Besides intracranial tumors such as optic gliomas, an association between NF1 and intracranial aneurysms has recently been suggested

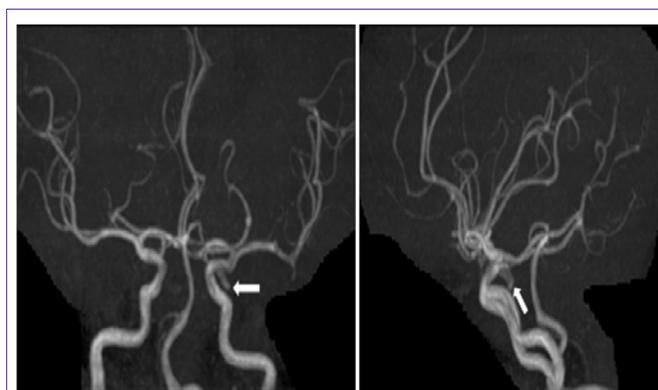


Figure 2; Projecting inferolaterally, at the junction of the internal carotid artery and posterior communicating artery.

[1]. Screening NF1 patients for intracranial aneurysms might be warranted.

Reference

1. Schievink WI, Riedinger M, Maya MM. Frequency of incidental intracranial aneurysms in neurofibromatosis type 1. *Am J Med Genet A.* 2005; 134A: 45-48.



Figure 1: Retrobulbar headache associated with left oculomotor palsy.