A 51-year-old woman presented with acute diplopia. Findings include right ptosis, a dilated, unreactive pupil, and impaired adduction and vertical ductions (figure 1). A skin lesion was noted on the right tip of the nose, residual from a vesicular rash over the right forehead 3 weeks earlier (figure 1). MRI demonstrated enhancement of the cisternal third nerve, obviating the need for angiography (figure 2). The oculomotor palsy resolved within 3 months.

Oculomotor palsy may present weeks after herpes zoster ophthalmicus.1,2 Involvement of the tip of the nose (Hutchinson sign) is a strong predictor of ocular involvement, indicating involvement of the nasociliary branch of V1, which also innervates ocular structures.
Teaching NeuroImages: Herpes zoster ophthalmicus–related oculomotor palsy accompanied by Hutchinson sign
Gayatri S. Reilly and Robert K. Shin

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