

Post Covid-19 Total 3<sup>rd</sup> Nerve Palsy in a 71 Year Old Patient**Belmajdoub Oumaima\***

Department of Orthoptic, Cabinet D'orthoie Belmajdoub Oumaima Rabat, Morocco

**\*Corresponding Author:** Belmajdoub Oumaima, Department of Orthoptic, Cabinet D'orthoie Belmajdoub Oumaima Rabat, Morocco.

**Received:** August 18, 2021

**Published:** September 09, 2021

© All rights are reserved by **Belmajdoub Oumaima.**

On 10<sup>th</sup> August 2021, I received a 71 year old patient with total right eye ptosis and a binocular diplopia reported exactly 4 days after recovering from Covid-19.

For the record, the patient has been on treatment for years because of diabetes and high blood pressure, and is vaccinated with the two doses of Astra-Zeneca and was taking corticosteroids for 12 days, as well as paracetamol, antibiotic and vitamin C against Covid-19.

Two days before he showed up for an Orthoptic consultation, he saw his Ophthalmologist with a sudden binocular diplopia, right eye ptosis, dizziness and a headache, as well as a sensation of stretching in the eye muscles.

The Ophthalmologic examination was practically unremarkable with an old ametropia corrected by progressive glasses. An MRI and a complete neurologic examination were also normal.

After all the complementary examinations were negative, the patient was referred to me for an Orthoptic check up and a Lancaster exam.

The Orthoptic report of the oculomotor palsy consists of a complete examination, looking for the binocular vision disorder linked to diplopia and the sudden ptosis that appeared right after the recovery from Covid-19.

The sensorimotor examination revealed an ametropia, a negative near point of convergence (NPC), an impossible convergence

reflex, a positive depth perception, a crossed horizontal diplopia with a small verticality with the red filter, in both near and far vision.

The optomotor examination shows an alternating hypertropia associated with a slight exotropia of 6 prismatic diopters in near and far vision with a dominance of the left eye.

The Lancaster shows a limitation of adduction, abduction and right elevation.

An important abducens hyperaction with a slight medial restriction of the left eye.

The Lancaster reveals a complete 3<sup>rd</sup> nerve palsy of the right eye which is purely an evidence of the right eye impairment.

A total right 3<sup>rd</sup> nerve palsy was revealed following the Orthoptic assessment of the oculomotor palsy.

As a management of this patient, an Endocrinologist's opinion is desirable and an eye patch on the right eye has been proposed for the treatment of diplopia and minimization of visual discomfort.

The question is, could oculomotor palsy or myasthenia be a sequel of Covid-19? Is it a coincidence? and what are the additional complementary examinations that should be taken into consideration to further this study?

**Volume 4 Issue 10 October 2021**

© All rights are reserved by **Belmajdoub Oumaima.**