

Case	(128) Acute trochleitis, a inhatibual diagnosis in radiology services.
Authors	A. Cuélliga-gonzález, F. Barqueros-escuer, G. Litrán-lópez, J. Felices-farias, M. Santa-olalla-gonzález, A. Castillo-garcía.
Centre	Hospital Virgen De La Arrixaca.

CASE PRESENTATION

A 56-year-old woman came to our emergency department referred from ophthalmology for acute pain due to supraadduction of the left eyeball.

DISCUSSION

Acute trochleitis is an unusual consultation in radiology services because its diagnosis use to be clinical. It consist of pain in the superonasal orbital angle, which is typically exacerbated by vertical eye movements, mainly supraduction, the field of relaxation of the superior oblique muscle. It is more frequent during the pediatric age.

The case that concerns us is of sudden onset in adult woman, so it was referred to our emergency department to rule out other acute intraorbital pathology causes, as nontraumatic carotocavernous fistula or an orbital cellulitis.

We decided to perform an ultrasound instead of a orbit CT. In the orbit ultrasound we can appreciate edema in the region of the trochlea not present on the contralateral side; this finding is very specific, because only uniform echogenicity of the intraorbital fat is found in non-pathologic patients. An increase in Doppler flow is not usually found.

Trochleitis was recently described as a cause of chronic headache type, so it is an emerging pathology and whose requests can increase significantly in radiodiagnosis services over the next few years, knowledge of sonographic findings can avoid performing CT to these patients

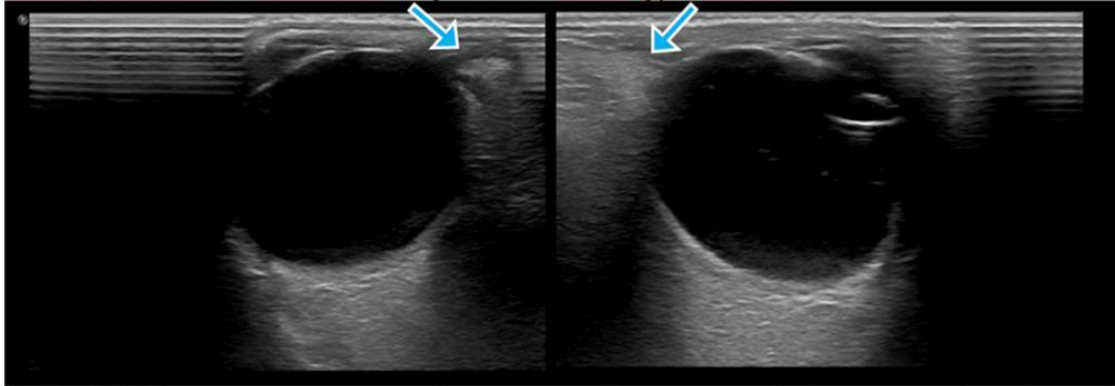
CONCLUSION

Acute trochleitis an unusual reason for consultation so far in the radiology services.

The adequate knowledge of the ultrasound technique makes it possible to diagnose, usually avoiding the cranial radiation that involves performing a CT in the detection of secondary causes of headache and acute intraorbital pathology.

Its association with a type of headache will probably turn it into an emerging pathology referred to radiologists during the next few years.

Acute trochleitis, a inhatibual diagnosis in radiology services.



On the left side we can appreciate a hyperechogenic structure, which corresponds to the trochlea, surrounded by a hypoechoic halo, in relation to the edema indicative of inflammation. Only the orbital fat is found in the same region of the contralateral eye.

BIBLIOGRAPHY

- Zaragoza P, Gómez T, Gómez , Zaragoza P. Bilateral idiopathic trochleitis as a cause of frontal cephalalgia. Headache. 2009;49:476–477.
- Jarrín E, García A, Hurtado FJ, Rodríguez JM. Clinical characteristics, treatment, and outcome of trochleitis. Strabismus; 25:1-4.