

Abducens nerve palsy treatment

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The management of ocular CN palsies depends on the ocular CN involved and its etiology. Contrast-enhanced MRI brain and orbits must be done in all cases.

Treatment must be directed toward the management of risk factors like diabetes, hypertension, and dyslipidemia. Ischemic craniopathy resolves spontaneously in 6–12 weeks ^{1) 2)}.

Steroids are the mainstay of treatment in inflammatory diseases, like THS, IgG4RD, ANCA vasculitis, and sarcoidosis along with other immunomodulatory drugs. They are also used in infective causes like TB meningitis to reduce leptomeningeal inflammation and reduction of exudates entrapping CNs ³⁾

Surgery without muscle [transposition](#)

With muscle transposition.

Botulinum toxin injections.

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Jung JS, Kim DH. Risk factors and prognosis of isolated ischemic third, fourth, or sixth cranial nerve palsies in the Korean population. J Neuroophthalmol. 2015;35:37–40.

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Teuscher AU, Meienberg O. Ischaemic oculomotor nerve palsy. Clinical features and vascular risk factors in 23 patients. J Neurol. 1985;232:144–9.

³⁾

Sadagopan KA, Wasserman BN. Managing the patient with oculomotor nerve palsy. Curr Opin Ophthalmol. 2013 Sep;24(5):438–47. doi: 10.1097/ICU.0b013e3283645a9b. PMID: 23872817.

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