Orbital apex syndrome

Orbital apex syndrome, also known as Jacod syndrome, is a collection of cranial nerve deficits associated with a mass lesion near the apex of the orbit of the eye. This syndrome is a separate entity from Rochon–Duvigneaud syndrome, which occurs due to a lesion immediately anterior to the orbital apex.

The most common finding is oculomotor nerve dysfunction leading to ophthalmoplegia. This is often accompanied by ophthalmic nerve dysfunction, leading to hypoesthesia of the upper face. The optic nerve may eventually be involved, with resulting visual impairment.

Orbital apex syndrome (OAS) is a rare ocular complication following craniomaxillofacial trauma. This traumatic syndrome is a combination of features seen in both superior orbital fissure syndrome and traumatic orbital neuropathy due to nerve impingement. Due in part to the rarity of this disorder, the optimal treatment of traumatic OAS has yet to be determined. We present a case in which traumatic OAS was caused by direct compression due to a displaced fracture segment from the superior orbit. The patient was successfully treated with a combination of emergent decompression and urgent reconstruction suggesting that this may be an effective strategy in OAS resulting from direct nerve compression as a result of craniomaxillofacial fracture [1].

1)
Shokri T, Zacharia BE, Lighthall JG. Traumatic Orbital Apex Syndrome: An Uncommon Sequela of Facial Trauma. Ear Nose Throat J. 2019 Jul 2:145561319860526. doi: 10.1177/0145561319860526. [Epub ahead of print] PubMed PMID: 31266402.