

Convergence Spasm: The Importance of Infrared Videotaping

Kazuto Tsukita, Haruhi Sakamaki-Tsukita and Toshihiko Suenaga

Key words: Infrared videotaping, convergence spasm, sixth nerve palsy

(Intern Med 56: 883, 2017)

(DOI: 10.2169/internalmedicine.56.7994)



Picture.

A 49-year-old man presented to the Emergency Department with acute onset of painless diplopia that had manifested the day before. Upon a brief examination, bilateral weakness of abduction of the eyes was noted, and bilateral sixth nerve palsy was suspected. He was immediately investigated for central nervous system pathology. However, brain contrast-enhanced magnetic resonance imaging, computed tomography, and cerebrospinal fluid examination findings were all normal. On a careful examination using infrared videotaping, his pupils apparently constricted on abduction (Picture). Therefore, a diagnosis of convergence spasm (CS) was made. Reassuring the patient was sufficient to completely resolve the symptoms within a month. CS is characterized by an inappropriate appearance of the near triad, comprising convergence, miosis, and accommodation. The cause is mostly psychiatric; therefore, diagnosing CS properly is important (1). The observation of miosis during at-

tempted abduction is the most reliable sign at bedside; however, in many cases, it is very difficult to make a diagnosis without infrared videotaping (2).

The authors state that they have no Conflict of Interest (COI).

References

1. Goldstein JH, Schneekloth BB. Spasm of the near reflex: a spectrum of anomalies. *Surv Ophthalmol* **40**: 269-278, 1996.
2. Newby RE, Lewis M. Convergence spasm: a novel diagnostic tool. *J Neurol Neurosurg Psychiatry* **83**: A27, 2012.

The Internal Medicine is an Open Access article distributed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view the details of this license, please visit (<https://creativecommons.org/licenses/by-nc-nd/4.0/>).