

## **Abstract**

### **Introduction**

Prostate carcinoma presenting as isolated abducens nerve palsy due to bone metastasis is rare. We report a patient with disseminated prostate malignancy presenting with isolated 6<sup>th</sup> cranial nerve palsy secondary to bone metastasis.

### **Case**

A 56-year-old Sri Lankan man with a background history of hypertension and dyslipidemia presented with acute onset double vision when looking to the right side for 2 days duration. On examination there was right sided isolated 6<sup>th</sup> cranial nerve palsy without papilloedema, neck stiffness, proptosis, or chemosis. There were no long tract signs. He had grade 1 hypertensive retinopathy, however blood pressure was under control. Non-Contrast computerized tomography (NCCT) of the brain was normal. He was evaluated for multiple myeloma due to anemia, high erythrocyte sedimentation rate (ESR), and elevated globulin. Bone marrow aspirate showed evidence of secondary deposits of adenocarcinoma. Further imaging studies revealed enlarged prostate with lung metastasis and multiple bone metastases in the skull base and vertebrae. He also had high Prostate specific antigen (PSA). Biopsy of the prostate was confirmatory of prostate adenocarcinoma concluding the diagnosis of disseminated prostate malignancy with secondary deposits in petrous temporal bone causing isolate 6<sup>th</sup> cranial nerve palsy and lung metastasis.

### **Conclusion**

Disseminated prostate malignancy with bone deposits in the skull base needs to be considered in elderly patients with isolated 6<sup>th</sup> cranial nerve palsy.