Recurrent attacks of vertigo with monocular oscillopsia

Figure Constructive interference in steady-state imaging (A) and MR angiography (B) of the patient in the video

Neurovascular cross-compression between the trochlear nerve (1, yellow dotted lines) and the right superior cerebellar artery (2, white solid lines). 2' left superior cerebellar artery, 3 superior medullary velum, 4/4' right/left posterior cerebral artery, 5 basilar artery.

A 44-year-old woman presented with a 1-year history of recurrent attacks of vertigo lasting several seconds, associated only with oscillopsia. The attacks subsided when she closed her right eye. General clinical and neurologic examinations were normal. The neuro-ophthalmologic investigation showed torsional nystagmus of the right eye with an upward component. An MRI scan (constructive interference in steady-state imaging) showed neurovascular cross-compression between a branch of the superior cerebellar artery and the right trochlear nerve at its root exit zone (figure). The patient was diagnosed with superior oblique myokymia and treated with oxcarbazepine 300 mg BID. At a follow-up visit she was symptom-free.

Supplemental data at
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