Teaching NeuroImages:

Dorsal midbrain (Parinaud) syndrome with corectopia

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Figure 1 Parinaud syndrome with corectopia

Bilateral upgaze palsy as a sign of Parinaud syndrome (A). Corectopia (ectopia pupillae) due to dorsal midbrain compression (B, C).²

A 13-year-old boy presented with emesis, blurred vision, headache, and vertigo. He showed signs of a dorsal midbrain (Parinaud) syndrome (supranuclear upgaze palsy, convergence retraction nystagmus, Collier sign [lid retraction], pupillary light-near-dissociation)¹ and eccentric displacement of the pupils (corectopia; figure 1 and figure e-1 on the *Neurology*[®] Web site at www.neurology.org). Fundi and visual acuity were

Figure 2 Germ cell tumor in the pineal region

unremarkable. Further investigations revealed a germ cell tumor in the pineal region (figure 2). All neuro-ophthalmologic signs resolved under therapy. As in our case, Parinaud syndrome can be accompanied by corectopia, which is considered to be due to unequal inhibition of portions of the Edinger-Westphal nuclei leading to segmental relaxation in the iris sphincters.²

AUTHOR CONTRIBUTIONS

Dr. Lindbauer: drafting of the manuscript. Dr. Strenger: concept of the manuscript, revising of the manuscript. Dr. Urban: revising of the manuscript.

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Supplemental data at
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