Ping-pong gaze in hemifield may indicate bilateral asymmetrical hemispheric lesions

S.-H. Ahn, MD; K.-D. Choi, MD; J.S. Kim, MD; K.-P. Park, MD; H.-J. Kim, MD; and D.S. Jung, MD, Busan (S.-H.A., K.-D.C., K.-P.P., H.-J.K., D.S.J.) and Seoul (J.S.K.), Korea

A 65-year-old man was found unresponsive at home. Initially, he showed ping-pong gaze only in the right hemifield, which subsequently involved the whole field 2 days later (see video). Other findings included esotropia and bilaterally positive Babinski sign. Diffusion-weighted MRI demonstrated acute infarctions in the right medial frontal and left fronto-temporo-parietal lobes (figure). During the progression of brain herniation, ping-pong gaze changed to fixed gaze deviation to the left, and then to fixed gaze in the midline. Ping-pong gaze in hemifield may result from asymmetric disruption of the cortical inhibitory pathways to the brainstem due to bilateral asymmetric hemispheric lesions.1,2

Copyright © 2007 by AAN Enterprises, Inc.

Disclosure: The authors report no conflicts of interest.

Address correspondence and reprint requests to Dr. Kwang-Dong Choi, Department of Neurology, College of Medicine, Pusan National University, 1-10 Ami-dong, Seo-gu, Busan, 602-739, Korea; e-mail: kdchoi@medimail.co.kr

Figure. Diffusion-weighted MRI demonstrates acute infarctions in the right medial frontal and left fronto-temporo-parietal lobes.
Ping-pong gaze in hemifield may indicate bilateral asymmetrical hemispheric lesions


Neurology 2007;68:E8
DOI 10.1212/01.wnl.0000256345.01907.09

This information is current as of February 26, 2007