

Teaching NeuroImages:

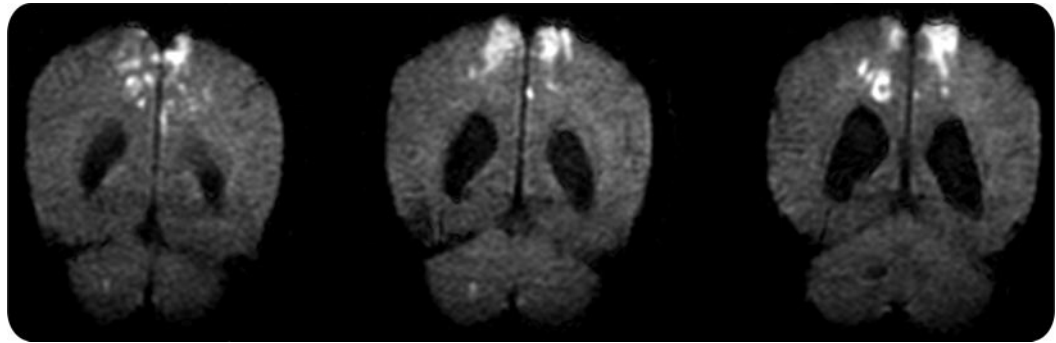
Acute tetraparesis

Mind the brain

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Figure Diffusion-weighted coronal MRI showing bilateral hyperintense parasagittal lesions



A 65-year-old woman presented with acute tetraparesis. Neurologic examination showed severe leg paresis and mild proximal arm weakness, bilateral extensor plantar responses, hyperreflexia, and abulia. Brain MRI showed bilateral anterior cerebral artery (ACA) territory infarctions (figure). On evaluation, she had patent foramen ovale, deep venous thrombosis, and bilateral moderate carotid artery disease. Bilateral ACA infarctions occur with simultaneous cardiac emboli to both ACAs or by a single azygous ACA supplying both hemispheres, and can result in acute paraparesis or tetraparesis and neuropsychological alterations due to frontal lobe damage.^{1,2}

Although paraparesis and tetraparesis may initially suggest spinal cord involvement, bilateral frontal processes should be considered.

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