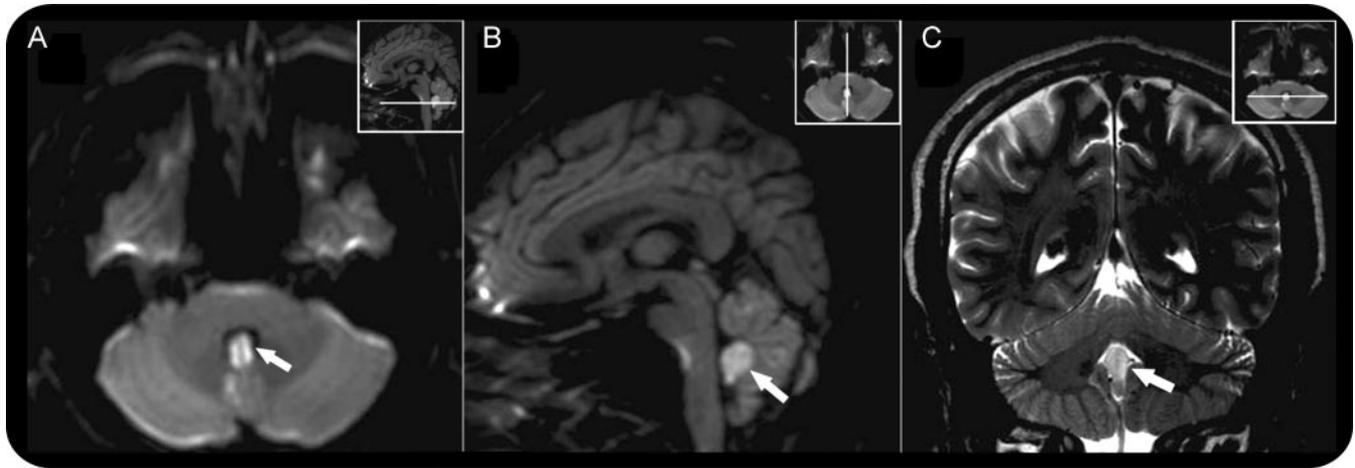


Ageotropic central positional nystagmus in nodular infarction



Figure Diffusion-weighted axial (A) and sagittal (B) and T2-weighted coronal (C) MRI disclose isolated nodular infarction (arrow). The inset indicates the imaging plane of the corresponding image



A 36-year-old man with a history of hypertension and atrial fibrillation presented with acute vertigo and imbalance. Neurologic examination revealed ataxic gait and ageotropic positional nystagmus during head-turning while supine (video on the *Neurology*[®] Web site at www.neurology.org). Other findings of the neurologic examination were normal. MRI showed bilateral nodular infarction (figure).

Central positional nystagmus mostly develops in lesions involving the brainstem or cerebellum.¹ Isolated nodular infarction may show spontaneous horizontal, periodic alternating, post-head-shaking, and positional nystagmus in addition to imbalance.² Ageotropic central positional nystagmus may be a manifestation of nodular infarction and should be differentiated from benign positional vertigo involving the horizontal semicircular canal.²

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Supplemental data at
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