Ipsilateral lingual paresis due to pontine infarct

A 47-year-old hypertensive man developed dysarthria suddenly. Examination revealed left hemiparesis and right hypoglossal nerve paresis without lingual atrophy or fasciculations (figure, A). A tongue EMG was normal. Brain MRI displayed an acute infarct in the right rostral pons (figure, B and C). The motor topography in the basis pontis is consistent with the rostral and medial localization of articulation.\(^1\) Cortico-hypoglossal projections usually cross at the pontomedullary junction whereas the uncrossed projections pass laterally in the basis pontis.\(^2\) Damage to those uncrossed fibers may cause ipsilateral supranuclear lingual paresis. The present radiologic findings support the possibility of aberrant cortico-hypoglossal projections.

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