An 80-year-old woman with a history of hypertension and deep vein thrombosis, who was taking warfarin, presented with sudden-onset coma. Examination was remarkable for wall-eyed bilateral internuclear ophthalmoplegia, small minimally reactive pupils, and spontaneous flexor posturing of the arms. These findings localized to the midbrain and suggested the presence of acute hydrocephalus with compression of the periaqueductal structures of the rostral mesencephalon.1

The findings and initial imaging (figure 1) were consistent with pineal apoplexy.2 After ventriculostomy placement, coagulopathy reversal, and control of blood pressure, the patient made a complete recovery with normal cognition, eye movements, and motor function at discharge (figure 2).

AUTHOR CONTRIBUTIONS
Drs. Westwood, Burns, and Kase had full access to all of the data in the manuscript and take responsibility for the integrity of the data and the accuracy of the data analysis. Concept and design: Westwood, Kase, and Burns. Acquisition of data: Westwood and Kase. Analysis and interpretation of data: Westwood, Burns, and Kase. Drafting of the manuscript: Westwood. Critical revision of the manuscript for important intellectual content: Burns and Kase. Supervision: Kase and Burns.

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Teaching NeuroImages: Isolated pineal hemorrhage

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