Teaching NeuroImages: Acute infarction of the left medial lemniscus masquerading as a peripheral neuropathy

A 58-year-old woman with hypertension and bilateral carpal tunnel syndrome presented with acute paresthesias in her right hand and foot. She had decreased sensation to vibration and pinprick in a right-sided stocking-glove distribution. MRI of the pons confirmed an acute infarction of a paramedian branch of the basilar artery in the left medial lemniscus (figure). In the posterior column pathway, sensory projections from the face, arm, and leg are somatotopically arranged medially to laterally within the medial lemniscus.1,2 Although strokes classically present with numbness, both thalamic and medial lemniscal infarcts can explain acute hemidysesthesias.

AUTHOR CONTRIBUTIONS
Dr. Aamodt: study concept and design, drafting and revising manuscript, analysis or interpretation of data. Dr. Siegler: study concept and design, study supervision or coordination.

STUDY FUNDING
No targeted funding reported.

DISCLOSURE
W. Aamodt reports no disclosures relevant to the manuscript. J. Sieger is a member of the Neurology Resident & Fellow Section team and has received royalties for the production of an educational neurology podcast. L. Elman reports no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

REFERENCES
Teaching NeuroImages: Acute infarction of the left medial lemniscus masquerading as a peripheral neuropathy
Whitley W. Aamodt, James E. Siegler and Lauren Elman
Neurology 2017;88:e178
DOI 10.1212/WNL.0000000000003873

This information is current as of April 24, 2017