

Teaching NeuroImages: Godtfredsen syndrome due to retroclival subdural hematoma

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Figure 1 Left 6th and 12th nerve palsies



On looking to the left, there is impaired abduction of the left eye (left 6th nerve palsy) and deviation of the tongue to left side (left 12th nerve palsy).

A 30-year-old woman presented with sudden onset headache of 2 days duration. She was on warfarin 7.5 mg once a day owing to prosthetic heart valves (international normalized ratio of 3.5).

The patient had isolated bilateral 6th and left 12th cranial nerve palsies (figure 1) with sparing of the 5th nerve.

Imaging showed a retroclival subdural hematoma extending from the posterior clinoid processes to the body of C2 vertebra, with compression of the brainstem (figure 2).

The unique combination of 6th and 12th nerve palsies helps to localize the lesion to the clivus¹ (Godtfredsen² syndrome or clival syndrome).

Of note, Godtfredsen² had attributed the 6th nerve palsy to invasion of the cavernous sinus by nasopharyngeal carcinoma and the 12th nerve palsy to retropharyngeal lymph node metastasis.

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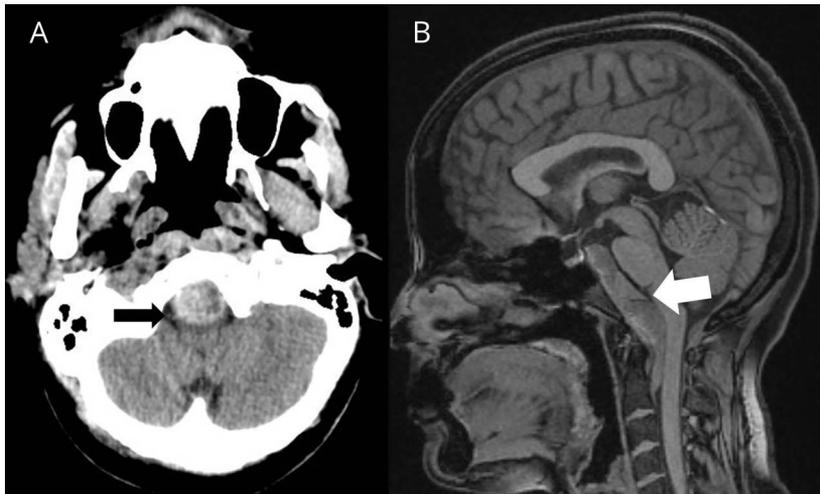
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Figure 2 Retroclival subdural hematoma



CT brain (A) shows retroclival hematoma (black arrow) and MRI (B) shows the hematoma in the subdural space (white arrow) extending to the body of C2 vertebra.

Author contributions

S. Deepak. Amalnath did the study concept and design, acquisition of data analysis and interpretation of data.

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Disclosure

S.D. Amalnath reports no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.

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