Teaching NeuroImages: Adolescent Wallenberg syndrome with overlooked signs

Ipsipulsion and ipsilateral facial palsy

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Figure 1 MRI findings

White arrow denotes wedge-shaped focus of restricted diffusion in right dorsal lateral medulla.

A 14-year-old boy presented with vomiting, slurred speech, and leaning rightward. Examination showed dysarthria, right-sided miosis, ptosis, and gaze preference, decreased sensation over the right V2/V3 region and left shin, right lower facial palsy, rightward tongue deviation, and right-sided dysmetria. Neuroimaging revealed brainstem stroke with vertebral artery dissection (figures 1 and 2). The patient's gaze preference exemplifies ipsipulsion, an often forgotten sign of lateral medullary syndrome resulting from damage to contralateral olivocerebellar pathways that decussate in the medulla.¹ His ipsilateral facial weakness is due to facial nerve fibers that loop caudally into the medulla and exit at the pontomedullary junction.²

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Figure 2 Time-of-flight magnetic resonance angiogram

Author contributions

Dr. Kornbluh: review of case history and EMR documentation, primary research into the literature, choosing appropriate images for figures, primary manuscript author. Dr. Twanow: critical revision of the manuscript for intellectual content, participation in choosing figure images, manuscript supervision.

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