A 73-year-old woman presented with acute impaired eye movements with preserved left eye abduction, right peripheral facial weakness (video 1), and left hemiparesis/hemihypesthesia. These deficits localized to the right pontine tegmentum involving the medial longitudinal fasciculus, facial nerve, abducens nucleus, medial lemniscus, and corticospinal tracts, as shown in figure 1. After tissue plasminogen activator, her left hemiparesis and hemihypesthesia resolved. Rosini et al. first described these deficits as 9 syndrome (7th nerve + 1.5 syndrome + 0.5 hemiparesis/hypesthesia = 9). Classically, 1-and-a-half syndrome consists of intranuclear ophthalmoplegia and conjugate horizontal gaze palsy; preserved abduction will be present in the contralateral eye. Our patient’s right eye adduction was paretic and not plegic. Our patient was left with an “8-and-a-half syndrome” (figure 2). Infarct, hemorrhage, vasculitis, and demyelination are etiologies of 8-and-a-half syndromes reported in the literature.
References


Appendix Authors

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dennis Cole, MD</td>
<td>University of Virginia, Charlottesville</td>
<td>Acquisition of data, preparation of figures, literature review, manuscript drafting</td>
</tr>
<tr>
<td>Robert Wiggins, MD</td>
<td>University of Virginia, Charlottesville</td>
<td>Acquisition of data, manuscript drafting</td>
</tr>
<tr>
<td>Joseph Carrera, MD</td>
<td>University of Virginia, Charlottesville</td>
<td>Interpreted data, revised manuscript for intellectual content</td>
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<tr>
<td>Bradford Worrall, MD</td>
<td>University of Virginia, Charlottesville</td>
<td>Interpreted data, revised manuscript for intellectual content</td>
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Figure 2 Gaze Palsy

Demonstration of left eye exotropia at rest (A), along with impaired right eye adduction (B), loss of right eye abduction, and loss of left eye adduction (C) consistent with a 1-and-a-half phenomenon.
Teaching Video NeuroImages: From 9 to 8-and-a-Half Syndrome After tPA: The Rebirth of Fellini


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