Teaching Video NeurolImages: Almost No Eye Movements to the Left

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Neurology® 2021;96:e2353-e2354. doi:10.1212/WNL.0000000000011234

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Figure MRI of the Pons

T2-weighted MRI in axial view; white arrow shows pontine cavernoma at the level of the abducens nuclei.

A 31-year-old patient had acute dizziness and lateropulsion to the right. Neuro-ophthalmologic examination revealed (1) a saccade and gaze palsy to the left (video 1, part A), (2) a “half-pathologic” head-impulse test to the right (video 1, part B), but (3) bilaterally normal adduction during convergence reaction (video 1, part C), findings typical for a left abducens nuclear palsy. It was caused by a histologically proven cavernoma in the tegmentum pontis (figure). To differentiate an abducens nuclear palsy from a combined lateral and contralateral medial rectus muscle palsy, one must test the convergence reaction, which goes via direct pathways to the oculomotor nucleus.¹

Study Funding

No targeted funding reported.

Disclosure

M. Strupp is Joint Chief Editor of the *Journal of Neurology*, Editor in Chief of *Frontiers of Neuro-otology*, and Section Editor of *F1000*; has received speaker's honoraria from Abbott, Actelion, Auris Medical, Biogen, Eisai, Grünenthal, GSK, Henning Pharma, Interacoustics,

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Go to Neurology.org/N for full disclosures. Funding information and disclosures deemed relevant by the authors, if any, are provided at the end of the article.

Merck, MSD, Otometrics, Pierre-Fabre, TEVA, and UCB; is a shareholder of IntraBio; acts as a consultant for Abbott, Actelion, Auris Medical, Heel, IntraBio, and Sensorion; and is the distributor of M-glasses. Go to Neurology.org/N for full disclosures.

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Name	Location	Contribution
Michael Strupp, MD	Department of Neurology and German Center for Vertigo and Balance Disorders (DSGZ), Ludwig-Maximilians University, Munich, Campus Grosshadern, Germany	Observation, conception, recruitment and examination of the patient, interpretation of the data, drafting the manuscript

Appendix *(continued)*

Name	Location	Contribution
Claudia Frenzel	Department of Neurology Ludwig-Maximilians University, Munich, Campus Grosshadern, Germany	Neuro-ophthalmologic examination of the patient, interpretation of the data, drafting the manuscript
Jun Thorsteinsdottir, MD	Department of Neurosurgery, Ludwig-Maximilians University, Munich, Campus Grosshadern, Germany	Observation, conception, recruitment and examination of the patient, interpretation of the data, surgery of the patient, drafting the manuscript

Reference

1. Leigh RJ, Zee D. The Neurology of Eye Movements, 5th ed. Oxford: Oxford University Press; 2015.

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Neurology 2021;96:e2353-e2354 Published Online before print November 18, 2020
DOI 10.1212/WNL.0000000000011234

This information is current as of November 18, 2020

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