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

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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,
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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### Reference

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