A 43-year-old man presented with left carotid dissection. Examination showed left-sided Horner, left facial weakness, and left pronator drift. MRI brain showed a small left frontal infarct (figure 1), with no other areas of infarction and nondecussating corticospinal tracts on diffusion tensor imaging (figure 2).
Several congenital syndromes are associated with non-decussating tracts and mirror movements. The prevalence of nondecussating corticospinal tracts in the general population is unknown. Ipsilateral hemiparesis is also reported with previous contralateral infarcts possibly from the disruption of compensating normal uncrossed corticospinal fibres. This patient has no baseline impairment and demonstrates non-decussating tracts as an anatomical variant.

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The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.

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**Appendix Authors**

<table>
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<tbody>
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</tbody>
</table>

**References**


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**Coronal reformatted diffusion tensor imaging showing nondecussation of white matter tracts in the caudal medulla (panel A) compared with normal control (panel B, arrow showing decussation).**
Teaching NeuroImages: Stroke With Nondecussating Corticospinal Tracts Causing Ipsilateral Weakness: Straight Forward
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