Internal Capsule Infarction Showing Leg Monoparesis

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A 65-year-old woman presented with an abrupt fall to the left. She had no obvious weakness, deficit in proprioception, cerebellar ataxia, or vertigo. Brain magnetic resonance imaging revealed a lacunar infarction at the most posterior part of the right posterior limb of the internal capsule (PLIC) (Picture 1). Increased left patellar tendon reflex at the chronic stage indicated subtle involvement of the corticospinal tract. The corticospinal tract in the PLIC is located more posteriorly (1) than previously considered (2). Schneider and Gautier reported that the more posterior the lesion in the PLIC, the higher the probability that the patient will develop a leg-predominant paresis (3). Their observation and the present case support the somatotopy of the pyramidal tract in the PLIC mapped by Bertrand (1). Although leg monoparesis accounts for only 4% of stroke patients (3) and usually results from paracentral lobule lesions, the most posterior part of PLIC can be the site of the lesion.

References