Pure Isolated Internuclear Ophthalmoplegia

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Picture

Pure isolated internuclear ophthalmoplegia from ischemic origin is rare (1). A 76-year-old man with severe aortic stenosis was admitted to our hospital because of sudden onset of horizontal diplopia. His neurological examination was unremarkable except for adductor paresis of the left eye, and unilateral nystagmus of the right eye toward the lateral gaze. His diplopia gradually ameliorated. Serial brain magnetic resonance imaging (MRI) of our patient on day 2 was unable to show specific lesions (Picture, left panel), while brain MRIs on day 4 clearly revealed a lesion (arrow) around the left medial longitudinal fasciculus (MLF) at the dorsal upper pons (right panel) by diffusion imaging. This time course is in accordance with the fact that diffusion imaging in acute infra-tentorial infarcts may have a peak on

day 3 or later, in contrast with the fact that diffusion imaging in acute supra-tentorial infarcts has a peak on days 1 and 2 (2).

The authors state that they have no Conflict of Interest (COI).

References

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