WEMINO Syndrome with Skew Deviation and Facial Palsy

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Picture 1.

Picture 2.

A 79-year-old man with diabetes mellitus abruptly developed concomitant skew deviation (SD) with left-sided hypertropia and normal ocular torsion, and wall-eyed monocular internuclear ophthalmoplegia syndrome (WEMINO), consisting of severe restriction of adduction and convergence, and exotropia in the left eye (Picture 1). Furthermore,

left-sided peripheral facial palsy was observed. Diffusion-weighted magnetic resonance imaging demonstrated left-sided paramedian pontine tegmentum infarction (Picture 2, arrow), which can involve the medial longitudinal fasciculus (MLF) and the facial nerve. By administration of an anti-platelet agent, these symptoms were resolved within 2 weeks.

WEMINO is defined as unilateral internuclear ophthalmoplegia (INO) with ipsilateral exotropia, and its precise etiology remains unclear (1). SD is frequently associated with INO, because damage to vestibulo-ocular fibers in MLF can cause SD (2). However, to date there has been only one reported case of WEMINO with SD, which was caused by unilateral MLF infarction (1). Here, we emphasize that WEMINO with SD is a useful sign of unilateral MLF involvement.

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

References

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