Stroke Presenting with Monoparesis in the Lower Limb

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An 81-year-old hypertensive man suddenly developed gait disturbance. Neurologic examination revealed monoparesis; Barre’s and Mingazzini’s signs were present in the lower right limb, and he was unstable when standing on his right foot. There was no weakness in flexion or dorsiflexion of the right ankle. Sensory loss was unremarkable. His proximal weakness was compatible with pyramidal weakness; tendon reflexes were preserved, an extensor response was observed on the right with Babinski’s test, and the hamstrings were weaker than the quadriceps. Diffusion-weighted MRI of the brain disclosed a small cortical lesion in the left paracentral lobule (Picture 1). Cardiovascular examinations revealed atherosclerosis in the left internal carotid artery as a possible cause of the stroke (arrow in Picture 2, an ultrasonic sonogram image). X-ray radiography of the lumbar spine ruled out radiculopathy. MRI is indispensable to detect small cortical lesions in patients presenting with focal motor or sensory symptoms in the unilateral lower limb, as seen in the present case (1, 2).

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References


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