

[PICTURES IN CLINICAL MEDICINE]

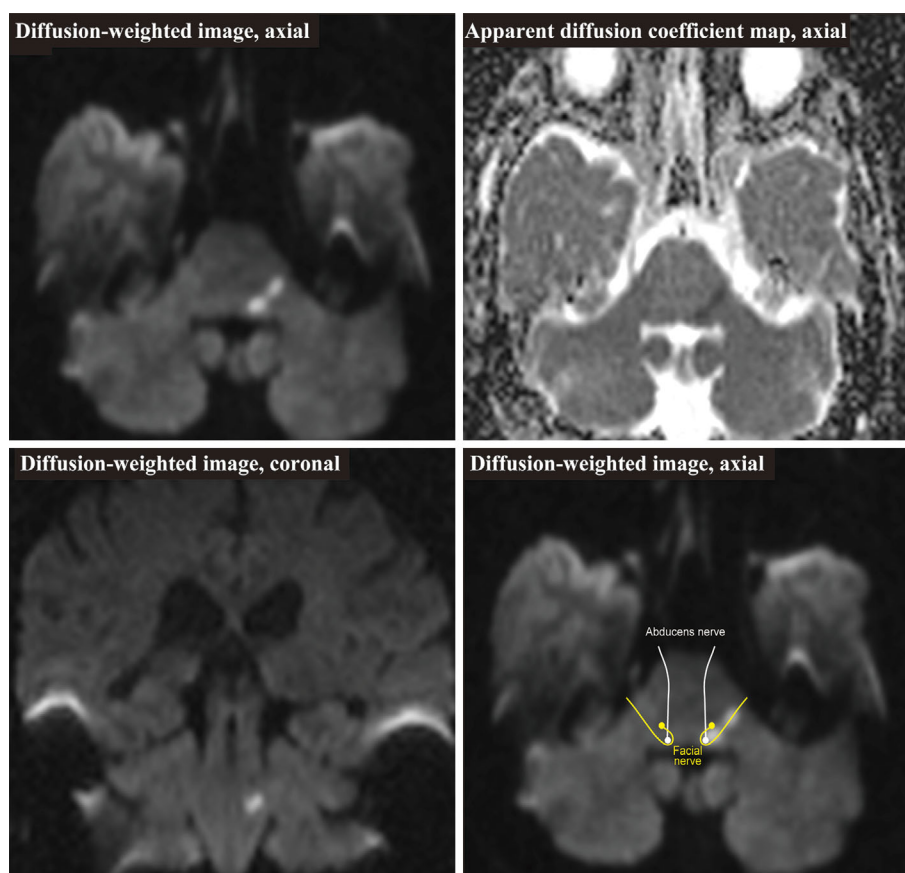
Combined Abducens and Peripheral Facial Nerve Palsy

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Key words: abducens nerve palsy, peripheral facial nerve palsy, acute ischemic stroke, the pons

(Intern Med 57: 3223-3224, 2018)

(DOI: 10.2169/internalmedicine.1139-18)



Picture.

A 49-year-old man with diabetes mellitus presented with a sudden-onset of horizontal diplopia followed by left facial weakness a day after this onset. A physical examination revealed impaired left eye abduction and difficulties closing the left eye, raising the left eyebrow, and lifting the left corner of the mouth, which suggested combined left abducens and peripheral facial nerve palsy. On admission, head computed tomography did not reveal any lesions. However, brain magnetic resonance imaging (MRI) revealed a linear hyper-

intense lesion in the left pons with decreased apparent diffusion coefficient values on diffusion-weighted imaging, suggesting acute ischemic stroke (Picture). Treatment with antiplatelet and lipid-lowering drugs resolved the symptoms completely in three months. The combination of abducens and peripheral facial nerve palsy strongly indicates a lesion in the pons, since the abducens and facial nerves run close together there (Picture) (1, 2). The prompt and detailed investigation of a pontine lesion including MRI is crucial for

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Received: March 6, 2018; Accepted: March 15, 2018; Advance Publication by J-STAGE: June 6, 2018

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achieving a good outcome.

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

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Intern Med 57: 3223-3224, 2018