Isolated Finger Palsy Following a Spectacular Shrinking Deficit

Mieko Sugiura, Koichi Shibata, Yoshiko Nishimura and Hiroshi Sakura

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A 73-year-old woman with hypertension and atrial fibrillation was hospitalized for heart failure. After temporary suspension of her anti-coagulants due to hematochezia, she suddenly developed disturbed consciousness, right hemiplegia, and left conjugate deviation. Two hours later, computed tomography (CT) perfusion revealed hypoperfusion in the left cortical border-zone (Picture A, arrows). Diffusion-weighted imaging (DWI) revealed no infarction (Picture B). CT angiography revealed no occlusion of the proximal arteries, including the carotid bifurcation (Picture C). Within 6 hours, her symptoms were restricted to right predominant involvement of radial-side pure motor isolated finger palsy (PMIFP) (1), which was associated with a small cortical infarction in the precentral knob on DWI (Picture D, arrow). This rapid dissipation of hemispheric symptoms was consistent with spectacular shrinking deficit (SSD) (2). This is the first case of PMIFP following SSD and may have been caused by early recanalization of embolic occlusion of the...
internal carotid artery that had resolved prior to CT angiography. Emergency care clinicians should be aware that PMIFP may follow SSD.

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**References**