[PICTURES IN CLINICAL MEDICINE]

Isolated Body Lateropulsion in Supplementary Motor Area Infarction

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Picture 1.

A 71-year-old woman with pancreatic cancer and liver metastasis presented with transient left-leg weakness. On admission, while her weakness had disappeared, she fell when she attempted to stand. Neurological examination showed lateropulsion to the left (Picture 1A). Brain magnetic resonance imaging revealed an acute infarct in the right anterior cerebral artery territory, which included the supplementary motor area (SMA), not the primary motor area (Picture 2). Although anticoagulation therapy and rehabilitation improved her symptoms partially within a few days (Picture 1B), she later-developed Trousseau's syndrome, causing her motor function to deteriorate further. Isolated body lateropulsion (iBL) is a relatively rare neurological deficit that occurs due to lesions in the spinocerebellar tract, descending lateral vestibulospinal tract, vestibulo-thalamic pathway, dentatorubrothalamic pathway, or thalamocortical fascicle (1). SMA damage is an uncommon cause of iBL,

Picture 2.

with the impaired connection to the ventrolateral thalamus considered to be responsible (2). iBL is an infrequent but disabling condition that clinicians should be aware of.

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

References

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