

LOCALISATION RIDDLE : A CASE OF DIPLOPIA, ATAXIA AND FRONTALIS OVERACTIVITY



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Presented By
Pranjali Batra
Senior Resident
IMS BHU
Varanasi



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Case Report

- Herein we report a case of a sudden onset vertical diplopia with ataxia on left side with persistent neck deviation towards the left side with frontalis overactivity on right side in a middle age woman with prior history of dilated cardiomyopathy.

Discussion

- Thalamic infarction varies in presentation based on the involvement of artery-inferolateral, tuberothalamic, posterior choroidal, paramedian and etiology of thalamic infarction may be artery-to-artery embolism and cardioembolism.

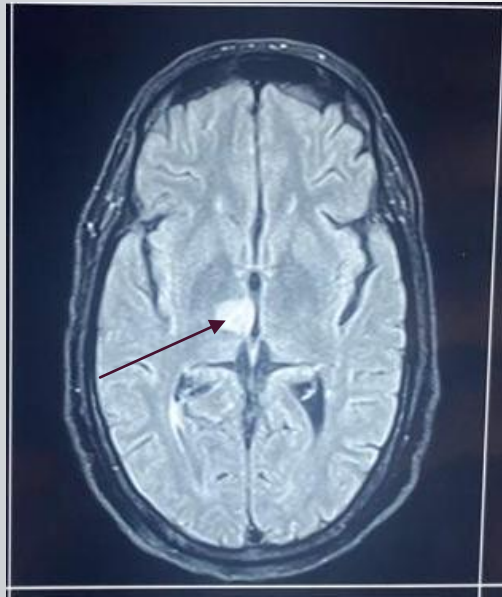
Discussion

- In our case ataxia and diplopia may be localised to thalamus and midbrain as seen previously in a case report with right thalamopeduncular infarction with presentation as paralysis of vertical and lateral gaze and convergence, left VII, left hypoesthesia, left cerebellar syndrome

Bogousslavsky J, Regli F, Uske A. Thalamic infarcts: clinical syndromes, etiology, and prognosis. *Neurology*. 1988 Jun;38(6):837-848.

Castaigne P, Lhermitte F, Buge A, Escourolle R, Hauw JJ, Lyon-Caen O. Paramedian thalamic and midbrain infarcts: clinical and neuropathological study. *Annals of Neurology: Official Journal of the American Neurological Association and the Child Neurology Society*. 1981 Aug;10(2):127-48

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MRI showing site of thalamic involvement.



Image of the patient with frontalis overactivity taken after the consent.

- As our patient also had runs of supraventricular tachycardia on 24 hour holter and dilated cardiomyopathy a CHA₂DS₂-VASc score ≥ 1 , so was started on oral anticoagulant apixaban 5 milligrams given twice daily. The only clear-cut indications for anticoagulation in dilated cardiomyopathy are atrial fibrillation, a previous thromboembolic event, or left ventricular thrombus.