945-2

Thalamic Infarct
Figure 1. Right medial thalamic infarct
Figure 2. Axial T2W images showing punctuate right and left cerebellar infarcts.
Figure 3. Midbrain
Figure 4. Right medial thalamic infarct
Figure 5. Left cerebellar infarct
Figure 6. Right cerebellar infarct
Somnolence

A 64-year old man suddenly developed loss of vision OU and somnolence

In the ER he was unresponsive with 8 mm sluggishly reactive pupils. He moved all four of his extremities but had bilateral decorticate posturing with bilateral upgoing toes.
Somnolence

A CT showed no abnormality. His condition improved on heparin and he began to respond to commands. He complained of headache, diplopia, dysphagia, vertigo, and nausea.

In the ICU BP 180/90, pulse 40-110 reg, grade II to IV systolic murmur.
OE

Somnolent responding to orders
Normal VA and confrontation fields
Pupils 3 mm. OU, reacting sluggishly to light (? Near)
EOM: full horizontal eye movements including convergence
A left UMN 7th nerve palsy
Normal palatal movement with positive gage
Left hemiparesis with symmetrical hyperreflexia and bilateral upgoing toes
Over the next 4 days his level of obtundation and weakness improved but his CNS status fluctuated markedly with his BP and was dependent on maintenance of a systolic BP > 180.
OE Day 13

Alert and oriented with normal speech

VA 20/25 OU, full fields

Pupils 4 mm OU, reacted briskly to light and near
EOM day 13

Eyes straight in primary gaze
Full horizontal gaze, gaze evoked nystagmus OU
Full upward gaze, no nystagmus
Paresis of downgaze i.e. saccades down
Pursuit downgaze almost full
Vertical doll’s head intact
Convergence absent
Intact horizontal OKN, absent vertical OKN
References


http://library.med.utah.edu/NOVEL/Wray