Torsional internuclear ophthalmoplegia in acute ischemic stroke

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Figure 1 DWI positivity of the lesion in the left posteromedial mesencephalon confirms recent infarction

Abbreviation: DWI = diffusion-weighted imaging.

A 45-year-old man with no medical history woke up with acute binocular diplopia. Clinical examination revealed disturbances in eye movements (video 1). MRI showed a recent infarction in the left posteromedial mesencephalon (figures 1 and 2). Lesions of this type can result in inactivation of the interstitial nucleus of Cajal which causes an ipsilateral torsional quick phase nystagmus,¹ as well as inactivation of the left medial longitudinal fascicle, which causes a left-sided internuclear ophthalmoplegia.² Within 24 hours, symptoms had resolved completely.

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Figure 2 FLAIR positivity of the DWI lesion seen in Figure 1, confirming onset of established infarction

Abbreviation: FLAIR = fluid-attenuated inversion recovery.

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Appendix 1 Author contributions

Name	Location	Role	Contribution
Jan Vynckier, MD	University Hospitals Leuven, Leuven, Belgium	Author	Design and conceptualization. Data acquisition. Wrote final version of the manuscript
Robin Lemmens, MD, PhD	University Hospitals Leuven, Leuven, Belgium	Author	Interpreted data, revised the manuscript

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