Clinical picture

Periprocedural stroke presenting as isolated unilateral internuclear ophthalmoplegia

A 55-year-old gentleman underwent a percutaneous cardiac intervention (PCI) for an acute myocardial infarction. Towards the end of procedure, he developed acute vertigo. Neurological examination showed an isolated right internuclear ophthalmoplegia (INO). An urgent computed tomographic angiography of the brain was performed, which showed normal vertebrobasilar vessels. Magnetic resonance imaging done 24 h later (in view of recent cardiac stenting), showed an acute lacunar infarct involving the right medial longitudinal fasciculus (Figure 1).

The reported rate of stroke in PCI is 0.4%, with mortality rates of ~19%.1 Scraping of aortic plaques, and microembolization is thought to be the etiologic mechanism. An isolated INO is a rare stroke syndrome, where embolism accounts only for a minority of cases.2 Prognosis is excellent, and our patient also showed early complete recovery.

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References


Figure 1. (a) Diffusion weighted image of the brain showing a hyperintense signal in the right pons, in the area of the medial longitudinal fasciculus. (b) The computed tomographic angiography showed normal intracranial vessels.