

뇌신경재활

게시일시 및 장소 : 10 월 19 일(토) 08:30-12:30 Room G(3F)

질의응답 일시 및 장소 : 10 월 19 일(토) 11:00-11:30 Room G(3F)

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Temporoparietal lobar hemorrhage with isolated ipsilateral oculomotor nerve palsy: A Case Report

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Background

Isolated ipsilateral oculomotor nerve palsy with involvement of cranial nerve III (CN III) after temporoparietal lobar hemorrhage has not been reported to date anywhere in the literature. We report a case of an isolated CN III palsy following temporoparietal lobar hemorrhage in a patient.

Case description

A 38-year-old woman with left temporoparietal lobar hemorrhage was admitted to our hospital. She presented initially to an outside institution with ipsilateral ptosis, dilated fixed pupil to 5 mm in diameter without a light reflex, lack of superior and medial eye movement with limited inferior eye movement of the left eye. Initial signs and symptoms were noted on the day of intracranial hemorrhage(ICH) without subsequent changes in the symptomatology for greater than months at the time of admission to our institution. She had no concomitant underlying diseases or injuries, such as diabetes mellitus, aneurysm or infarction. Magnetic resonance imaging (MRI) demonstrated that there was a hematoma extending medially and inferiorly into the anterior midbrain region but sparing the basal ganglia and thalamic region. Two months following the precipitating event, there were no abnormalities appreciated in our findings on nerve conduction study and needle electromyography (EMG) of the facial region (blink reflex, trigeminal and facial nerves were all intact on the left side).

Conclusion

Temporoparietal lobar hemorrhage without subarachnoid hemorrhage, brain stem lesion, microbleed or underlying diabetes mellitus could have been attributable factors in the etiology of an ipsilateral oculomotor nerve (CN III) palsy.