

From the Unité Fonctionnelle de Neurologie (Drs. Lavalley, Vidal, Vidaihet, and Derkinderen) and Service de Physiologie (Dr. Apartis), Hôpital Saint-Antoine, Paris, France.

Received November 13, 2000. Accepted in final form February 24, 2001.

Address correspondence and reprint requests to Dr. Pascal Derkinderen, Unité Fonctionnelle de Neurologie, Hôpital Saint-Antoine, 184 rue du Faubourg Saint-Antoine, 75012 Paris, France; e-mail: pascal.derkinderen@sat.ap-hop-paris.fr

Copyright © 2001 by AAN Enterprises, Inc.

References

1. Ramirez-Lassepas M, Tulloch JW, Quinones MR, et al. Acute radicular pain as a presenting symptom in multiple sclerosis. *Arch Neurol* 1992; 49:255–258.
2. Uldry PA, Regli F. Syndrome pseudoradiculaire au cours de la sclérose en plaques: quatre cas avec imagerie par résonance magnétique. *Rev Neurol (Paris)* 1992;148:692–695.
3. Tosi L, Righetti CA, Zanette G, et al. A single focus of multiple sclerosis in the cervical spinal cord mimicking a radiculopathy. *J Neurol Neurosurg Psychiatry* 1998;64:277.
4. Noseworthy JH, Heffernan LP. Motor radiculopathy—an unusual presentation of multiple sclerosis. *Can J Neurol Sci* 1980;7:207–209.

NeuroImages

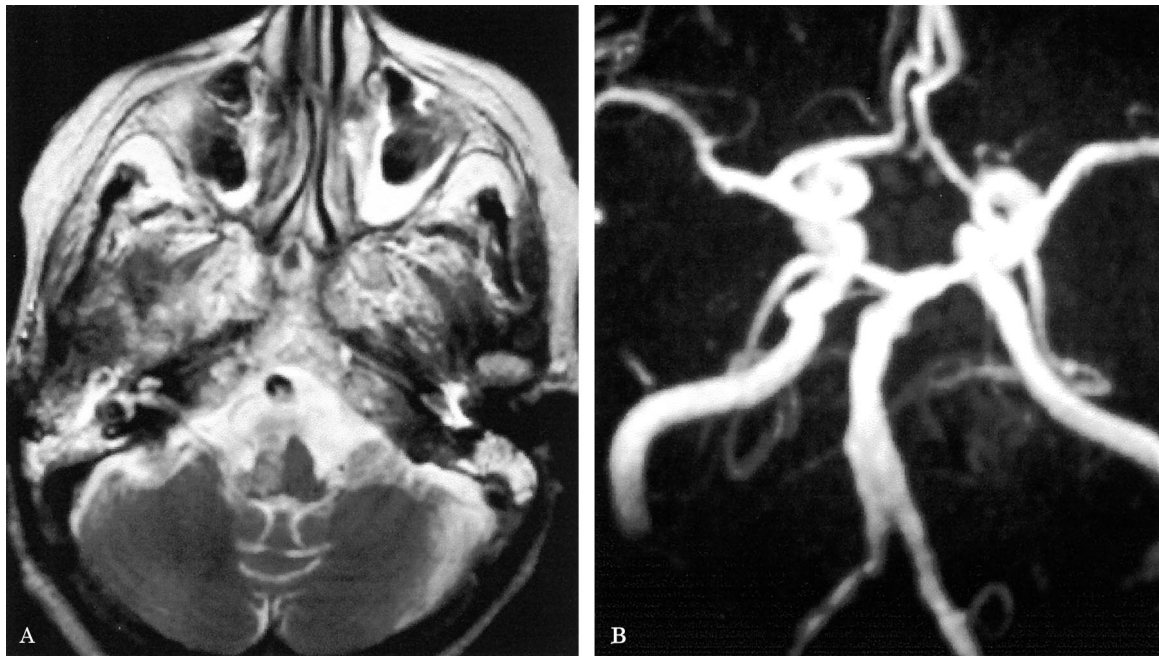


Figure. T2-weighted MRI section of the medulla shows an infarct involving the right hemimedulla (A). MR angiography shows severe stenosis of the terminal segment of the right vertebral artery (B).

The Babinski–Nageotte syndrome

Gabriel R. de Freitas, MD, Jorge Moll, MD,
Abelardo Q.C. Araújo, MD, Rio de Janeiro, Brazil

Almost 100 years ago Babinski and Nageotte described a case of ischemic lesion involving the hemimedulla.¹ Few cases have been reported since then.²

An 81-year-old woman with hypertension and diabetes presented with left hemiplegia, reduction of superficial perception on the right side of the face and on the left side below the neck, and cerebellar ataxia of the right limbs.

Right Horner's syndrome, right facial paresis, dysarthria, hoarseness, dysphagia, and paralysis of the right soft palate and right side of the tongue were present. Cranial MRI showed a right hemimedullary infarct, and magnetic resonance angiography showed severe stenosis of the right vertebral artery (figure).

1. Babinski J, Nageotte J. Hémi-synergie, latéropulsion et myosis bulbaires avec hémianesthésie et hémiplégie croisées. *Rev Neurol (Paris)* 1902;10:358–365.
2. Mossuto-Agatiello L, Kniahynicki C. The hemimedullary syndrome: case report and review of the literature. *J Neurol* 1990;237:208–212.

Neurology[®]

The Babinski–Nageotte syndrome

Gabriel R. de Freitas, Jorge Moll and Abelardo Q.C. Araújo

Neurology 2001;56;1604

DOI 10.1212/WNL.56.11.1604

This information is current as of June 12, 2001

Updated Information & Services

including high resolution figures, can be found at:
<http://n.neurology.org/content/56/11/1604.full>

References

This article cites 2 articles, 0 of which you can access for free at:
<http://n.neurology.org/content/56/11/1604.full#ref-list-1>

Permissions & Licensing

Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
http://www.neurology.org/about/about_the_journal#permissions

Reprints

Information about ordering reprints can be found online:
<http://n.neurology.org/subscribers/advertise>

Neurology® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright . All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.

