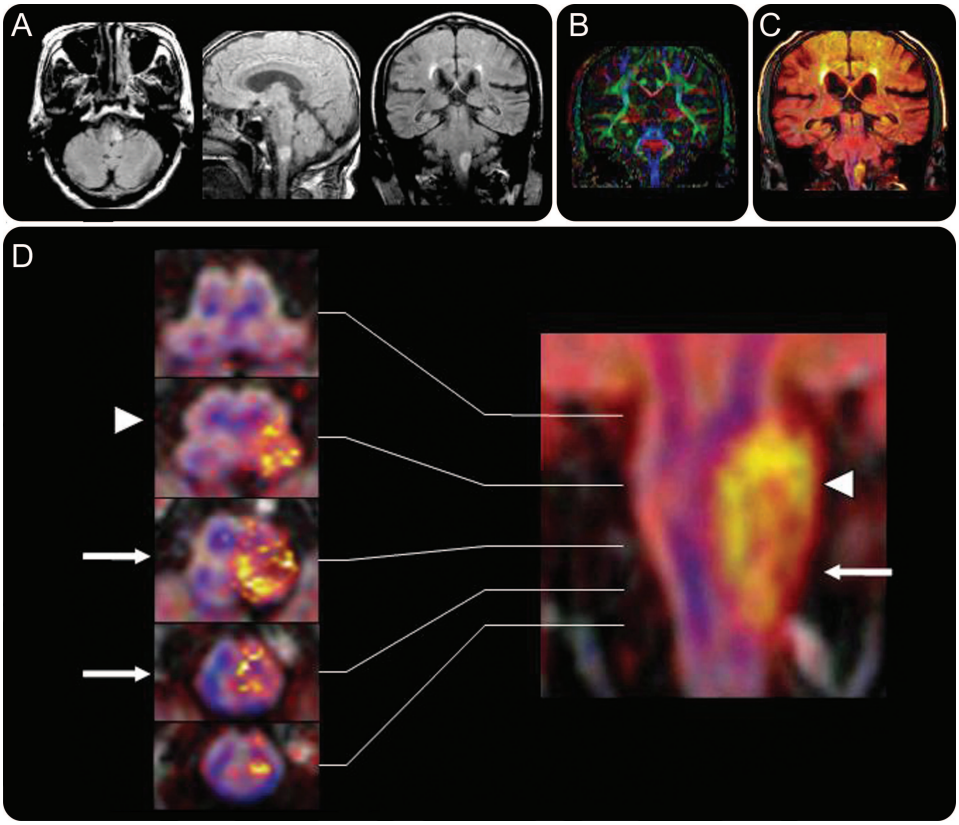
Opalski syndrome

Ipsilateral hemiplegia due to a lateral-medullary infarction

Figure Imaging features of Opalski syndrome



Fluid-attenuated inversion recovery MRI (A). Directionally encoded map with hues reflecting tensor orientation (B). Superimposed images (C, D): a yellow halo represents the infarct and blue lines represent the pyramidal tracts (coronal); the tracts fuse at the decussation (transverse). Caudal extension of the lesion involves the ipsilateral corticospinal tract (arrows) after the decussation (arrowheads).

A 66-year-old man developed left hemiparesis, left Horner sign, and sensory loss on his left face and right limbs, without contralateral hemiparesis or tongue weakness. MRI demonstrated a left lateral-medullary infarction (figure, A). A rare variant of lateral-medullary syndrome, Opalski syndrome,[1] manifests as ipsilateral hemiplegia; however, the anatomic basis is not established.[2] Therefore, we generated a directionally encoded color map (figure, B) using diffusion tensor imaging techniques and superimposed the images (figure, C and D). These suggest that involvement of the ipsilateral corticospinal tract after the pyramidal decussation, or compression of the decussation, could cause Opalski syndrome.

Shinichiro Nakamura, MD, Makiko Kitami, MD, Yoshiaki Furukawa, MD, Tokyo, Japan

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Address correspondence and reprint requests to Dr. Shinichiro Nakamura, Department of Neurology, Juntendo Tokyo Koto Geriatric Medical Center, 3-3-20, Shinsuna, Koto, Tokyo 136-0075, Japan; nakamura@juntendo.gmc.ac.jp

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Shinichiro Nakamura, Makiko Kitami and Yoshiaki Furukawa

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