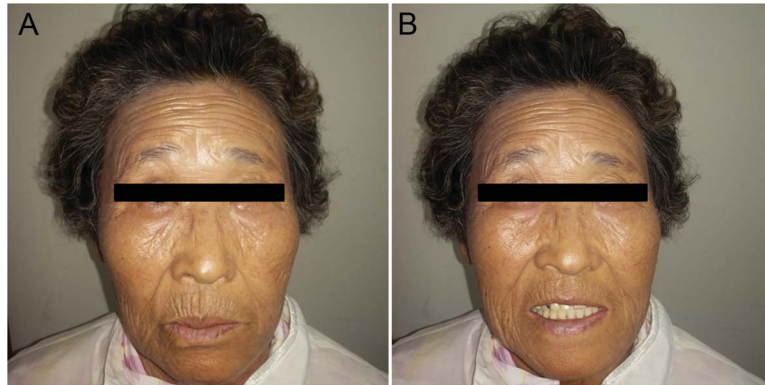


# Teaching NeuroImages: Isolated peripheral facial palsy due to ipsilateral pontine infarction

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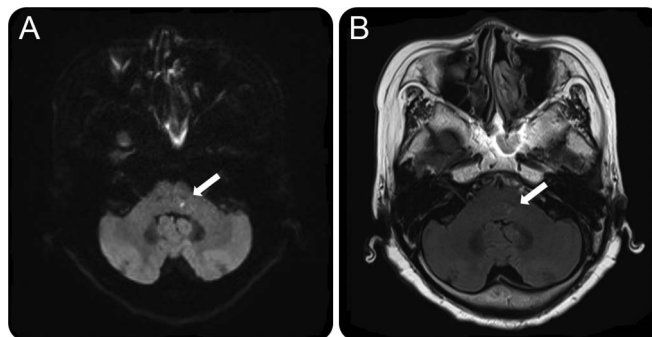
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**Figure 1** Photographs of the patient depicting left peripheral facial palsy



(A) The patient shows drooping of the eyebrow and corner of the mouth in the left face at rest. (B) Decreased movement of the left side of the forehead, eyebrow, and corner of the mouth with maximal effort was observed.

**Figure 2** Brain MRI



(A) Axial diffusion-weighted image shows a focus of restricted diffusion in the left dorsal pons. (B) Axial fluid-attenuated inversion recovery image reveals a corresponding focus of hyperintensity signal.

A 72-year-old woman presented left peripheral facial palsy for 1 day. Neurologic examination revealed isolated left peripheral facial palsy (figure 1). She did not have additional pontomedullary symptoms or signs, such as diplopia, abduction weakness, facial sensory loss, vertigo, nystagmus, or dysarthria. A brain diffusion-weighted MRI scan showed a hyperintense signal in the left dorsal pons (figure 2) in the

region of the seventh nerve nucleus. Infranuclear facial palsy with isolated facial weakness has been reported rarely, and may be misdiagnosed as Bell palsy.<sup>1,2</sup>

#### AUTHOR CONTRIBUTIONS

Seong-il Oh: concept and design of study, interpretation of data, drafting and revising the manuscript. Eung-Gyu Kim, Hae Woong Jeong: analysis of data and concept of study. Sang Jin Kim: concept and design of study,

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analysis and interpretation of data, drafting and revising the manuscript, study supervision.

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### DISCLOSURE

The authors report no disclosures relevant to the manuscript. Go to [Neurology.org](http://Neurology.org) for full disclosures.

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