

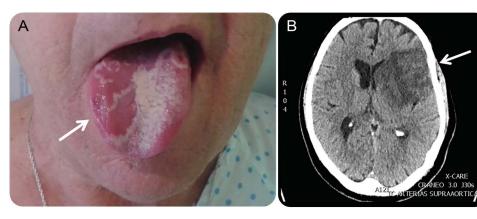
Section Editor John J. Millichap, MD

# Teaching Neuro *Images*: Hemigeographic tongue following an acute ischemic stroke

Montserrat G. Delgado, MD, PhD Sergio Calleja, MD, PhD

Correspondence to Dr. Delgado: mglezdelgado@yahoo.es

Figure 1 Hemigeographic tongue and CT



(A) Hemigeographic tongue (white arrow). (B) Brain CT shows left middle cerebral artery stroke (white arrow).

We present 2 patients with a hemigeographic tongue following a left acute hemispheric stroke: a 70-year-old man (figure 1, A–B) and a 43-year-old man (figure 2, A–B). Trigeminal trophic syndrome (TTS) is an unusual complication of trigeminal injury that causes a neuropathic disorder with ulceration of the nasal ala. Nerve section and brainstem stroke have been described as TTS cause. However, the presence of a not previously described hemigeographic tongue following a hemispheric acute stroke points toward a central trigeminal disturbance, probably related to a cortical connection lesion. This suggests a complex mechanism in TTS in which supranuclear lesions should also be included.

### **AUTHOR CONTRIBUTIONS**

Montserrat G. Delgado: study concept and design. Sergio Calleja: critical revision of manuscript for intellectual content.

### STUDY FUNDING

No targeted funding reported.

## **DISCLOSURE**

The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

### **REFERENCES**

- Pichard DC, Cowen EW. Trigeminal trophic syndrome after stroke. Mayo Clin Proc 2014;89:e87–e88.
- Curtis AR, Oaklander AL, Johnson A, Yosipovitch G. Trigeminal trophic syndrome from stroke: an underrecognized central neuropathic itch syndrome. Am J Clin Dermatol 2012;13:125–128.

Download teaching slides: Neurology.org

Figure 2 Hemigeographic tongue and MRI



(A) Hemigeographic tongue (white arrow). (B) Cranial MRI shows a lenticular ischemic stroke (white arrow).



# Teaching Neuro Images: Hemigeographic tongue following an acute ischemic stroke

Montserrat G. Delgado and Sergio Calleja Neurology 2016;87;e6-e7 DOI 10.1212/WNL.0000000000002806

# This information is current as of July 4, 2016

**Updated Information &** including high resolution figures, can be found at:

Services http://n.neurology.org/content/87/1/e6.full

806.DC1

**References** This article cites 2 articles, 0 of which you can access for free at:

http://n.neurology.org/content/87/1/e6.full#ref-list-1

Citations This article has been cited by 1 HighWire-hosted articles:

http://n.neurology.org/content/87/1/e6.full##otherarticles

**Subspecialty Collections** This article, along with others on similar topics, appears in the

following collection(s):

All Cerebrovascular disease/Stroke

http://n.neurology.org/cgi/collection/all\_cerebrovascular\_disease\_strok

e

Infarction

http://n.neurology.org/cgi/collection/infarction

**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 © 2016 American Academy of Neurology. All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.

