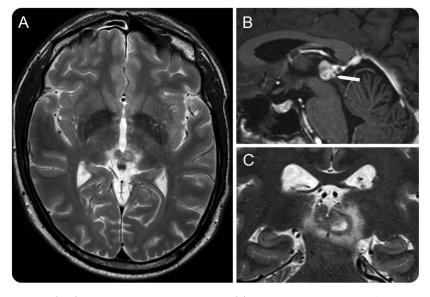


Section Editor John J. Millichap, MD

# Teaching Video Neuro*Images*: Minimal anomalies of dorsal midbrain syndrome (Parinaud syndrome)

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Correspondence to Prof. Borruat: francois.borruat@fa2.ch Figure Brain MRI



T2 axial and coronal cuts (A, C) and T1 sagittal cut with gadolinium (B) revealed a tumor originating from the walls of the third ventricle posteriorly, with an invasion of the posterior commissure (white arrow). The lesion was later biopsied and pathology revealed a pilocytic astrocytoma.

Parinaud syndrome results from posterior commissure dysfunction, and is associated with 4 major signs: limitation of upgaze, pupillary lightnear dissociation, convergence abnormalities, and Collier sign.<sup>1,2</sup>

A 46-year-old man complained of vertical diplopia due to a subtle left skew deviation. Upgaze pursuit was normal, but upward saccades were slowed, without convergence abnormalities or Collier sign (video at Neurology.org). Pupillary light-near dissociation was present (video). MRI revealed a tectal mesence-phalic lesion (figure).

Slowed upward saccades and pupillary lightnear dissociation represent an early stage of posterior commissure dysfunction, before frank upgaze palsy, Collier sign, or convergence abnormalities.

#### **AUTHOR CONTRIBUTIONS**

Pilar Rojas is an author and contributed to drafting and revising the manuscript. Philippe Maeder is an author, contributed to data acquisition, and revised the manuscript. François-Xavier Borruat is an author, contributed to data acquisition, and revised the manuscript.

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### **DISCLOSURE**

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

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Supplemental data at Neurology.org

Download teaching slides: Neurology.org

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