Teaching NeuroImages: Sulcal artery syndrome

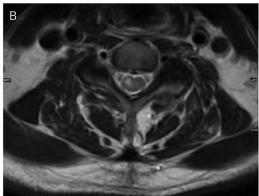
A hemicord infarct presenting with incomplete Brown-Sequard syndrome

Jie Ming Nigel Fong, MBBS, Gee Jin Ng, MBBS, MRCP, MMEd, and Nigel C.K. Tan, MBBS, FRCP, FAMS, MHPEd Neurology® 2018;90:e1177-e1178. doi:10.1212/WNL.000000000005218

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Figure 1 MRI shows C5 hemicord T2 hyperintensity





T2-weighted MRI sequence (day 3), sagittal (A) and axial (B) sections.

A 59-year-old man with a history of smoking presented with acute right hemiparesis, pain, and temperature loss on the left below T4 and impaired left-sided abdominal reflexes. Proprioception and vibration were normal. MRI (day 3) showed a short segment of T2 hyperintensity at the right half of C5 spinal cord (figure 1); diffusion-weighted MRI (day 5) demonstrated restricted diffusion (figure 2), confirming hemicord infarct. Sulcal artery occlusion presents with incomplete Brown-Sequard syndrome and is uncommon, unlike the more common anterior spinal artery syndrome. It preferentially involves the cervical cord. With physiotherapy, aspirin, and statins, this patient recovered well.

Author contributions

J.M.N. Fong: writing of manuscript. G.J. Ng: writing of manuscript. N.C.K. Tan: study concept and design, critical revision of manuscript.

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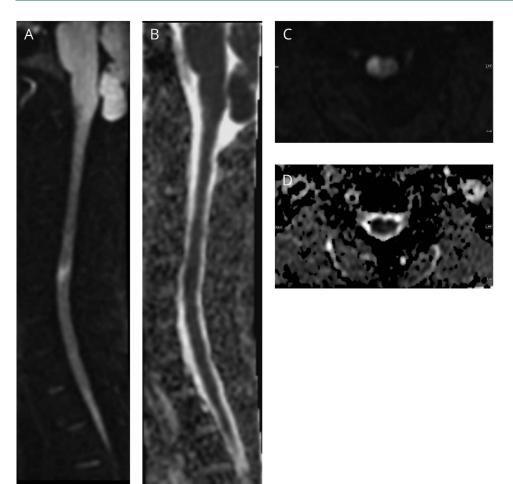
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From the Division of Medicine (J.M.N.F.), Singapore Health Services; and Department of Neurology (G.J.N. and N.C.K.T.), National Neuroscience Institute, Singapore. Go to Neurology.org/N for full disclosures. Funding information and disclosures deemed relevant by the authors, if any, are provided at the end of the article.



Diffusion-weighted MRI sequence (day 5), diffusion-weighted sagittal (A) and axial (C) and apparent diffusion coefficient sagittal (B) and axial (D) sections.

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Disclosure

J.M.N. Fong and G.J. Ng report no disclosures relevant to the manuscript. N.C.K. Tan owns stock in Novartis, Pfizer, and Johnson & Johnson. Go to Neurology.org/N for full disclosures.

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