

## Image Quiz

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## The Unsteady Man

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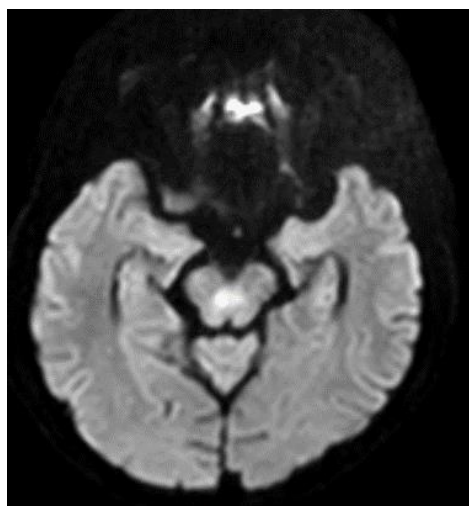
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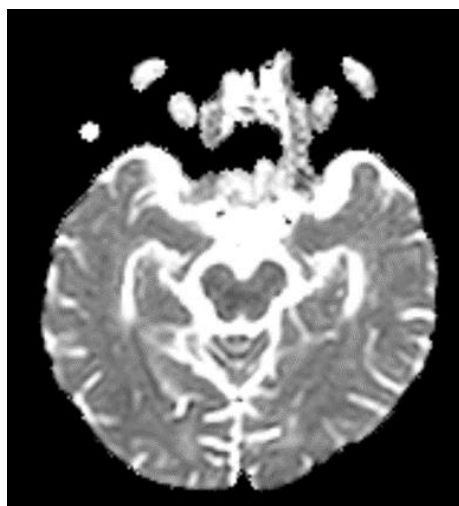
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This 69-year-old male patient presented to a medical ward with a seizure, gait and truncal ataxia, and dysarthria. He is a diagnosed patient with hypertension and type 2 diabetes mellitus. He underwent non-contrast CT brain, and it was normal. As the symptoms were persisting a MRI brain was requested. The MRI images are as follows.

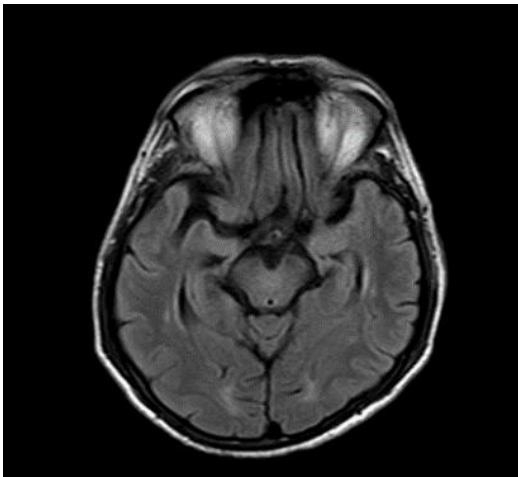
What is the diagnosis?



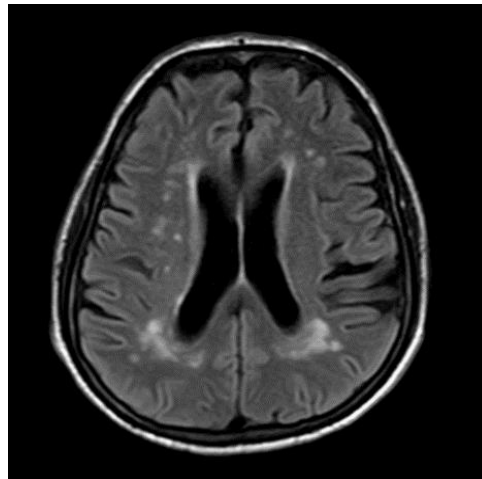
DWI



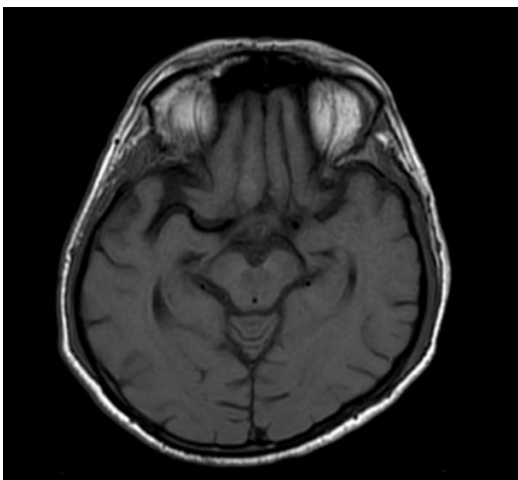
ADC



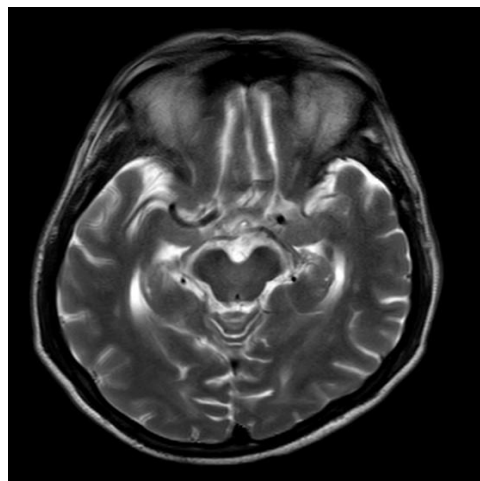
FLAIR



T2W



T1W



T2W

## FINDINGS

An oval-shaped focal high signal intensity noted in paramedian midbrain in DWI, and it appears iso-intense to hypo-intense in ADC consistent with diffusion restriction. It appears as high signal intensity in T2W and FLAIR with T1W low signal intensity.

The underlying brain shows prominent sulci, ventricular system, and extra-axial CSF spaces. T2, FLAIR high signal intensities noted in periventricular white matter.

## DIAGNOSIS

sub-acute infarct in the midbrain in a background of small vessel disease suggestive of **Wernickinck commissure syndrome**

## DISCUSSION

Wernickinck commissure syndrome is a rare midbrain syndrome.<sup>1</sup> caused by selective damage of Wernickinck commissure usually by infarcts.<sup>2</sup> The blood supply to this area is via inferior paramedian mesencephalic arteries arising from the basilar, superior cerebellar, or vertebral artery.

Usual presentation is with bilateral cerebellar signs such as gait and truncal ataxia, dysdiadochokinesis, and marked dysarthria.<sup>2,3</sup>

## REFERENCES

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