

Poster Abstract – Case Reports/Case Series Category

Title: One-and-a-Half Syndrome: An Unusual Cause of Dizziness

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Introduction: This is a rare cause of dizziness, which can be seen in younger patients with multiple sclerosis. Uncommon in the elderly, it is usually a result of a brainstem infarct.

Case Description: An 80 year old CCRC resident developed the sudden onset of imbalance. When she tried to turn her eyes she developed double vision, associated with nausea and gait dysfunction. She felt extremely dizzy, especially when she turned her eyes. Neurologic exam was remarkable for complete paralysis of horizontal gaze in the right eye and preserved abduction of the left eye. Brain imaging was initially read as negative; however, after review was felt to support a subacute punctate pontine infarct potentially involving the region of the right medial longitudinal fasciculus and/or the right VI nerve nucleus region. Aspirin therapy was initiated and an eye patch used for the right eye. The patient required a short-stay rehab admission and was discharged back to the CCRC.

Discussion: One and a half syndrome is an unusual Internuclear Ophthalmoplegia. This syndrome consists of a gaze palsy in one direction with an INO on horizontal gaze in the opposite direction. With attempted horizontal gaze, only abduction of the contralateral eye remains. Convergence is also spared. This syndrome is produced by damage to the paramedian reticular formation (PPRF) and/or abducens nucleus and MLF on the same side.

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