

## Isolated Abducent Nerve Palsy Due to Ipsilateral Pontine Infarction

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A 52-year-old man with a history of diabetes mellitus presented with acute horizontal diplopia and transient vertigo for 6 days. Neurologic examination revealed isolated left abducent limitation (**Figure 1A**) and right positive Babinski sign with no limbs weakness. The rest of his extraocular movements were normal, and no nystagmus or internuclear ophthalmoplegia was observed. He did not have additional pontomedullary symptoms or signs, such as facial palsy (**Figure 1B**), sensory loss, dysarthria or weakness. A brain diffusion-weighted MRI scan showed a hyperintense signal in the left ventral pons (**Figure 1C**) in the localized region of the abducent nerve fascicle. Our case showed that localized pontine infarction may mimic an isolated abducent nerve palsy which had been rarely reported (**Figure 1D**) [1,2].

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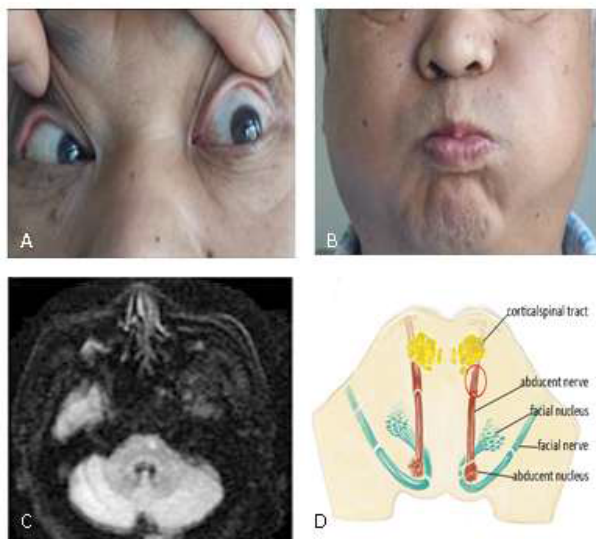
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**Figure 1** Photographs of the patient depicting left peripheral abducent nerve palsy; Brain MRI scan and the responding anatomy drawing.

**A** patient showed left abducent limitation.

**B** No facial palsy was observed.

**C** Axial diffusion-weighted image shows a focus of restricted diffusion in the left ventral pons.

**D** Axial pons anatomy drawing reveals a corresponding focus in the abducent nerve (the red ring) which borders the corticospinal tract.

## References

- 1 Jong WP, Suk YK, Young HS (2004) Isolated Abducens Nerve Palsy due to Anterolateral Pontine Infarction. *Eur Neurol* 52: 254–256.
- 2 Toshio Fukutake, Keizo Hirayama (1992) Isolated abducens nerve palsy from pontine infarction in a diabetic patient. *Neurology* 11: 2226.