

R1 R2 R3 PG0 PG1 Estagiário Tecnólogo PIBIC

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Service (sector)
Neuro-Ophthalmology

Nº CEP

Parinaud's Syndrome due to Cerebrovascular Accident at the Thalamic Region.

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Purpose: To show that Parinaud's syndrome occurs not only due to lesions involving the posterior commissural but the afferent and efferent tracts.

Methods: Case report – JIC, 53 years old hypertensive man, had a stroke six-month before examination, developing left motor deficit. His main complaint was blurred vision affecting eyes. On neurophthalmologic examination visual acuity, ophthalmology and visual fields were normal in both eyes. Direct and consensual papillary light reflexes were diminished and the near reflex was normal in both eyes. There was up gaze paralysis and upper lids retraction. (Collier's sign). Magnetic resonance showed an old hemorrhagic infarct in the right thalamic region.

Conclusion: Upgaze paralysis is the most common form of Parinaud's syndrome and it results from unilateral lesion in or near the posterior commissure. Causes can include meningiomas, hydrocephalus, and vascular accidents.

By knowing the anatomical relationship of the afferent and efferent tracts to the posterior commissure, this case suggests that not only lesions directly involving posterior commissure can cause Parinaud's syndrome, but also lesions close to it.