Foster Kennedy syndrome

Named after neurologist Robert Foster Kennedy.

The syndrome was first extensively noted by Robert Foster Kennedy 1911, an Irish neurologist, who spent most of his career working in the United States of America.

However, the first mention of the syndrome came from William Gowers in 1893. Schultz–Zehden described the symptoms again in 1905. A later description was written by Wilhelm Uhthoff in 1915.

Usually from olfactory groove meningioma or medial third sphenoid wing tumor (usually meningioma). Now rare due to early detection by CT or MRI.

Classic triad:

1. ipsilateral anosmia

2. ipsilateral central scotoma (with optic nerve atrophy due pressure on optic nerve).

3. contralateral papilledema (from elevated ICP)