

Thalamo-mesencephalic hemorrhage

see also [Mesencephalic hemorrhage](#)

[Thalamic hemorrhage](#).

A 42-year-old Algerian man presented for binocular oblique [diplopia](#), [hypersomnolence](#) with [drop attacks](#), bilateral [hearing loss](#), and [thoracic pain](#). He had a right thalamomesencephalic hemorrhage due to an underlying [cavernous malformation](#) treated with subtotal surgical resection. On neuro-ophthalmic examination, the patient had a left relative [afferent pupillary defect](#) and a right oculosympathetic efferent pupillary defect (i.e., [Horner syndrome](#)) in addition to other thalamomesencephalic eye and neurologic signs (right [fourth nerve palsy](#), [hearing loss](#), [hemiparesis](#), and [thalamic pain](#)). Clinicians should recognize the localizing value of this unique constellation of mesencephalic afferent and efferent pupillary defects ¹⁾.

A patient who presented with sudden onset [instability](#) and [diplopia](#). On neurological examination he had asymmetrical [asterixis](#), predominantly in the left hand, and ocular findings consistent with a [pretectal syndrome](#). He was also unable to stand or even sit up unassisted, with a tendency to tilt his body and rotate his trunk axis to the left. Brain MRI showed a hemorrhage in the right thalamomesencephalic junction. This region involves important structures for the control of postural stability, motor control, ocular movements and vestibulo-ocular integration, not yet well understood. This is the first reported case with the simultaneous combination of astasia, pretectal syndrome and asymmetrical asterixis ²⁾.

Upgaze palsy and monocular paresis of downgaze caused by ipsilateral thalamo-mesencephalic hemorrhage: a so-called vertical “one-and-a-half” syndrome ³⁾.

References

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