

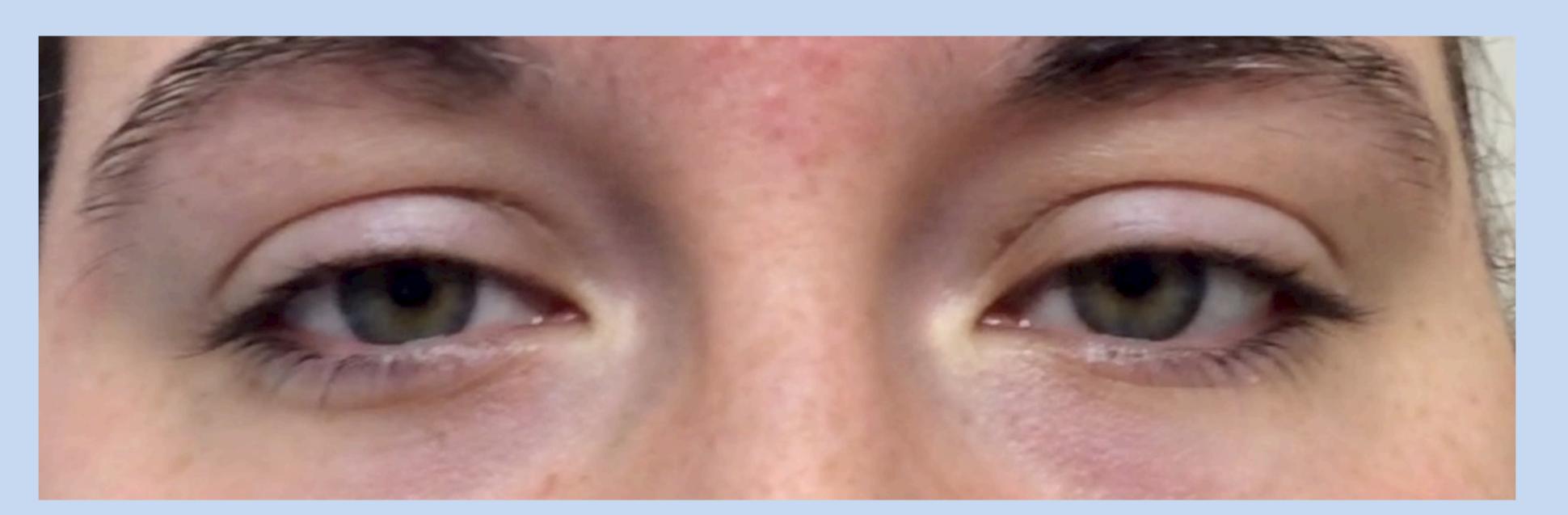
Internuclear Opthalmoplegia William F. Young Jr MD Department of Emergency Medicine, University of Kentucky, Lexington KY USA







Look Up & Right Look Up & Left





Look Right



Look Left

28 year old previously healthy lady complaining of diplopia with vertigo and a mild headache that resolved 2 days ago. Vitals normal, exam normal except as noted on photos. strength 5/5, sensory intact, rest of cranial nerves normal, speech fluent clear and coherent. Gait normal, no ataxia. CT of head normal.

Photo shows bilateral internuclear ophthalmoplegia (INO) with inability to adduct either eye across the midline. Horizontal movement is preserved indicating no "one and one half syndrome". Patient found to have multiple sclerosis; this, her presenting episode.

INO is caused by a lesion in the medial longitudinal fasciculus which is responsible for coordinated eye movement. unilateral cases in older patients are often due to infarction. Bilateral lesions in younger patients are often multiple sclerosis. Trauma, infections, vasculitis and tumors. Diagnosis is clinical supported by neuroimaging and CSF testing.