The strange case of Mr. Weber

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Abstract

Introduction: Nearly 25% of ischaemic strokes affect posterior circulation brain structures, which are supplied by the vertebrobasilar arterial system. Vascular events in this territory continue to be more difficult to recognise and treat effectively.

Case Report: A sixty-six-year-old, caucasian, male patient, with a personal history of excess weight, hypertension, dyslipidaemia and a moderate consumer of alcoholic beverages, was admitted to the Emergency Department complaining of sudden onset weakness on the left side. Initial assessment was positive for a mild 4/5 left-sided hemiparesis, with an NIHSS of 2. Initial workup, which included a brain CT scan, was unremarkable. The symptoms slowly subsided. ABCD2 score of 6 classified the patient as having a high risk and therefore the patient was hospitalized. The following morning, unilateral drooping of the right upper eyelid was noted, accompanied by ophthalmoparesis and recurrence of left-sided hemiparesis. These findings were consistent with a right midbrain lesion (Weber Syndrome). Brain MRI revealed a recent right thalamic/subthalamic ischaemic lesion, an area supplied by perforating branches of the right posterior cerebral artery. Further investigation of cardiovascular risk factors showed that the patient was also pre-diabetic and had significant carotid and vertebral atherosclerosis.

Conclusion: Medial midbrain syndromes are characterized by an ipsilateral third cranial nerve palsy and contralateral hemiparesis. Recognition of acute posterior circulation clinical syndromes remains a challenge but is essential for deciding the most appropriate treatment and prevention strategies.