Lateral medullary syndrome: a case report

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Abstract

Introduction: Twenty percent of ischaemic events in the brain involve posterior circulation structures. Of those, the lateral medullary syndrome, also known as Wallenberg Syndrome, is the most common syndrome related to intracranial vertebral artery occlusion. Symptoms include ipsilateral facial sensory loss, impairment of pain and temperature sensation of the contralateral side of the body, ipsilateral Horner syndrome, ataxia, nystagmus, dysphonia and dysphagia. However, variability in the presentation of this syndrome is the rule.

Case Report: We describe a case of a 44-year-old male who was diagnosed with gastroenteritis in the emergency department after having experienced nausea, vomiting and non-specific difficulty of swallowing, with acute onset. Two days after being discharged, the patient returned to the emergency department due to progressive worsening of the complaints. He presented complete inability to swallow and lack of balance. Magnetic resonance imaging and cranial computed tomography confirmed the diagnosis of lateral medullary syndrome.

Conclusion: Lateral medullary syndrome is often missed by non-neurologists, leading to a delay or even loss of clinical window for treatment. It is important to be able to recognize the clinical features and raise awareness for this less common form of stroke.