

Answers to Neurology Quiz

1. Striatal toe

A “striatal toe” has been defined as an apparent spontaneous extensor plantar response, without fanning of the toes, in the absence of any other signs suggesting dysfunction of the cortico-spinal tract. Striatal toe is seen in about 10% of patients with advanced Parkinson's disease. This finding is commonly noted in extrapyramidal disorders, where dystonias are the more common clinical findings. However, unlike dystonia, striatal toe is present even at rest and in sleep.

2. Pseudoptosis

In pseudoptosis eyelid appear to be lowered but there is no pathology of the eyelid muscles or aponeurosis. Organic unilateral ptosis is usually associated with frontalis over activity, whereas in pseudoptosis a persistently depressed eyebrow with a variable inability to elevate frontalis, and over activity of orbicularis is characteristic. This is demonstrated in the picture.

3. Exophthalmos secondary to a carotid cavernous fistula

This is a pathologic shunt between the carotid artery and the venous cavernous sinus and often lead to the triad of exophthalmos, epibulbar arterialized loops and glaucoma. Careful examination of the dilated vessels usually demonstrates a typical tortuous appearance that is virtually pathognomonic of a carotid cavernous fistula (seen here).

4. Artery of Percheron

The artery of Percheron (AOP) is an anatomical variant arising from a single posterior communicating artery and supplies the bilateral medial thalamus. Bilateral paramedian thalamic strokes due to AOP occlusion are characterized by altered mental status, vertical gaze palsy, and memory impairment, and are similar in presentation to top of the basilar syndrome.

Permission to publish personal details of all patients has been obtained from each patient.

References

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