

SUCCESSFULLY TREATED VERTICAL STRABISMUS IN AN ADULT MALE WITH DORSAL MIDBRAIN SYNDROME -- A CASE REPORT

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Purpose: To report a case of dorsal midbrain syndrome with binocular vertical diplopia treated by extra ocular muscle surgery.

Method: A case report

Result: A 28-year-old man suffered from binocular vertical diplopia due to head injury status post ventriculoperitoneal shunt procedure. Ophthalmic examination revealed best-corrected visual acuity of 20/20 in both eyes, upward gaze palsy, alternate extropia with left hypotropia and light-near dissociation of pupils. The patient underwent recession-resection rectus muscle surgery (od) and inferior rectus muscle surgery (os) with good ocular alignment outcome. Absence of binocular diplopia with relief of abnormal head posture was noted postoperatively.

Conclusion: Dorsal midbrain syndrome with vertical strabismus can be managed by extraocular muscle surgery. Absence of binocular diplopia with relief of abnormal head posture is achieved post-operatively.

Keywords: dorsal midbrain syndrome, binocular diplopia, strabismus surgery

INTRODUCTION

Lesions affecting the dorsal midbrain produce some ocular findings such as vertical gaze palsy, convergence retraction nystagmus, light-near dissociation of pupils, paralysis of convergence, upper lid retraction and disjunctive eye position.^{1,2} Those signs were indicative of dorsal midbrain syndrome as well as Parinaud's syndrome or pretectal syndrome.

CASE REPORT

A 28-year-old man was in good health until August 2003 when he became a victim of head injury with intracranial hemorrhage. He received ventriculoperitoneal shunt procedure in 2003. After head injury, limitation of upward gaze in both eyes was found. About 5 months later, he developed binocular vertical diplopia after another minor head injury in a motorcycle accident. He

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