



A CASE OF CLASSIC RAYMOND SYNDROME

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ABSTRACT Brainstem strokes causes crossed hemiplegia which includes ipsilateral cranial nerve palsy with contralateral hemiplegia. Classic Raymond syndrome is a rare syndrome presents with ipsilateral abducens palsy, contralateral facial paresis, and contralateral hemiparesis. In this case report we are presenting a case of classical raymond syndrome.

KEYWORDS : Hemiparesis, contralateral facial paresis, abducens palsy

INTRODUCTION

Brainstem contains the nuclei and fibers of cranial nerves III to XII, both motor and sensory tracts, and crucial structures for cardio-respiratory functions and wakefulness. A pontine infarction can manifest clinically in a variety of ways, from the less common pure motor hemiparesis or hemiplegia or pure sensory stroke to the classical crossed syndrome, which includes ipsilateral cranial nerve palsy and contralateral motor and/or sensory impairment. Clinical presentation is mainly determined by the anatomical boundaries of the infarcted region within the pons and the blood vessels involved¹

Case Report

A 73-year-old male, known hypertensive since 7 years on regular medication presented with chief complaints of weakness of right upper and lower limb, slurring of speech.

On Examination: Blood Pressure: 140/90mmhg, Pulse Rate: 82 bpm. Speech was comprehensive but slow and slurred. There was facial asymmetry, deviated angle of mouth towards the left and flattened nasolabial fold on the right side. Muscles of forehead were spared and bell's phenomenon was absent. Thus, right sided upper motor neuron type facial palsy was present. There was restriction of left eye movement and diplopia in left lateral gaze indicating left sided sixth nerve palsy. Pupillary size and light reaction was normal bilaterally. Other cranial nerves were normal. Motor examination revealed grade 2/5 power in right upper limb and lower limb at all joints. Tone was normal in both upper and lower limbs bilaterally. Babinski sign was present on right side while plantar reflex was flexor on left side. Rest systemic examination was unremarkable.

MRI brain done (Figure-1) reveals restricted diffusion suggestive of acute infarct in left pons.

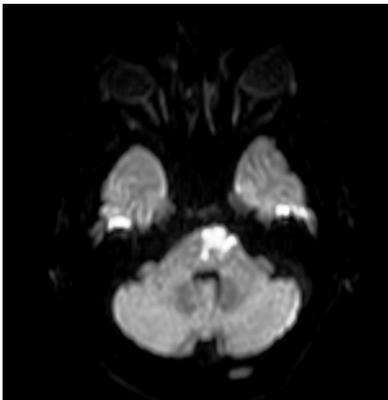


Figure -1: MRI BRAIN showing restricted diffusion suggestive of acute infarct in left pons

DISCUSSION

Dr. Fulgence Raymond (1844 – 1910), a French Physician in 1884, first described a syndrome with left abducens impairment, right central facial paresis, and right hemiparesis, which was named after him². Classic Raymond syndrome is a pontine syndrome consisting of ipsilateral abducens nerve palsy, contralateral facial paralysis, and contralateral hemiparesis³.

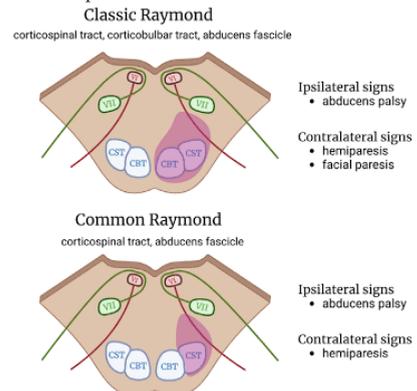


Figure 2. Showing classic and common raymond syndrome

But clinicians usually see Raymond syndrome without facial involvement^{4,5}. The only differentiating point between classic and the common Raymond syndrome is the location of the lesion. Classic type involves ipsilateral abducens nerve palsy, contralateral corticofacial and corticospinal tracts; while in the common type, corticofacial tracts are spared (figure 2).

Classic Raymond Syndrome entity was further validated by Sheth and colleagues in 1996 in a 55-year-old female with infarct in left medial caudal pons⁵.

In 2012 ZaorskyNG and Luo JJ also reported a case of 50-year-old man with right sided abducent impairment and contralateral hemiparesis and central facial paresis due to sub acute infarct in right medial caudal pons⁶. They validated the Classic Raymond Syndrome and proposed the concept of both Classic and Common type. Our patient is having features of classical Raymond syndrome.

Worldwide very few case reports of similar presentation have been published among which Khan et al⁷ in 2017 reported the first case from

South Asia.

CONCLUSIONS

A lesion in the ventral medial mid-pons causes Raymond syndrome, a posterior circulatory stroke condition. With only a few cases reported in the literature, it is a very uncommon condition. So high index of clinical suspicion and imaging are required to diagnose this condition

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