WEMINO syndrome- can we find a focal mid pons lesion or not?

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ABSTRACT

Wall-eyed monocular internuclear ophthalmoplegia (WEMINO) is a rare variant of internuclear ophthalmoplegia (INO) and consists of INO with ipsilateral exotropia. A medial longitudinal fasciculus (MLF) lesion at mid pons could cause WEMINO. A 55-year-old man with hypertension developed sudden double vision associated with dizziness, nausea, and vomiting for two days. Blood pressure was 168/97 mmHg. Capillary blood sugar was 16.8 mmol/L. The visual acuity for both eyes was 6/9. He saw double in his primary and left gazes. The right eye (RE) was exotropic in the primary gaze and could not move beyond the midline on the left gaze. There was a complete adduction deficit in the RE with abduction nystagmus observed on the LE. A skew deviation with the right hypertrophic eye was also observed. Other eye movements were full. Convergence and vestibular-ocular reflex were impaired on the right. Pupils were symmetrical and absent of ptosis. Other ocular and neurological examinations were unrevealing. A FLAIR sequence magnetic resonance imaging expressed a hyperintense signal in the right MLF at mid pons suggestive of an acute right paramedian pontine infarction. He was referred for stroke management. He was advised to occlude the RE temporarily. In a month, he did not see double in primary and reduced double on the left gaze. His RE adduction could pass beyond the midline (25%) without nystagmus on the LE. There was no skew deviation either. WEMINO could be the sole clinical manifestation of a focal pontine infarction and missed unless specifically localised to paramedian mid pons.