



Figure. (A) Patient shows leftward truncal lateropulsion and left Horner syndrome. (B) T2-weighted MRI demonstrates acute infarction in the left dorsolateral medulla (arrow).

VIDEO

Ocular lateropulsion in Wallenberg syndrome

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A 44-year-old woman presented with vertigo that had developed after neck massage. She showed direction-changing nystag-

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mus, left Horner syndrome, and decreased pain and temperature sensation in the left face and right side of the body. Ocular and truncal lateropulsion to the left was evident (figure, A; see video at www.neurology.org). MRI revealed infarction in the left dorsolateral medulla (figure, B).

Ocular lateropulsion refers to ocular motor bias toward (ipsipulsion) or away from (contrapulsion) the lesion side without limitation of eye motion.^{1,2} It comprises steady-state ocular deviation, asymmetric horizontal saccades, and oblique misdirection of vertical saccades. Ocular ipsipulsion in Wallenberg syndrome has been ascribed to damage to the climbing fibers from the contralateral inferior olivary nucleus to the dorsal vermis.

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