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Teaching Video NeuroImage: Reverse Ocular Bobbing as a Presenting Feature of Brainstem
Cavernoma

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A 21 year-old male presented with oscillopsia, repetitive eye blinking and headache for 20 days. He had intact vision with normal pupillary reaction. Although the horizontal and vertical gazes were intact, there were abnormal conjugate vertical movements with quick up phase followed by slow return to midposition suggestive of reverse ocular bobbing (video 1). Bobbing was present in all directions of gaze and was associated with synkinetic lid movements. Imaging suggested a dorsal pontine cavernoma (Figure). The patient opted for radiosurgery. Omnipause neurons in dorsal pons tonically inhibit the riMLF burst neurons (centre for vertical saccades) which also indirectly stimulates levator subnucleus¹. Damage to omnipause neurons or connections may cause reverse ocular bobbing with synkinetic lid movements. Unlike ocular bobbing, the horizontal gaze is intact due to uninvolved PPRF². Interestingly, reverse ocular bobbing has been previously reported in cases of metabolic encephalopathy, but is rarely associated with a structural lesion.

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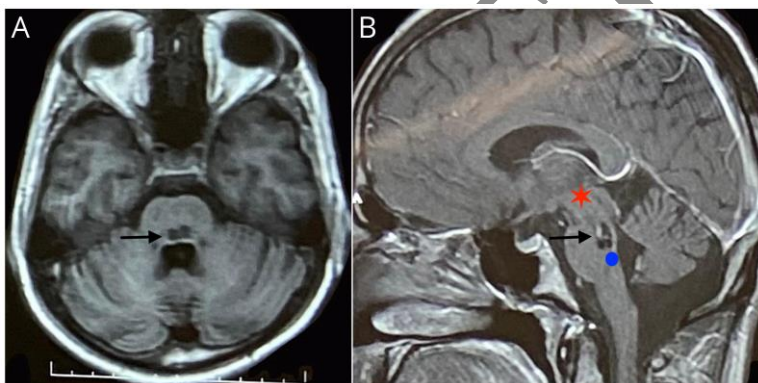
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Figure 1-Showing axial and sagittal MRI images delineating a dorsal pontine cavernoma

Figure A- T1 weighted axial MRI sequence showing a hypointense lesion in dorsal pons (marked with black arrow)

Figure B- T1W+C sagittal MRI sequence depicting a lesion (marked with black arrow) with faint contrast enhancement at dorsal pontomesencephalic junction. Red star represents riMLF, which has the excitatory burst neurons for vertical saccades and blue circle at dorsal pons approximates location of omnipause cells lying in the nucleus raphe interpositus, which is located in the midline at the level of abducens nucleus. The connections between riMLF and omnipause neurons are damaged leading to reverse bobbing



Video- Video demonstrating intact gaze in all directions with synchronised upward movement followed by return to mid-position associated with lid synkinesis.

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