

Teaching Video NeuroImages:

My weeping patient

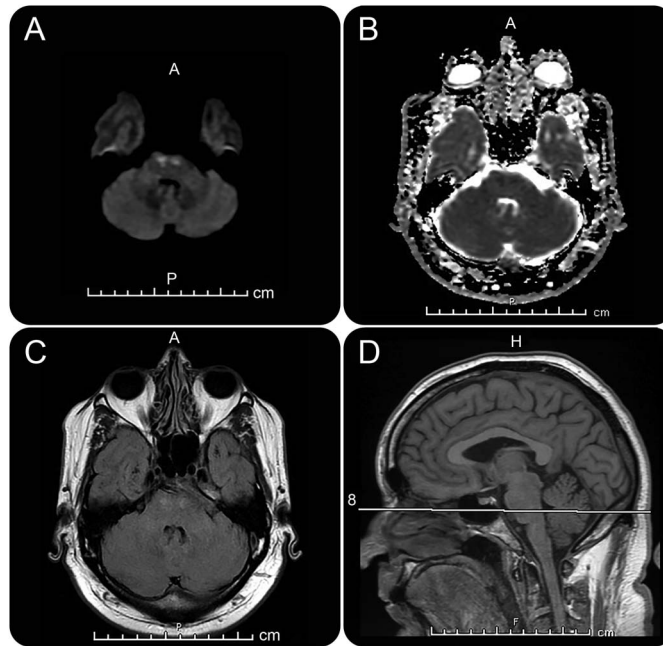
Avoiding the pitfalls of a functional diagnosis



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Figure Bilateral anterior pontine infarcts



Axial diffusion-weighted imaging on day 3 (A), axial T1 (C), axial apparent diffusion coefficient (ADC) map (B), and sagittal T1 (D) images demonstrate focal diffusion restriction in the anterior aspect of the right and left pons with no corresponding low signal on the ADC map.

A 54-year-old man presented with symptoms of a posterior circulation stroke. A right facial palsy and horizontal right end gaze nystagmus was noted. On resolution, episodes of uncontrolled weeping without a provoking stimulus was observed (video at Neurology.org). These were initially unremitting, lasting minutes, with complete resolution after 1 month. An early consideration was of a functional neurologic disorder. Subsequent MRI brain demonstrated bilateral anterior pontine infarcts (figure). It has been hypothesized that pseudobulbar affect (PBA) results from the loss of frontal cortex input to the cerebellum during emotional expression.¹ This disruption in descending pathways is postulated in pontine infarcts.² PBA should not be considered an incongruent sign.

AUTHOR CONTRIBUTIONS

James Peters: drafting the manuscript. Nirosen Vijjaratnam: drafting the manuscript. Tissa Wijeratne: revising the manuscript for intellectual content.

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DISCLOSURE

The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

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Supplemental data
at Neurology.org

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