A Case of Eight-and-a-Half Syndrome After Cessation of Heparin Treatment

Heparin Tedavisinin Kesilmesinden Sonra Gelişen Bir Sekizbuçuk Sendromu Olgusu

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Caner Feyzi Demir Hasan Hüseyin Özdemir Oktay Kapan

Fırat Üniversitesi Tıp Fakültesi Nöroloji Anabilim Dalı, Elazığ, Türkiye

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We report a 58-year-old woman with sudden-onset diplopia and right facial weakness. She was under heparin treatment because of an acute coronary syndrome, and heparin had been discontinued on the day these neurological symptoms occurred. Her examination revealed combination of right gaze paresis, right internuclear ophthalmoplegia (Figure 1 A,B,C) and peripheral seventh nerve palsy (Figure 1 D), which led to the diagnosis of eightand-a-half syndrome (1,2). The patient had a history of hypertension and diabetes mellitus. Cranial magnetic resonance showed right paramedian tegmental pontine lesion (Figure 2 A,B). Computed tomography angiography revealed vascular irregularities on large vessels and a mild stenosis of the basilar artery (Figure 2C). We think that the accumulation of prothrombotic factors during antithrombin therapy caused a relative hypercoagulable state and a rebound in ischemic events after drug withdrawal in this patient (3,4).

Caner Feyzi Demir Hasan Hüseyin Özdemir Oktay Kapan

Department of Neurology, Faculty of Medicine, University of Firat, Elazig, Turkey

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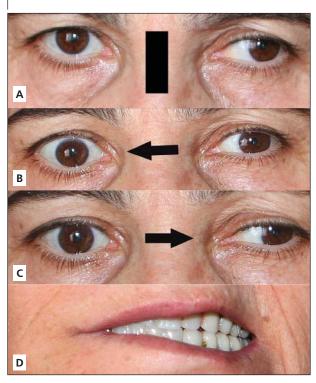


Figure 1. (A) Gaze in primary position. (B,C) Right gaze paresis, lag of adduction in the right eye and normal abduction in the left eye. (D) Right facial weakness (permission was obtained for publication of these figures).

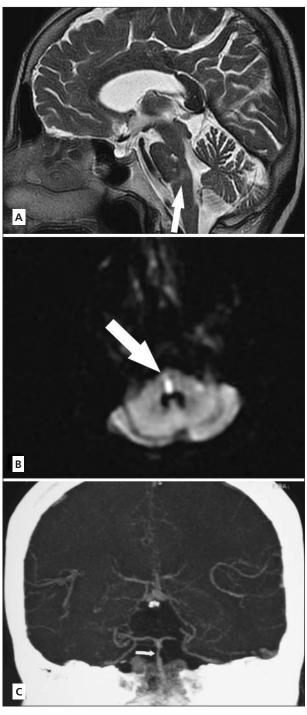


Figure 2. (A) T2-weighted MRI showed high signal intensity lesion in the right pontine tegmentum. (B) Diffusion-weighted images (DWI) corresponding to the anatomical correlate in the dorsal pontine tegmentum. (C) Brain computed angiography showed vascular irregularities on large vessels and a mild stenosis of the basilar artery.