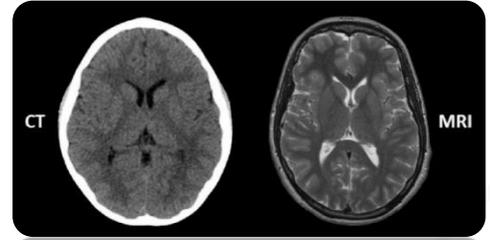


## INTRODUCTION

Wallenberg syndrome, or lateral medullary syndrome, accounts for about 2% to 3% of ischemic strokes. In some cases, imaging may show cerebellar infarction, but clinical signs may suggest lateral medullary involvement. Early recognition is essential for guiding treatment and preventing complications.



## CASE DESCRIPTION

A 62-year-old woman with hypertension presented to the emergency department with sudden onset of vomiting, vertigo, dizziness, spinning sensation, and unsteady gait for one day but denied history of trauma. On arrival, she was afebrile, temperature 36.7, blood pressure 176/87, heart rate 70, respiratory rate 18, spo2 96% under room air. On examination, the patient was alert but visibly distressed due to vertigo. Neurological examination revealed lateral and vertical nystagmus, suggesting involvement of cranial nerves III and IV. Hoarseness was noted on cranial nerve IX examination. Cerebellar signs were seen on the left side, with positive finger-to-nose and heel-to-shin tests, indicating ipsilateral limb ataxia. CT brain imaging showed left cerebellar infarction. The patient was admitted in tertiary center and started with single anti platelet. In ward, she progressively improving. Prior discharge, she was well with no neurological deficit and had been discharged with Tablet aspirin 1/1 daily dose.

## DISCUSSION

Wallenberg syndrome is usually caused by occlusion of the posterior inferior cerebellar artery (PICA) or vertebral artery. Commonly presented with vertigo, vomiting, nystagmus, dysphagia, and ataxia. Hence, a complete neurological examination is essential because Wallenberg syndrome can be diagnosed clinically. Prompt identification of symptoms is necessary to guide further investigation with radiological tests like CT, MRI, and MRA, which help confirm the diagnosis and rule out other causes. This patient exhibited hallmark features of Wallenberg syndrome, CT brain can miss lateral medullary infarction, especially in the early stages or when the infarction is small. Thus, in advanced setting, MRI and imaging of vertebral artery can be considered as these imaging are more sensitive to visualize the level of occlusion. Thus, can expedite the direction of care whether patient require medical or surgical intervention.

## CONCLUSION

While Wallenberg syndrome has a better functional outcome than many stroke syndromes, accurate diagnosis is essential, especially in hospitals without advanced radiological testing.

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