

Pictorial CME

Weber's Syndrome — An Interesting Case of Crossed Hemiplegia

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55 years old male noticed weakness of left arm and leg and diplopia on waking in the morning. He had been a diabetic and hypertensive for the past 10 years. On examination, he had complete right 3rd cranial nerve palsy (drooping of eyelid, lateral deviation of eye) with involvement of pupil (Fig 1) and left hemiparesis (Fig 2). MRI Brain T2W (Fig 3) and FLAIR (Fig 4) sequences showed infarcts in right side of midbrain (cerebral peduncle). Hence the diagnosis of Weber's Syndrome was made. He was treated with antiplatelets, statins and physiotherapy. Patient improved over a period of 3 to 4 weeks.

Weber's syndrome was first described by Sir Herman David Weber, a German physician in 1863¹. It is a form of stroke characterised by oculomotor nerve palsy and contralateral hemiparesis or hemiplegia. It is caused by infarction of midbrain as a result of occlusion of paramedian branches of posterior cerebral artery or of basilar bifurcation perforating arteries^{2,3}. This lesion is usually unilateral and affects several structures in midbrain including the corticospinal tracts and oculomotor nerve fibres producing ipsilateral oculomotor nerve palsy and contralateral hemiparesis.

This interesting case highlights the importance of



Fig 1 — Showing right oculomotor palsy



Fig 2 — Showing Left hemiparesis

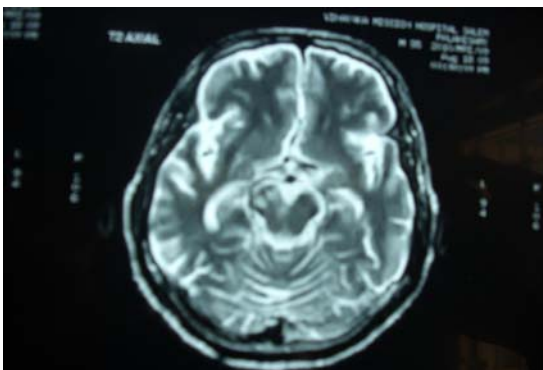


Fig 3 — MRI Brain (T2W) Showing infarcts in rightside of midbrain (Cerebral peduncle)

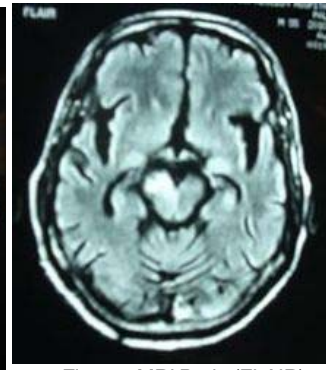


Fig 4 — MRI Brain (FLAIR) Showing infarcts in rightside of midbrain (Cerebral peduncle)

neurological localisation and clinico-radiological correlation.

REFERENCES

- 1 Silverman IE, Liu GT, Volpe NJ, *et al* — The crossed paralysis. The original brain stem syndromes of Millard-Gubler, Foville, Weber and Raymond-Cestan. *Arch Neurol* 1995; **52**: 635-8.
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