



Images in Clinical Medicine

Unusual cause of dysphagia

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A 55-year-old man presented with complaints of an acute-onset dysphagia. He had a history of hypertension with a blood pressure of 130/90 mmHg at admission. On examination, he had a hoarse voice, reduced palatal movements, and loss of gag reflex. Magnetic resonance imaging (MRI) of the brain 6 hours after onset of symptoms showed a small acute infarct in the left hemimedulla and a few other chronic infarcts in the right gangliocapsular region and bilateral thalamus [Figure 1].

Wallenberg's syndrome or lateral medullary syndrome is caused by ischemia in the territory of the posterior inferior cerebellar artery or vertebral artery. Swallowing centers, which are located in the rostral dorsolateral medulla, may be involved in lateral medullary infarction with resultant dysphagia [1]. Wallenberg's syndrome usually presents as vertigo, dysarthria, nystagmus, Horner's syndrome, diminished gag reflex, ipsilateral ataxia, and decreased sensation on the contralateral side of the body [1,2]. As the bilateral medullary centers for swallowing function in an integrated manner, even a unilateral medullary lesion may affect the pharyngeal phase of deglutition and cause significant dysphagia. Hence, Wallenberg's syndrome should be considered in the differential diagnosis of sudden-onset dysphagia. MRI of the brain should be done to exclude this syndrome [1,2].

Declaration of patient consent

The authors certify that an appropriate patient consent form has been obtained. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understands that his name and initials will not be published and due efforts will be made to conceal his identity.

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Nil.

Conflicts of interest

There are no conflicts of interest.

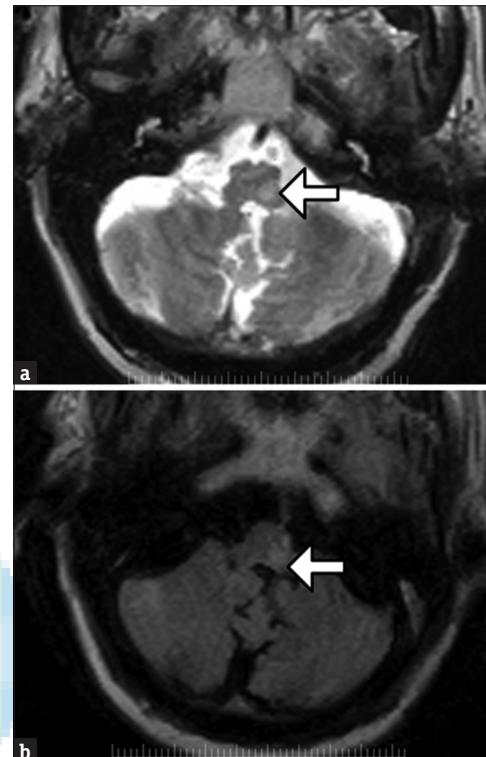


Figure 1: Axial section on magnetic resonance imaging of the brain. (a) T2-weighted and (b) T2 fluid-attenuated inversion recovery-weighted images show a small acute infarct in the left hemimedulla (arrows)

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