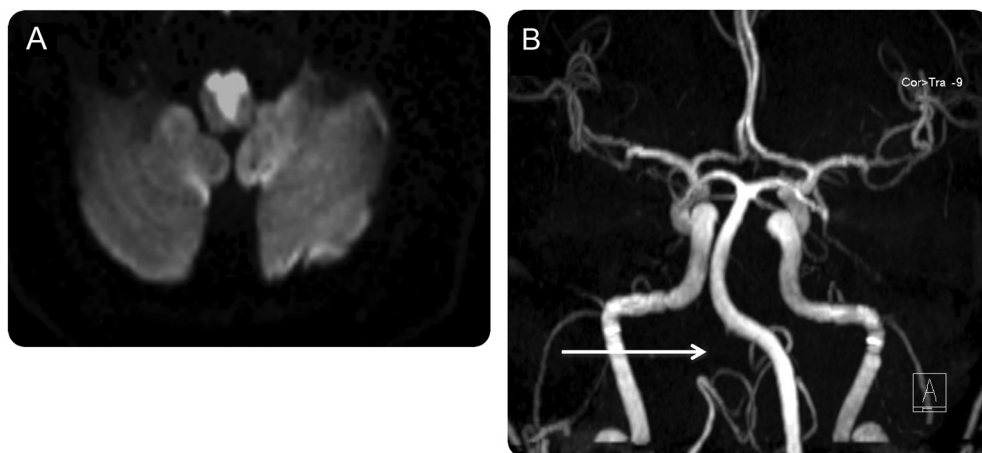


Complete lingual palsy from bilateral Dejerine syndrome (bilateral medial medullary stroke)



Figure Imaging



(A) Diffusion-weighted-axial image: bilateral medial medullary infarct. (B) Magnetic resonance angiography: right V4 occlusion (white arrow).

A 63-year-old man with several vascular risk factors presented with sudden left hemiplegia rapidly evolving to quadriplegia, dysarthria, bilateral hypoglossal palsy (video 1 on the *Neurology*[®] Web site at Neurology.org), and respiratory failure. IV thrombolysis with recombinant tissue plasminogen activator was administered. MRI confirmed bilateral medial medullary infarction (figure, A), and CT and magnetic resonance angiography showed right vertebral artery V4 occlusion, presumably atherosclerotic (figure, B). Tongue mobility recovered completely after 3 months (video 2).

Dejerine syndrome is a rare stroke syndrome; its bilateral form at the rostral level produces the characteristic “heart sign” on MRI^{1,2} (figure, A).

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Supplemental data
at Neurology.org

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