Scholars Journal of Medical Case Reports **ISSN 2347-6559 (Online)**
Sch J Med Case Rep 2017; 5(7):427-427 **ISSN 2347-9507 (Print)**

(An International Publisher for Academic and Scientific Resources) DOI: 10.36347/sjmcr.2017.v05i07.003

A Rare Case of Millard Gubler Syndrome

Dr Vijaykumar. G. Warad[1], Dr Shivanand Mulakuri[2]
[1]Professor, Dept of Medicine, Shri B M Patil Medical College Vijayapur
[2]Post Graduate, Dept of Medicine, Shri B M Patil Medical College Vijayapur

***Corresponding author**
Dr Vijaykumar. G. Warad
Email: drshivamulakuri@gmail.com

Abstract: This is a case report of a woman who presented with Millard Gubler syndrome. She had right Abducens nerve and facial nerve palsy with left hemiparesis. The patient subsequently improved over one month with physiotherapy.
Keywords: Millard Gubler syndrome, Abducens nerve, facial nerve palsy, hemiparesis, physiotherapy

INTRODUCTION

Millard-Gubler syndrome, also known as ventral pontine syndrome, is named after two French physicians Auguste Louis Jules Millard (1830-1915), who first identified the disorder in 1855, and Adolphe Marie Gubler (1821-1879), who described the disease in a medical paper one year later [2]. It is caused by a lesion at the ventral part of the pons and manifests itself as a unilateral facial and/or abducens palsy with contralateral weakness of the arm and leg.

CASE REPORT

A 60 year old female, presented to casualty with the history of sudden weakness of left upper and lower limb with slurred speech and deviation of angle of mouth to left side since one day. She had a history of essential hypertensive since five years and on irregular antihypertensive medications. No history of Diabetes Mellitus or Ischemic heart disease. On examination she was oriented with dysarthria. There was ptosis of the right eye, ocular movements showed loss of abduction of the right eye. She had deviation of the angle of mouth to the left side with loss of nasolabial folds on the right side and absence of wrinkles on right side of forehead on raising eyebrows. She had only flickering movements in left upper and lower limb. Deep tendon reflexes were brisk on the left side and plantar responses were extensor on left side. The remainder of the physical and neurologic examination was normal.

On investigating she was found to be anaemic with haemoglobin of 6.5mg/dl and remaining lab investigations were normal. MRI of the Brain showed a well-defined area in the right anteromedial pons, which was homogenously hypointense suggestive of acute infarct in right ponto-medullary junction and multiple lacunar infarcts in bilateral thalami.

The patient's condition improved slowly. On follow up examination 1 month later cranial nerves were normal, and there was spastic hemiparesis involving the left leg.

DISCUSSION

Millard-Gubler syndrome, one of the classical pontine-crossed syndromes, was initially described in autopsy specimens by the French school of neurology in the last century [2]. In the central region of the ventral pons course the corticospinal and corticobulbar tracts. The medial lemniscus lies posteriorly on each side of the median raphe. Nuclei of the VI and VII nerves are found in the dorsal portion of the pons: their fibers pass through the pontine tegmentum and emerge anteriorly at the cerebellopontine angle. The spinothalamic tract occupies a position in the anterolateral tegmentum, medial to the descending tract and nucleus of the V nerve [3].

The lesion causing Millard-Gubler syndrome involves the ventromedial part of the pons, which contains the corticospinal tract and the fascicular intrapontine portion of the VII nerve, causing ipsilateral paralysis of the facial nerve and contralateral hemiplegia. Fibers of the VI nerve are also involved in the classical cases. The medial lemniscus and the spinothalamic tract are spared in this syndrome, thus explaining the absence of sensory impairment.

REFERENCES

1. Ferbert A, Bruckmann H, Drummen R. Clinical features of proven basilar artery occlusion. *Stroke*. 1990 Aug. 21(8):1135-42.
2. A. Jatfis, Y. Kleinman, and I. Korn-Lubetzki.Radiologic-Clinical Correlation Millard-Gubler Syndrome AJNR. 1994; Jan. 15: 179-181.
3. Carpenter MB. Core text of anatomy. Baltimore: Williams, Wilkins. 1978: 112-140.