

[PICTURES IN CLINICAL MEDICINE]

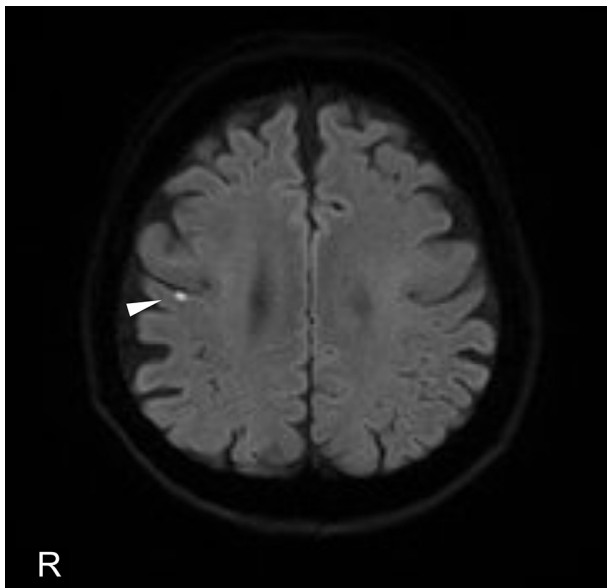
Parietal Cheiro-oral Syndrome

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Key words: parietal stroke, MRI, cheiro-oral syndrome

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Picture.

A 72-year-old woman presented with the sudden onset of an abnormal sensation in the left perioral region and left fingers in the morning. Her blood pressure was 154/92 mmHg, and her pulse rate was 88/min with a regular rhythm. Neurological findings showed hypesthesia in the left perioral region and left fingers but were otherwise unremarkable. An electrocardiogram showed sinus rhythm. Diffusion-weighted

imaging showed a high-intensity lesion in the right post-central gyrus (Picture, arrowhead). No additional new lesions, including in the brainstem or thalamus, were found. The patient's sensory impairment improved over several days after anti-platelet and anti-coagulant therapy. Cheiro-oral syndrome, a pure sensory stroke involving the ipsilateral perioral region and fingers, is usually attributed to thalamic infarction but can occur in cases of parietal stroke (1, 2). The parietal lesion inducing cheiro-oral syndrome was much smaller in the present patient than those described in previous reports (1, 2), which has an important implication in our understanding of the clinico-radiological correlation of the sensory topography.

The authors state that they have no Conflict of Interest (COI).

References

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2. Yasuda Y, Watanabe T, Ogura A. Parietal cheiro-oral syndrome. *Intern Med* 39: 1105-1107, 2000.

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