

## **DEMYELINATING DISEASE PRESENTING WITH EIGHT-AND-A HALF SYNDROME**

**O.F. Turan**, O. Taskapılıoğlu, M. Okay Orun, A. Sivaci

*Neurology, Uludag University, Turkey*

[fturan@uludag.edu.tr](mailto:fturan@uludag.edu.tr)

Multiple sclerosis (MS) is a chronic demyelinating and inflammatory neurological disease of young adults. The 8-1/2 syndrome is comprised of one-and-a-half syndrome with ipsilateral facial palsy. It allows precise anatomical correlate of the lesions in the paramedian tegmentum in the lower pons.

A 25-year-old male presented with the complaints of diplopia, right hemihypoesthesia, left facial muscle weakness on the left to our out-patient clinic. His neurological examination revealed right gaze limitation and left eye limitation of adduction with horizontal nystagmus on abduction in addition to a left-sided lower motor neuron facial nerve palsy. He also had slight paresis on the right leg. Magnetic resonance imaging revealed lesions in the periventricular regions, centrum semiovale, mesencephalon, dorsal tegmentum, caudally in the pons, and in the cervical region at C3-4. . CSF oligoclonal band was positive. Visual evoked potentials showed prolongation of the P100 latencies on both sides.

Our patient presented with the unique combination of left sided horizontal one-and-a-half syndrome and lower motor neuron seventh cranial nerve palsy. Such a combination of signs (seven plus one-and-a-half) is known as eight-and-a-half syndrome. Involvement of left abducens nucleus, left medial longitudinal fasciculus, and left facial nucleus/fascicles in the lower pontine tegmentum contributed to the observed clinical signs.

Here, a rare MS case presenting with eight-and-a-half syndrome is presented and discussed in the light of the literature.