- When anisocoria is present…

Q

- When anisocoria is present…

When faced with anisocoria, what do you want to know first and foremost?

A

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When faced with anisocoria, what do you want to know first and foremost?
Which pupil (if either) is 'the culprit'; ie, is the larger pupil failing to constrict properly, or is the smaller pupil not dilating properly?

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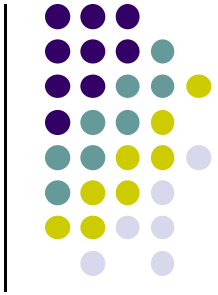
How can you tell which pupil is the culprit?

Q



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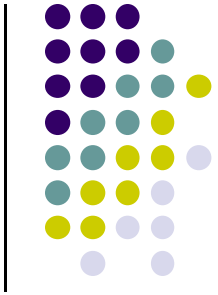
How can you tell which pupil is the culprit?
By determining the lighting condition under which the anisocoria is more pronounced. If the anisocoria is more pronounced in **dim** light, this indicates the smaller pupil isn't dilating properly (and thus is abnormal). A pupil that fails to dilate is suggestive of a [illegible] ANS division pathway problem.

A



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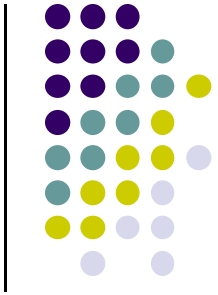
Q



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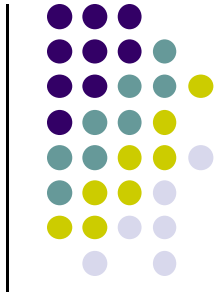
A



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Q

- When anisocoria is present…

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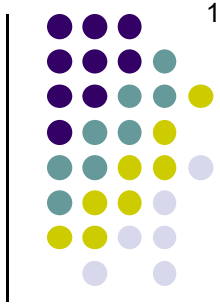
What if the anisocoria is the same under all lighting conditions?

A



- When anisocoria is present…

When faced with anisocoria, what do you want to know first and foremost?
Which pupil (if either) is 'the culprit'; ie, is the larger pupil failing to constrict properly, or is the smaller pupil not dilating properly?

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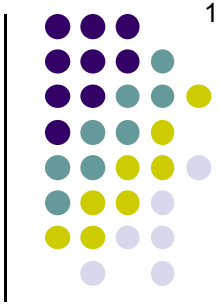
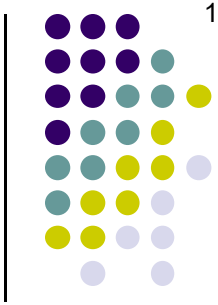
What if the anisocoria is the same under all lighting conditions?
Then it is nonpathologic or **physiological anisocoria**--a common finding



- When anisocoria is present…and the **larger** pupil is the culprit…

Q



- When anisocoria is present…and the **larger** pupil is the culprit…

As an aside: A pupil that does not constrict owing to inadequate parasympathetic input is often referred to as a **pupil**

A

- When anisocoria is present…and the **larger** pupil is the culprit…

As an aside: A pupil that does not constrict owing to inadequate parasympathetic input is often referred to as a **motor pupil**

Q

- When anisocoria is present…and the **larger** pupil is the culprit…
  - **Must** rule out a…

A

- When anisocoria is present…and the **larger** pupil is the culprit…
  - **Must** rule out a…**CN3 palsy**

Q

- When anisocoria is present…and the **larger** pupil is the culprit…
  - **Must** rule out a…**CN3 palsy**
  - Always consider…

A

- When anisocoria is present…and the **larger** pupil is the culprit…
  - **Must** rule out a…**CN3 palsy**
  - Always consider…**local iris pathology**

Q

- When anisocoria is present…and the **smaller** pupil is the culprit…
  - **Must** rule out a…

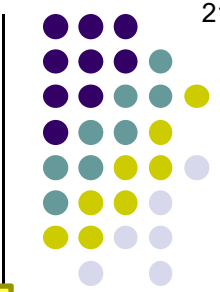
A

- When anisocoria is present…and the **smaller** pupil is the culprit…
  - **Must** rule out a…**Horner syndrome**

Q

- When anisocoria is present…and the **smaller** pupil is the culprit…
  - **Must** rule out a…**Horner syndrome**
  - Always consider…

A



- When anisocoria is present…and the **smaller** pupil is the culprit…
  - **Must** rule out a…**Horner syndrome**
  - Always consider…**local iris pathology**

Q

- common drop can be contributory in evaluating a possible motor pupil

A

- *Pilo testing* can be contributory in evaluating a possible motor pupil

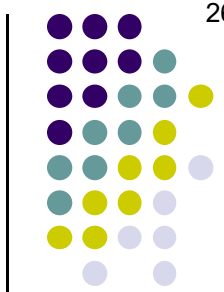
Q

- *Pilo testing* can be contributory in evaluating a possible motor pupil
  - Step 1: Check response to [strength] pilo.

A

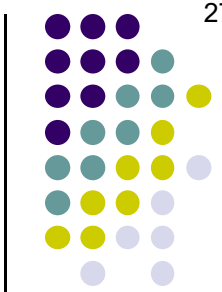
- *Pilo testing* can be contributory in evaluating a possible motor pupil
  - Step 1: Check response to dilute (1/8-1/16%) pilo.

Q



- *Pilo testing* can be contributory in evaluating a possible motor pupil
  - Step 1: Check response to dilute (1/8-1/16%) pilo. If pupil…
    - …constricts: is likely an…

A



- *Pilo testing* can be contributory in evaluating a possible motor pupil
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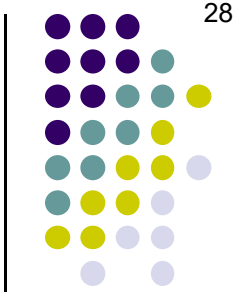

- *Pilo testing* can be contributory in evaluating a possible motor pupil
  - Step 1: Check response to dilute (1/8-1/16%) pilo. If pupil…
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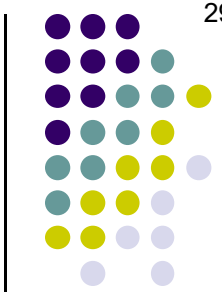
    - …does *not* constrict: Go to Step 2

Q



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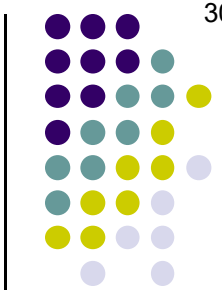
  - Step 2: check response to strength pilo.

A



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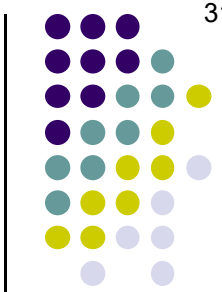
Q



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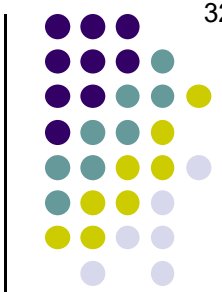
A



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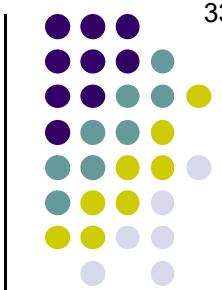
Q



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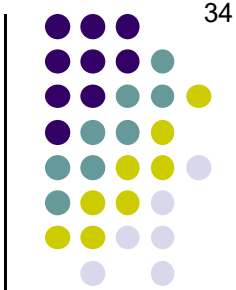
    - …does constrict: Must image for a

A



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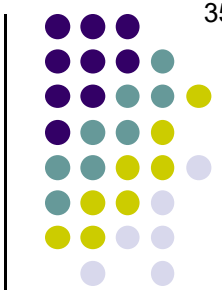
    - …does constrict: Must image for a…PCA aneurysm

(posterior communicating artery)

Q



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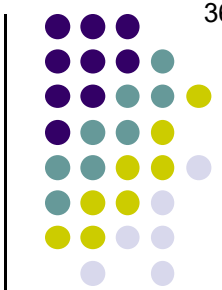
What if a PCA aneurysm is ruled out by imaging (both MRI/MRA and angiography)?

A



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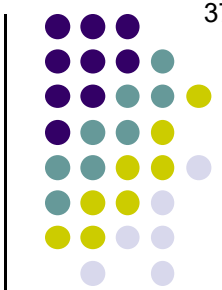
    - …does constrict: Must image for a…PCA aneurysm

What if a PCA aneurysm is ruled out by imaging (both MRI/MRA and angiography)?
Is likely an Adie's pupil

Q



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    - …constricts: **is likely an…Adie's pupil**
    - …does *not* constrict: Go to Step 2
  - Step 2: check
    If pupil…
    - …does not co
    - …does constr

What if a PCA aneurysm
Is likely an Adie's pupil

*Wait a minute. According to Step 1, an Adie's pupil constricts with dilute pilo. The reason we tested this pupil with full-strength pilo was that it **failed** to constrict to dilute pilo. So how can it be an Adie's pupil too?*

A

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  - Step 2: check
    If pupil…
    - …does not co
    - …does constr

chronic

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What if a PCA aneurysm
Is likely an Adie's pupil

A

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chronic

*Wait a minute. According to Step 1, an Adie's pupil constricts with dilute pilo. The reason we tested this pupil with full-strength pilo was that it **failed** to constrict to dilute pilo. So how can it be an Adie's pupil too?* Adie's syndrome involves interruption of the parasympathetics to the eye after the ciliary ganglion. The absence of input produces **denervation supersensitivity** of the receptors at the pupillary constrictor muscle, so a *chronic* Adie's pupil will respond to dilute pilo. However, denervation supersensitivity takes time to develop; thus, an Adie's of recent onset (a so-called **acute Adie's**) will **not** respond to dilute pilo, but will to full strength.

What if a PCA aneurysm

acute

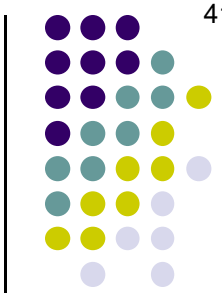
Is likely an Adie's pupil

Speaking of Adie's…For each sign and symptom, identify whether it is associated with an **acute** *Adie's pupil, a* **chronic** *Adie's pupil, or* **both**

-
-
-
-
-
-
-

Q

Speaking of Adie's…For each sign and symptom, identify whether it is associated with an **acute** *Adie's pupil, a* **chronic** *Adie's pupil, or* **both**



- Affected pupil smaller:
-
-
-
-
-
-

A

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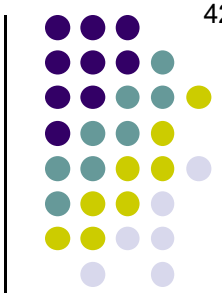
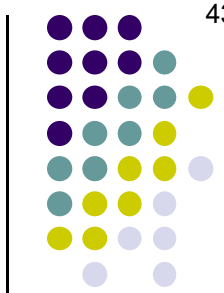


- Affected pupil smaller: *Chronic*
-
-
-
-
-
-

Q

Speaking of Adie's…For each sign and symptom, identify whether it is associated with an **acute** *Adie's pupil, a* **chronic** *Adie's pupil, or* **both**



- Affected pupil smaller: *Chronic*
- Affected pupil larger:
-
-
-
-
-

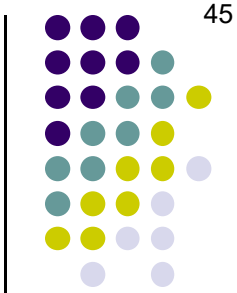
A

Speaking of Adie's…For each sign and symptom, identify whether it is associated with an **acute** *Adie's pupil, a* **chronic** *Adie's pupil, or* **both**

- Affected pupil smaller: *Chronic*
- Affected pupil larger: *Acute*
-
-
-
-
-

Q

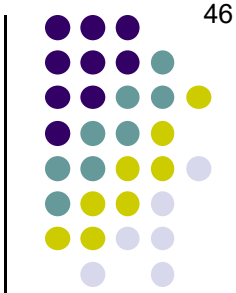
Speaking of Adie's…For each sign and symptom, identify whether it is associated with an **acute** *Adie's pupil, a* **chronic** *Adie's pupil, or* **both**



- Affected pupil smaller: *Chronic*
- Affected pupil larger: *Acute*
- Pilo supersensitivity:
-
-
-
-

A

Speaking of Adie's…For each sign and symptom, identify whether it is associated with an **acute** *Adie's pupil, a* **chronic** *Adie's pupil, or* **both**



- Affected pupil smaller: *Chronic*
- Affected pupil larger: *Acute*
- Pilo supersensitivity: *Chronic*
-
-
-
-

Q

Speaking of Adie's…For each sign and symptom, identify whether it is associated with an **acute** *Adie's pupil, a* **chronic** *Adie's pupil, or* **both**

- Affected pupil smaller: *Chronic*
- Affected pupil larger: *Acute*
- Pilo supersensitivity: *Chronic*
- Pupil fixed:
-
-
-

A

Speaking of Adie's…For each sign and symptom, identify whether it is associated with an **acute** *Adie's pupil, a* **chronic** *Adie's pupil, or* **both**

- Affected pupil smaller: *Chronic*
- Affected pupil larger: *Acute*
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-
-
-

Q

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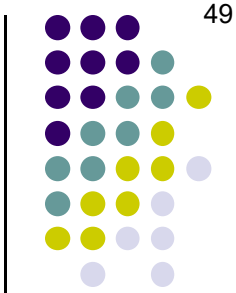

- Affected pupil smaller: *Chronic*
- Affected pupil larger: *Acute*
- Pilo supersensitivity: *Chronic*
- Pupil fixed: *Acute*
- Light-near dissociation:
-
-

A

Speaking of Adie's…For each sign and symptom, identify whether it is associated with an **acute** *Adie's pupil, a* **chronic** *Adie's pupil, or* **both**

- Affected pupil smaller: *Chronic*
- Affected pupil larger: *Acute*
- Pilo supersensitivity: *Chronic*
- Pupil fixed: *Acute*
- Light-near dissociation: *Chronic*
-
-

Q

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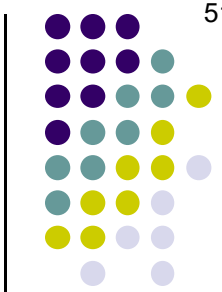

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- Pupil fixed: *Acute*
- **Light-near dissociation**: *Chronic*

What is light-near dissociation?

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What is light-near dissociation?
A phenomena in which pupils miose less robustly in response to light than they do as part of the near response

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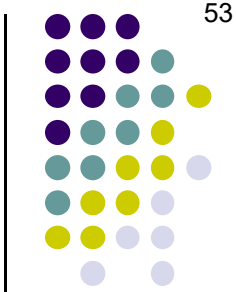

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- **Light-near dissociation**: *Chronic*

What is light-near dissociation?
A phenomena in which pupils miose less robustly in response to light than they do as part of the near response

What are the three general types/locations of light-near dissociation?
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- Pupil fixed: *Acute*
- **Light-near dissociation**: *Chronic*

What is light-near dissociation?
A phenomena in which pupils miose less robustly in response to light than they do as part of the near response

What are the three general types/locations of light-near dissociation?
--Afferent
--Central
--Peripheral

Q

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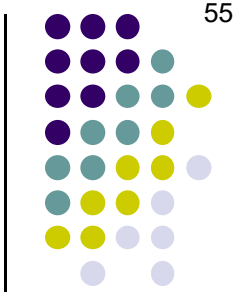

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- **Light-near dissociation**: *Chronic*

What is light-near dissociation?
A phenomena in which pupils miose less robustly in response to light than they do as part of the near response

What are the three general types/locations of light-near dissociation?
--Afferent?
--Central?
--Peripheral?

Damage to which type/location is implicated in the light-near dissociation associated with an Adie's?

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--Central
--Peripheral

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Peripheral

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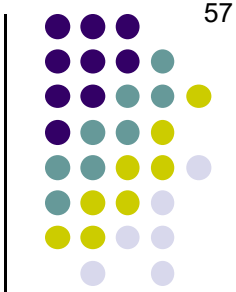

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- Pupil fixed: *Acute*
- **Light-near dissociation**: *Chronic*

What is light-near dissociation?
A phenomena in which pupils miose less robustly in response to light than they do as part of the near response

What are the three general types/locations of light-near dissociation?
--Afferent
--Central
--Peripheral

Where is the lesion in an **afferent** *near-light dissociation?*

A

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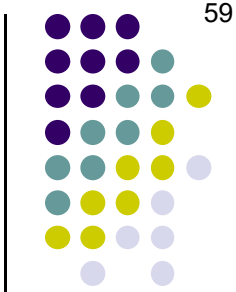
What is light-near dissociation?
A phenomena in which pupils miose less robustly in response to light than they do as part of the near response

What are the three general types/locations of light-near dissociation?
--Afferent
--Central
--Peripheral

Where is the lesion in an **afferent** *near-light dissociation?*
Anywhere in the anterior visual pathway

Q

Speaking of Adie's…For each sign and symptom, identify whether it is associated with an **acute** *Adie's pupil, a* **chronic** *Adie's pupil, or* **both**



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- **Light-near dissociation**: *Chronic*

What is light-near
A phenomena in
response

What are the thre
--Afferent
--Central
--Peripheral

Where in the brain is the lesion in a **central** *near-light dissociation?*

A

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- Pupil fixed: *Acute*
- **Light-near dissociation**: *Chronic*

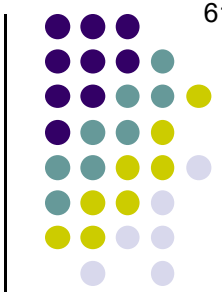
What is light-near
A phenomena in
response

What are the thre
--Afferent
--Central
--Peripheral

Where in the brain is the lesion in a **central** *near-light dissociation?*
The dorsal midbrain region

Q

Speaking of Adie's…For each sign and symptom, identify whether it is associated with an **acute** *Adie's pupil, a* **chronic** *Adie's pupil, or* **both**



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- Pupil fixed: *Acute*
- **Light-near dissociation**: *Chronic*

What is light-near
A phenomena in
response

What are the thre
--Afferent
--Central
--Peripheral

Where in the brain is the lesion in a **central** *near-light dissociation?*
The dorsal midbrain region

What specific structure of the dorsal midbrain is involved?

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- Pupil fixed: *Acute*
- **Light-near dissociation**: *Chronic*

What is light-near
A phenomena in
response

What are the thre
--Afferent
--Central
--Peripheral

Where in the brain is the lesion in a **central** *near-light dissociation?*
The dorsal midbrain region

What specific structure of the dorsal midbrain is involved?
The pretectum, specifically the pretectal nuclei

Q

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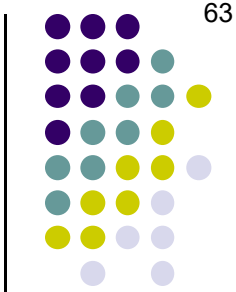

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- **Light-near dissociation**: *Chronic*

What is light-near
A phenomena in
response

What are the thre
--Afferent
--Central
--Peripheral

Where in the brain is the lesion in a **central** *near-light dissociation?*
The dorsal midbrain region

What specific structure of the dorsal midbrain is involved?
The pretectum, specifically the pretectal nuclei

What is the eponymous name for the syndrome caused by a dorsal midbrain/pretectum lesion?

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- **Light-near dissociation**: *Chronic*

What is light-near
A phenomena in
response

What are the thre
--Afferent
--Central
--Peripheral

Where in the brain is the lesion in a **central** *near-light dissociation?*
The dorsal midbrain region

What specific structure of the dorsal midbrain is involved?
The pretectum, specifically the pretectal nuclei

What is the eponymous name for the syndrome caused by a dorsal midbrain/pretectum lesion?
Parinaud syndrome

Q

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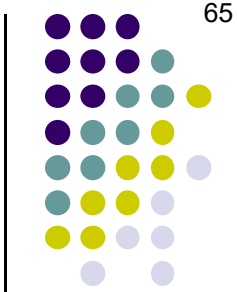

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What is light-near
A phenomena in
response

What are the thre
--Afferent
--Central
--Peripheral

Where in the brain is the lesion in a **central** *near-light dissociation?*
The dorsal midbrain region

What specific structure of the dorsal midbrain is involved?
The pretectum, specifically the pretectal nuclei

What is the eponymous name for the syndrome caused by a dorsal midbrain/pretectum lesion?
Parinaud syndrome

What are the two noneponymous names for Parinaud syndrome?
1)
2)

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What is light-ne
A phenomena
response

What are the
--Afferent
--Central
--Periphera

Where in the brain is the lesion in a **central** *near-light dissociation?*
The **dorsal midbrain** region

What specific structure of the dorsal midbrain is involved?
The **pretectum**, specifically the **pretectal** nuclei

What is the eponymous name for the syndrome caused by a dorsal midbrain/pretectum lesion?
Parinaud syndrome

What are the two noneponymous names for Parinaud syndrome?
1) Dorsal midbrain syndrome
2) Pretectal syndrome

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- [illegible] *Chronic*
- [illegible] *Chronic*

Parinaud syndrome has four classic clinical features. One is light-near dissociation. What are the other three?
--Light-near dissociation
--
--
--

What is light-ne
A phenomena
response

What are the
--Afferent
--Central
--Peripheral

Where in the brain is the lesion in a **central** *near-light dissociation?*
The **dorsal midbrain** region

What specific structure of the dorsal midbrain is involved?
The **pretectum**, specifically the **pretectal** nuclei

What is the eponymous name for the syndrome caused by a dorsal midbrain/pretectum lesion?
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--Light-near dissociation
--Impaired upgaze
--Lid retraction
--Convergence-retraction nystagmus

What is light-ne
A phenomena
response

What are the
--Afferent
--Central
--Peripheral

Where in the brain is the lesion in a **central** *near-light dissociation?*
The **dorsal midbrain** region

What specific structure of the dorsal midbrain is involved?
The **pretectum**, specifically the **pretectal** nuclei

What is the eponymous name for the syndrome caused by a dorsal midbrain/pretectum lesion?
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The etiology of a Parinaud syndrome is often a function of who the pt is. For each of these pts with Parinaud's, state the most likely cause:
--A child:
--A young man:
--A young woman:
--An older man:

What is lig
A phenom
response

What are t
--Afferent
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brain/pretectum lesion?

Parinaud syndrome

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--A child: **Hydrocephalus**
--A young man: **A pineal tumor**
--A young woman: **MS**
--An older man: **CVA**

brain/pretectum lesion?
Parinaud syndrome

What are the two noneponymous names for Parinaud syndrome?
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Parinaud syndrome is characterized by tonic downward displacement of the eyes, with impaired upgaze. There is a clinical entity that is the opposite of this, that is, tonic **upward** *deviation of the eyes, with impaired* **downgaze**. *What is this condition?*

Where in th
The **dorsal**

What specif
The **pretect**

What is the eponymous name for the syndrome caused by a dorsal midbrain/pretectum lesion?
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Oculogyric crisis

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What is the etiology of oculogyric crisis?

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Oculogyric crisis

What is the etiology of oculogyric crisis?
It is an idiosyncratic drug reaction

Q

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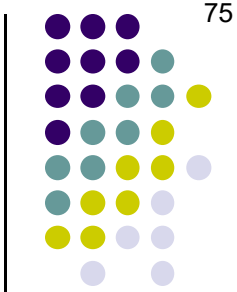

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Which two classes of drugs are most commonly implicated and which is number one?

What is light-ne
A phenomena
response

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Which two classes of drugs are most commonly implicated and which is number one?
The neuroleptics (#1), and the antiemetics

Q

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The neuroleptics (#1), and the antiemetics

Which neuroleptic is most commonly implicated?

midbrain/pretectum lesion?

A

Speaking of Adie's…For each sign and symptom, identify whether it is associated with an **acute** *Adie's pupil, a* **chronic** *Adie's pupil, or* **both**

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  One is light-near disso
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  --Lid retraction
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- *What is light-ne*
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  response
  What are the
  --Afferent
  --Central
  --Peripheral
- *Where in th*
  The **dorsal**
  What specif
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  What is the
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  1) Dorsal m
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Oculogyric crisis

What is the etiology of oculogyric crisis?
It is an idiosyncratic drug reaction

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Which neuroleptic is most commonly implicated?
Haloperidol

midbrain/pretectum lesion?

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The neuroleptics (#1), and **the antiemetics**

Which neuroleptic is most commonly implicated?
Haloperidol

Which antiemetic is most commonly implicated?
Metoclopramide

Q

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- Affected pupil smaller: *Chronic*
- Affected pupil larger: *Acute*
- Pilo supersensitivity: *Chronic*
- Pupil fixed: *Acute*
- **Light-near dissociation**: *Chronic*

What is light-near dissociation?
A phenomena in which pupils miose less robustly in response to light than they do as part of the near response

What are the three general types/locations of light-near dissociation?
--Afferent
--Central
--Peripheral

Where is the lesion in **peripheral** *near-light dissociation?*

A

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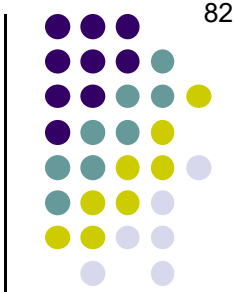

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Where is the lesion in **peripheral** *near-light dissociation?*
The ciliary ganglion, or the long ciliary nerves

Q

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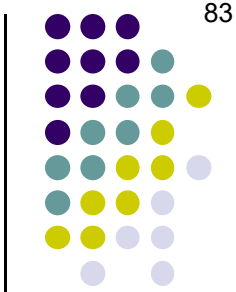

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Where is the lesion in **peripheral** *near-light dissociation?*
The ciliary ganglion, or the long ciliary nerves

What is the pathophysiology of ciliary ganglion damage in Adie's?

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What is the pathophysiology of ciliary ganglion damage in Adie's?
Unknown; some authorities suspect a viral cause

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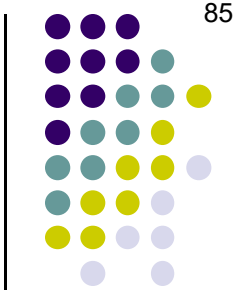

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Unknown; some authorities suspect a viral cause

What is the most common cause of damage to the long ciliary nerves?

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Unknown; some authorities suspect a viral cause

What is the most common cause of damage to the long ciliary nerves?
Panretinal photocoagulation

Q

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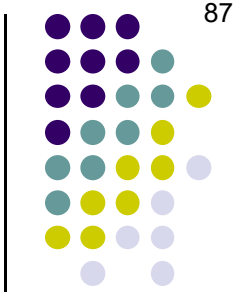

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- Pupil fixed: *Acute*
- Light-near dissociation: *Chronic*
- Decreased accommodation:
-

A

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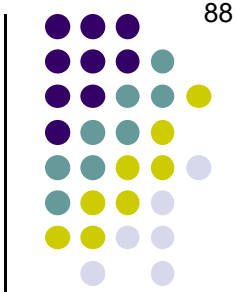

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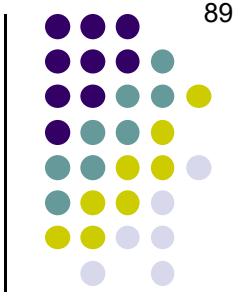

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- Decreased accommodation: *Acute*
- Tonic near response:

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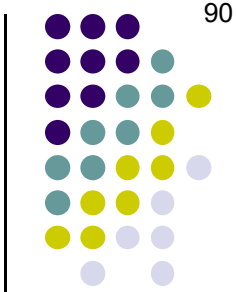

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What is the full name of an Adie's pupil?
It's called an Adie's **tonic** pupil

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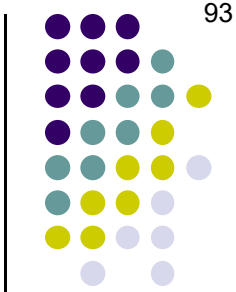

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What does it mean to say the near response is tonic*?*

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It means the pupil's miotic near response persists even after the eye is no longer engaged in attempting to see at near, with re-dilation occurring s-l-o-w-l-y

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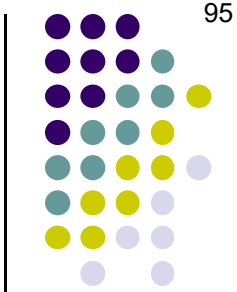

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Under what circumstance does a tonic pupil earn the distinction of being an 'Adie's'?
When it is idiopathic, ie, when no identifiable cause can be found

Q

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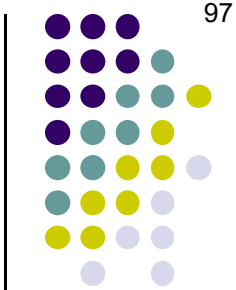

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What will an acute Adie's patient complain of?
1)
2)

A/Q

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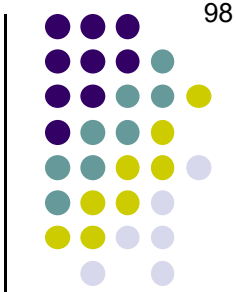

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What will an acute Adie's patient complain of?
1) Loss of accommodation→
2)

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1) Loss of accommodation→**Difficulty reading**
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What will an acute Adie's patient complain of?
1) Loss of accommodation→**Difficulty reading**
2) Pupil dilation→

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What will an acute Adie's patient complain of?
1) Loss of accommodation→**Difficulty reading**
2) Pupil dilation→**photophobia**

Q

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Adie's pupil stems from disruption of postganglionic parasympathetics in the orbit. Acutely, this results in a loss of both pupillary constrictor function (hence the fixed dilated pupil) and accommodation (hence the difficulty at near). However, over time several developments change the clinical picture. *Denervation supersensitivity* may develop, as described previously. In addition, two words can occur.

A

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To what does aberrant regeneration *refer in this context?*

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To what does aberrant regeneration *refer in this context?*
97% of orbital postganglionic parasympathetic fibers are dedicated to accommodation. Because of this, regeneration produces a number of inadvertent accommodation-fiber-to-constrictor-muscle connections. This results in the tonic near response, miosis, and light-near dissociation of the chronic Adie's pupil.

Q

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Is there a gender predilection in Adie's pupil?

Q/A

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Is there a gender predilection in Adie's pupil?
Yes--the majority (%) of pts are M vs F

A

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Is there a gender predilection in Adie's pupil?
Yes--the majority (70%) of pts are female

Q

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- Pilo supersensitivity: *Chronic*
- Pupil fixed: *Acute*
- Light-near dissociation: *Chronic*
- Decreased accommodation: *Acute*
- Tonic near response: *Chronic*

Is there a gender predilection in Adie's pupil?
Yes--the majority (70%) of pts are female

Does Adie's tend to be unilateral, or bilateral?

Q/A

Speaking of Adie's…For each sign and symptom, identify whether it is associated with an **acute** *Adie's pupil, a* **chronic** *Adie's pupil, or* **both**

- Affected pupil smaller: *Chronic*
- Affected pupil larger: *Acute*
- Pilo supersensitivity: *Chronic*
- Pupil fixed: *Acute*
- Light-near dissociation: *Chronic*
- Decreased accommodation: *Acute*
- Tonic near response: *Chronic*

Is there a gender predilection in Adie's pupil?
Yes--the majority (70%) of pts are female

Does Adie's tend to be unilateral, or bilateral?
It is [uni- vs bilateral] in the majority ([%]) of cases

A

Speaking of Adie's…For each sign and symptom, identify whether it is associated with an **acute** *Adie's pupil, a* **chronic** *Adie's pupil, or* **both**

- Affected pupil smaller: *Chronic*
- Affected pupil larger: *Acute*
- Pilo supersensitivity: *Chronic*
- Pupil fixed: *Acute*
- Light-near dissociation: *Chronic*
- Decreased accommodation: *Acute*
- Tonic near response: *Chronic*

Is there a gender predilection in Adie's pupil?
Yes--the majority (70%) of pts are female

Does Adie's tend to be unilateral, or bilateral?
It is unilateral in the majority (80%) of cases