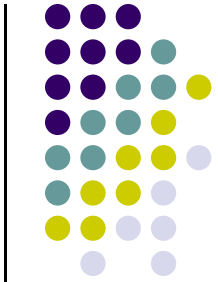
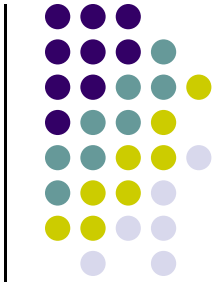
Q



- Parinaud syndrome: Four main features:
  -
  -
  -
  -

A



- Parinaud syndrome: Four main features:
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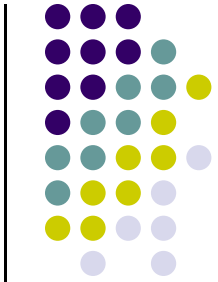
Q



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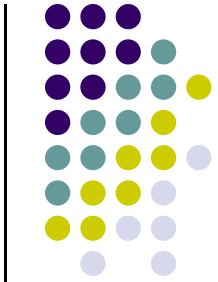
The combination of downward-deviated eyes + lid retraction produces an appearance that has resulted in this being known as the two-words ***sign***

A



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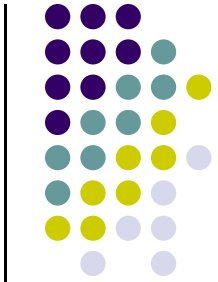
The combination of downward-deviated eyes + lid retraction produces an appearance that has resulted in this being known as the ***setting-sun sign***

Q



- Parinaud syndrome: Four main features:
  - Impaired upgaz
  - **Lid retraction**
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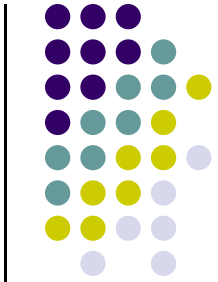
What is the eponymous name for lid retraction in Parinaud syndrome?

A



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Collier's sign

Q

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What is the most common cause of lid retraction in adults? (Hint: It ain't Parinaud's)

A

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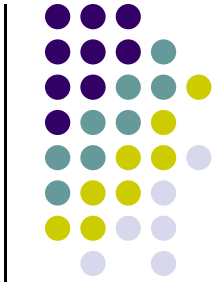
What is the eponymous name for lid retraction in Parinaud syndrome?
Collier's sign

What is the most common cause of lid retraction in adults? (Hint: It ain't Parinaud's)
Thyroid eye disease

Q



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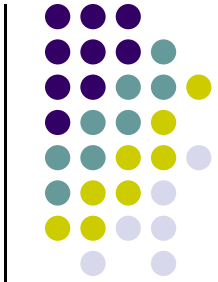
Oculogyric crisis

Q



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What is the etiology of oculogyric crisis?

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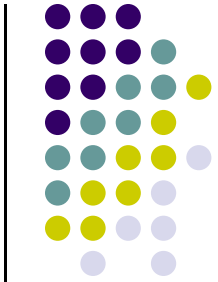

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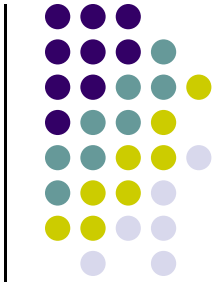
What is the etiology of oculogyric crisis?
It is an idiosyncratic drug reaction

Q



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

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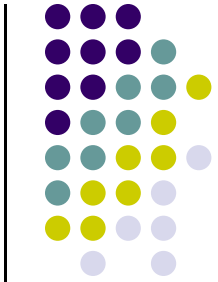

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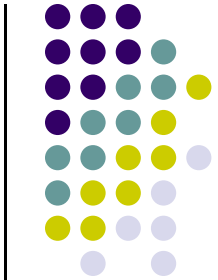
Which two classes of drugs are most commonly implicated and which is number one?
The neuroleptics (#1), and the antiemetics

Q



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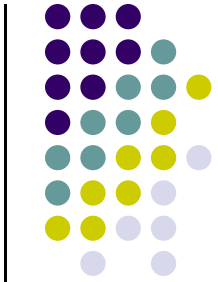

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Oculogyric crisis

Which neuroleptic is most commonly implicated?
Haloperidol

nonly implicated
and which is number one?
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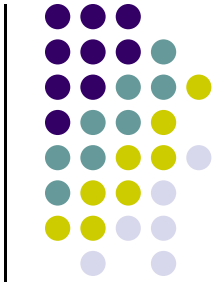
QA



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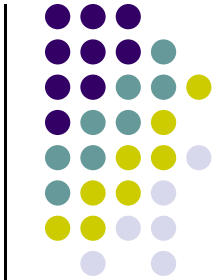
QA



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Haloperidol

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Metoclopramide

nonly implicated
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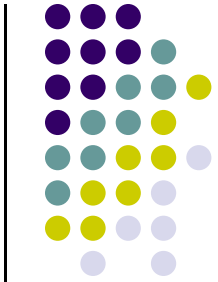
Q



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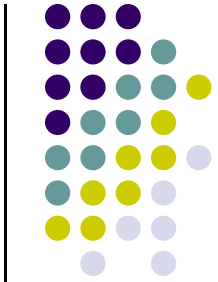
What is convergence-retraction nystagmus*?*

A



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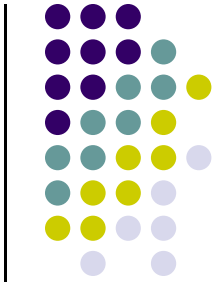
What is convergence-retraction nystagmus*?*
A phenomena in which attempted upgaze causes the globes to retract (ie, sink deeper into the orbit), converge, and 'shimmy' (for lack of a better word)

Q



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Why is the name convergence-retraction nystagmus *a misnomer?*

A

- Parinaud syndrome: Four main features:
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  - **Convergence-retraction ~~nystagmus~~**

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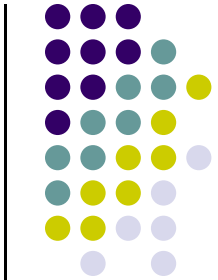
Why is the name convergence-retraction nystagmus *a misnomer?*
Because the movement disorder it is not a true nystagmus

Q



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If it's not a nystagmus, what is it?

A

- Parinaud syndrome: Four main features:
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  - Lid retraction
  - **Convergence-retraction ~~nystagmus~~** saccadic disorder

What is **convergence-retraction ~~nystagmus~~** saccadic disorder*?*
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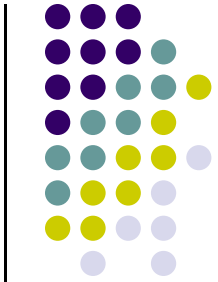
A saccadic disorder

Q



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What's the difference between a nystagmus and a saccadic disorder?

Q/A

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If it's not a nystagmus, what is it?
A saccadic disorder

What's the difference between a nystagmus and a saccadic disorder?
By definition, a nystagmus commences with a [redacted] movement away from fixation, whereas a saccadic disorder commences with a [redacted] movement away from fixation

A

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Because the movement disorder it is **not a true nystagmus**

If it's not a nystagmus, what is it?
A saccadic disorder

What's the difference between a nystagmus and a saccadic disorder?
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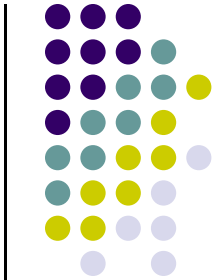
Q



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What causes the eyes to retract?

A

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What causes the eyes to retract?
Attempted elevation causes the medial and lateral recti muscles to fire simultaneously, the net result of which is the globes being pulled back into the orbits--retracting, in other words

(Note: Another source said **all** *the recti muscles fire on attempted upgaze--not just the MR/LR. Caveat emptor.)*

Q

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Another well-known motility disorder involves simultaneous firing of the MR and LR, resulting in globe retraction. What is it?

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Duane syndrome (remember, the full name is Duane **retraction** syndrome)

Q

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OK, but if the MR and LR are both firing, why do the eyes converge?

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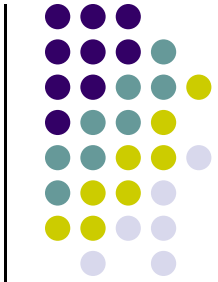
OK, but if the MR and LR are both firing, why do the eyes converge?
Because the medial recti are the strongest EOMs. Thus, in a battle royale among the recti, the MR are going to cause both eyes to adduct--to converge, in other words.

Q



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What is light-near dissociation*?*

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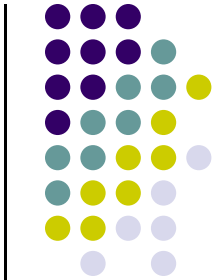

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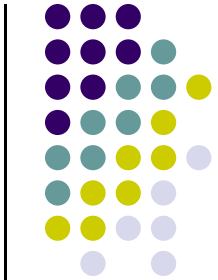
What is light-near dissociation*?*
A phenomena in which pupils miose less robustly in response to light than they do as part of the near response

Q



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What are the three general types (locations, really) of light-near dissociation?
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--
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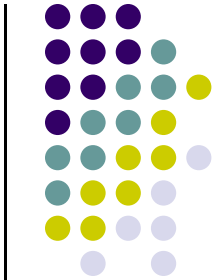

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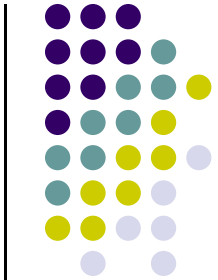
A phenomena in which pupils miose less robustly in response to light than they do as part of the near response

What are the three general types (locations, really) of light-near dissociation?
--Afferent
--Central
--Peripheral

Q



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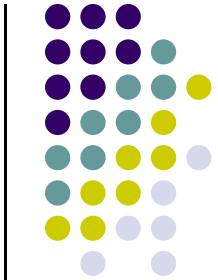

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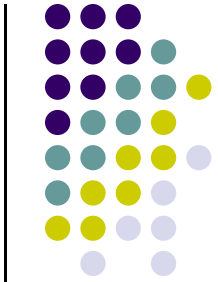
Where is the lesion in an **afferent** *near-light dissociation?*

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

A



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--Central
--Peripheral

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

Damage to which type/location is implicated in the light-near dissociation associated with Parinaud's?
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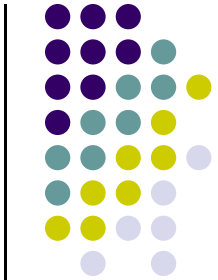
Where is the lesion in **peripheral** *near-light dissociation?*

A



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The ciliary ganglion, or the long ciliary nerves

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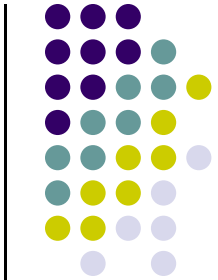

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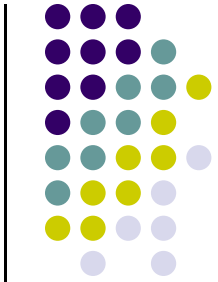

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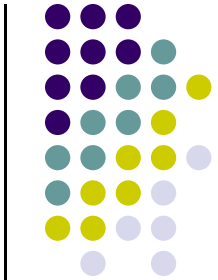

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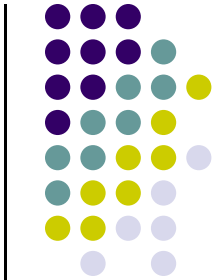

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What is the most common cause of damage to the long ciliary nerves? (Hint: It's iatrogenic)

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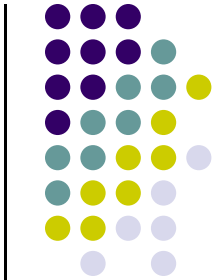

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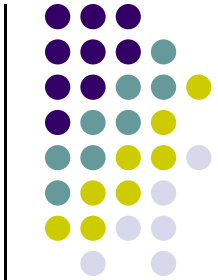
Panretinal photocoagulation (PRP)

Q



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How does PRP result in damage to the long ciliary nerves?

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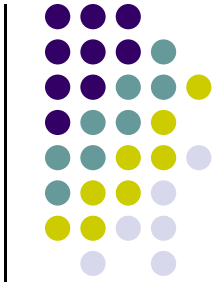
How does PRP result in damage to the long ciliary nerves?
These nerves run fairly close to the inner wall of the eye, and thus are frequently impacted by thermal laser procedures that cover extensive portions of the retinal periphery

Panretinal photocoagulation (PRP)

Q



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More precisely, where does Parinaud syndrome localize to?

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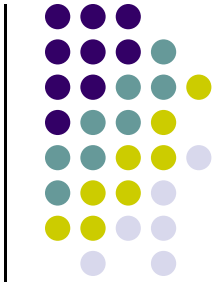

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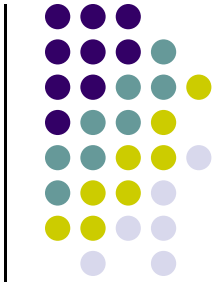

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What are the two noneponymous names for Parinaud syndrome?
1)
2)

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The **dorsal midbrain**

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2) Pretectal syndrome

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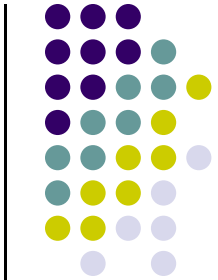

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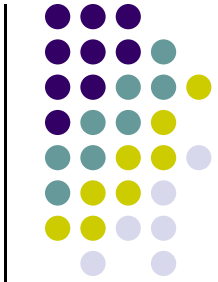
The etiology of a Parinaud syndrome is often a function of who the pt is. For each of these pts with Parinaud's, state the most likely cause:
--A child:
--A young man:
--A young woman:
--An **older** man:

A



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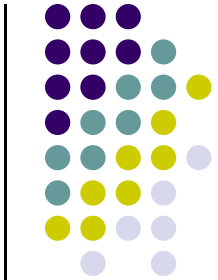
--A child: **Hydrocephalus**
--A young man: **A pineal tumor**
--A young woman: **MS**
--An **older** man: **CVA**

Q



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The etiology of a Parinaud s[illegible]
For each of these pts with P[illegible]
--A child: **Hydrocephalus**
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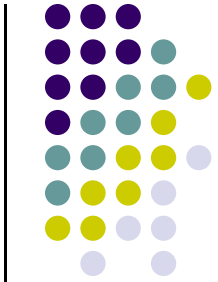
What other signs will be present in an infant with hydrocephalus?
--
--
--

A/Q



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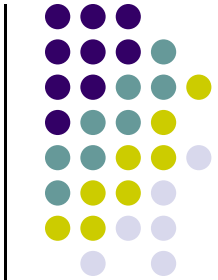
What other signs will be present in an infant with hydrocephalus?
--Enlarged one word
--Bulging diff word
--Dilated two diff words

A



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What other signs will be present in an infant with hydrocephalus?
--Enlarged head
--Bulging fontanelle
--Dilated scalp vessels