

Case 11: HOARSE VOICE & FALLING TO THE RIGHT (Slide CC11-1)

Chief Complaint: The patient is a 67 year old woman who presented to her physician with several days of **gait difficulty** and a tendency to **fall to the right side**.

History of Present Illness/Past Medical History: The patient has had diabetes for several years and a history of severe peripheral vascular disease requiring a left BKA (below knee amputation) nine months ago. She had no neurologic illness until several days prior to admission when she developed **dizziness, unsteady gait** and a tendency to **fall to the right**. She went to her private doctor who found her to have **right facial numbness**, and **hoarseness** on physical exam, and he then sent her to the hospital where she was seen by the neurology resident in the ER.

Physical Examination: Well developed woman in NAD.

T=98.0 P=80 R=16 BP=130/70; Neck - supple; Lungs - clear; Cardiac - RR;
Abd - nl.

Extremities - 2+ distal pulses. Stump without skin breakdown and warm to touch.

Neuro:

Mental Status - Alert, oriented, non-dysarthric, but with **hoarse voice**.

Cranial Nerves - EOMI, no nystagmus. Normal fundoscopic exam. **+R ptosis; R pupil small, minimally reactive to light. Diminished pain and temperature sensation in R face; preserved touch.** CNs normal otherwise, except **decreased gag reflex on R.**

Motor Strength - Normal (5/5) throughout.

Reflexes - 1+, symmetrical throughout. No Babinski.

Coordination - L hand: good F-N-F. R hand: **+dysmetria**, and **poor RAM**.

Gait - **wide based, ataxic, with tendency to fall to right.**

Sensation - **decreased pain and temperature sensation in L arm and L leg, and R face.** Normal position & vibration sense throughout.

Questions:

1. Based on your knowledge of neuroanatomy attempt to localize which structures in the nervous system must be affected in order to produce each of the symptoms and signs appearing in **boldface** above.
2. What single lesion could produce all of the above?