Wallenberg Syndrome Presenting with Isolated Dysphagia

Pornsek Tananuchittikul, M.D.1,2 Dhave Setabutr, M.D.1,3

1Department of Otolaryngology – Head & Neck Surgery, Thammasat University Hospital, Pathum Thani, Thailand
2Faculty of Medicine, Thammasat University, Pathum Thani, Thailand
3Chulabhorn International College of Medicine, Thammasat University, Pathum Thani, Thailand

Introduction

Wallenberg Syndrome or lateral medullary syndrome is a very rare cause of a cerebrovascular accident (CVA). It is caused mainly by infarction of the lateral medulla, which is most associated with the vertebral artery (VA), posterior inferior cerebellar artery (PICA), or the superior, middle and inferior medullary arteries1. The typical signs and symptoms of The Wallenberg Syndrome are hemisensory disturbance over the ipsilateral face and contralateral body. In addition, patients present with ipsilateral cerebellar signs and ipsilateral Horner’s syndrome2. The onset is sudden on most cases3-4. Initial signs and symptoms include vertigo, headache, gait ataxia or dizziness. Sensory signs like hicups, hoarseness and dysphagia typically occur later. Overall, the most common signs and symptoms remain sensory signs and symptoms, dizziness, gait ataxia and Horner’s sign5.

Case report and Literature review

We present an interesting case of a very subtle presentation of Wallenberg syndrome that occurred in an otherwise healthy 35-year-old Thai male. The patient initially complained of acute dysphagia over six hours that later progressed to include mild dizziness, and numbness to the left face. The patient had no dysarthria, and no hoarseness, but evidence of left true vocal cord paralysis. The patient had no other weaknesses or other cerebellar signs. Immediate Neurology consultation was done and MRI Brain was performed (Figure 1-3 ). The Clinical and Radiologic findings were compatible with Wallenberg syndrome or acute left medullary syndrome. The patient was admitted for antiplatelet therapy, neurological sign observation, rehydration, and EKG monitoring. A formal work up was done to assess the cause of stroke in such a young individual.

Radiologic findings : MRI of the brain

Figure 1-3: Axial T2W/FLAIR with restricted diffusion depicting acute infarction of the left-sided medulla oblongata

Figure 1: Axial T2-Weighted Imaging (Long arrow)

Figure 2: Axial Diffuse Weighted imaging

Figure 3: Axial Diffuse Weighted imaging (Apparent Diffusion coefficient)

Results

A review of Wallenberg syndrome in the young adult population (19-44 years of age) remains rare and typically presents as acute dysphagia or acute dizziness. Only 6 case reports have previously been reported in the English literature. The average reported age of diagnosis was 30 years (ranging from 32-40). The most common symptoms were those of acute vertigo, dysphagia, dysarthria, or numbness to the face. Few reported cases showed spontaneous nystagmus or multiple cranial nerve involvement.

Conclusion

The astute Otolaryngologist should be aware of the acute presentation of Wallenberg syndrome in young adults. Acute dysphagia, hoarseness, and dizziness should be thoroughly assessed when encountered. Prompt diagnosis and neurology consultation are necessary for ideal treatment.

References

1. Thapa DK, Yadav CP, Limbu CP, Dhakal S. Wallenberg’s Syndrome in Young Adults: Case Report BJHS 2017;2(3): 306-308