

Correspondence:**Lateral medullary syndrome**

Lateral medullary syndrome is a constellation of neurological deficits due to a lesion in the lateral part of the medulla of the central nervous system. The lateral medullary syndrome (also called Wallenberg's syndrome) is most often caused by occlusion of the intracranial segment of the vertebral artery (VA), less commonly, it is caused by occlusion of the posterior inferior cerebellar artery (PICA). There is a paucity of data regarding the disease in the state of Andhra Pradesh. In this report we document the clinical profile of 16 patients (median age 57.5 years, 10 males) presenting with lateral medullary syndrome admitted to the Government General Hospital, Guntur, Andhra Pradesh.

Vertigo (n=12) and dysphagia (n=9) were the major symptoms. The other major complaint was dysphagia (n=9). Most (n=7) of the cases were due to infarction of the medulla due to an arterial thrombus in the vertebral artery. Five patients had history of hypertension and diabetes mellitus.

The syndrome is characterized by loss of pain and temperature sensation on the ipsilateral side of the face and contralateral side of the body.¹

Vertigo (n=12) was one of the chief symptoms implying the vulnerability of the vestibular connections. The only way to attribute a central origin to acute vertigo is by neurological and/or ocular signs with a central origin. Vertigo is due to the involvement of vestibular nuclei in the bulbar area.²

Dysphagia (n=9) was due to the involvement of the ninth and tenth cranial nerve nuclei. The irritation of the vomiting centre in the medulla was evident in seven of the cases. In one study³ less frequent occurrence of sensory disturbances in lateral medullary syndrome have been observed. This may be due to the different cultural background. Typically in India, mild sensory complaints may be ignored.

Most cases (n=11) showed involvement of the left vertebral artery. The cause for the left preponderance is unknown. In one study³ large vessel infarction (50%) was the most frequent cause of stroke, with dissection causing 15% of the strokes.

The involvement of cerebellum (n=5), basal ganglia (n=5) and the frontal lobe (n=1) outlines the significance of multivessel disease in these cases. This finding stresses the importance of examination of the related brain structures in cases of stroke especially with these presenting symptoms. In some case (n=5) there was no vascular abnormality. Anomalous vessels (1) and the posterior inferior cerebellar artery (n=1) have also been seen to present with these symptoms. Other important cause for this presentation was a demyelinating lesion which turned out to be multiple sclerosis. The study highlights the characteristics of Wallenberg syndrome in the region of Andhra Pradesh. It points out to the malignant nature of a sudden onset vertigo and dysphagia.

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