

Teaching Video Neuro*Image*: Foix—Chavany—Marie syndrome Peter L. Konieczny, Benjamin H. Eidelman and William D. Freeman

Peter L. Konieczny, Benjamin H. Eidelman and William D. Freeman Neurology 2008;70;e88 DOI 10.1212/01.wnl.0000312516.55722.dd

This information is current as of May 19, 2008

The online version of this article, along with updated information and services, is located on the World Wide Web at: http://www.neurology.org/content/70/21/e88.full.html

Neurology ® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright . All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.



RESIDENT & FELLOW SECTION

Section Editor Mitchell S.V. Elkind, MD, MS

Teaching Video NeuroImage: Foix-Chavany-Marie syndrome

Peter L. Konieczny, MD Benjamin H. Eidelman, MD, PhD William D. Freeman, MD

Address correspondence and reprint requests to Dr. William D. Freeman, Department of Neurology, Mayo Clinic, 4500 San Pablo Road, Jacksonville,

freeman.william1@mayo.edu

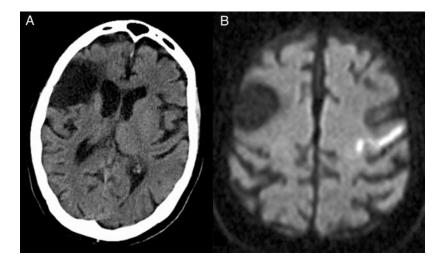
A 79-year-old woman with a history of prior right frontal infarction presented with sudden inability to speak (figure, A). Examination revealed anarthria, yet intact comprehension, writing, and limb function (video). Voluntary tongue, swallowing, and mouth movements were absent, while cough and swallow reflexes were preserved (video). An acute left hemispheric ischemic stroke causing Foix-Chavany-Marie syndrome (FCMS) was diagnosed, and IV recombinant tissue plasminogen activator was administered. Left frontal infarction was confirmed on MRI (figure, B).

FCMS involves lesions of the bilateral frontal operculum1 or the cortical-subcortical areas of primary motor cortex.2 Voluntary control of facio-pharyngo-glosso-masticatory muscles is lost, while reflex movements and limb strength are preserved.

REFERENCES

- Foix C, Chavany J-A, Marie J. Diplégie facio-linguomasticatrice d'origine cortico sous-corticale sans paralysie des membres (contribution à l'étude de la localisation des centres de la face du membre supérieur), par MM. Rev Neurol 1926;33:214-219.
- Weller M. Anterior opercular cortex lesions cause dissociated lower cranial nerve palsies and anarthria but no aphasia: Foix-Chavany-Marie syndrome and "automatic voluntary dissociation" revisited. J Neurol 1993; 240:199-208.

Figure (A) CT scan without contrast showing area of old right-sided infarct encompassing the frontoparietal opercular cortex; (B) diffusionweighted MRI with restricted diffusion in the left precentral gyrus



Supplemental data at www.neurology.org

Teaching Video Neuro*Image*: Foix–Chavany–Marie syndrome Peter L. Konieczny, Benjamin H. Eidelman and William D. Freeman *Neurology* 2008;70;e88
DOI 10.1212/01.wnl.0000312516.55722.dd

This information is current as of May 19, 2008

Updated Information & Services	including high resolution figures, can be found at: http://www.neurology.org/content/70/21/e88.full.html
Supplementary Material	Supplementary material can be found at: http://www.neurology.org/content/suppl/2008/05/16/70.21.e88.D C1.html
References	This article cites 2 articles, 0 of which you can access for free at: http://www.neurology.org/content/70/21/e88.full.html##ref-list-1
Permissions & Licensing	Information about reproducing this article in parts (figures,tables) or in its entirety can be found online at: http://www.neurology.org/misc/about.xhtml#permissions
Reprints	Information about ordering reprints can be found online: http://www.neurology.org/misc/addir.xhtml#reprintsus

