Letter to the editor

Bilateral corona radiata infarcts: a new topographic location of Foix-Chavany-Marie syndrome

Dear editor,

Foix–Chavany–Marie syndrome (FCMS) is a rare cortical type of pseudobulbar palsy characterized by automatic–voluntary dissociation of motor function of cranial nerves V, VII, IX, X and XII (1). We encountered a case of FCMS with an atypical infarct site of the bilateral corona radiatae, causing a diagnostic delay.

This 77-year-old man presented with acute onset of inability to speak or swallow upon waking in the night. His past medical history included a left corona radiata infarct with no residual disability, Waldenstrom's macroglobulinemia and

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anemia. On examination, he was anarthric without expressive or receptive dysphasia or dysgraphia. His mouth was half open with an inability to voluntarily move it further, though he could yawn. He was unable to protrude his tongue. He had an expressionless face with pseudoperipheral bilateral facial palsy and severe dysphagia. The rest of the neurological examination was normal. A CT head identified established left corona radiata lacunar infarct. MRI imaging demonstrated an acute infarct in the right corona radiata (Fig. 1), confirming the diagnosis of FCMS. Despite intensive speech and language therapy, he made minimal improvement, has a percutaneous endoscopic gastrostomy tube for feeding and remains severely dysarthric.

To our knowledge, FCMS secondary to bilateral corona radiata infarcts has not been reported. The hallmarks of FCMS are anarthria and loss of voluntary control of the facio-pharyngeo-glossomasticatory muscles, with preserved automatic and involuntary emotional reflexes (1). Initial diagnosis can be challenging. Reported cases of acute FCMS in the literature include bilateral, or rarely unilateral, opercular infarcts (2,3); or infarcts in the left operculum and right corona radiata (4).We highlight that FCMS can also be caused by bilateral infarcts in the corona radiata. Greater awareness of this rare syndrome among stroke specialists is essential to avoid delay in diagnosis and neurorehabilitation.

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Fig. 1 MRI scan of a 77-year-old male presenting with Foix–Chavany–Marie syndrome, demonstrating an acute infarct in the right corona radiata and an established infarct in the left corona radiata (Left: T2, Right: Diffusion-weighted imaging).