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One-and-a-Half Syndrome: A Case Report

Nahudan A. Akmador
Zamboanga Doctors Hospital, Philippines

Background: One-and-a-half syndrome (OHS) is a rare neurological disorder characterized by a combination of ipsilateral horizontal gaze palsy and internuclear ophthalmoplegia (INO), resulting in limited horizontal eye movements. The syndrome is typically caused by a unilateral lesion in the paramedian pontine reticular formation (PPRF) or the abducens nucleus. This case report presents a 72-year-old male with OHS secondary to a left midbrain infarct, highlighting the clinical presentation, diagnostic approach, and management considerations.

Case Presentation: A 72-year-old male presented to the emergency department with a chief complaint of sudden onset left-sided weakness accompanied by diplopia and ipsilateral facial numbness. The patient reported a history of hypertension, well-controlled on daily Amlodipine. Upon arrival, vital signs were stable, with a blood pressure of 140/80 mmHg, heart rate of 78 bpm, respiratory rate of 22 breaths per minute, temperature of 36°C, and oxygen saturation of 97%. Neurological examination revealed an alert and awake patient with cranial nerve deficits including right-sided internuclear ophthalmoplegia (INO), positive ptosis of the left eye, and positive facial numbness on the left side. Motor strength was 5/5 on the right side and 4/5 on the left side. Brain MRI revealed an acute infarct involving the left midbrain, consistent with the patient's clinical presentation. Additionally, a small chronic infarct was identified in the right parietal subcortical white matter.

Conclusion: This case report emphasizes the importance of recognizing the characteristic clinical features of OHS and the role of neuroimaging in confirming the diagnosis. Prompt diagnosis and management are crucial in optimizing patient outcomes.