

What is Nystagmus?



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An involuntary repetitive eye movement that initiates with a speed movement off the visual target followed by a purpose of movement movement



#### What is Nystagmus?

An involuntary repetitive eye movement that initiates with a slow movement off the visual target followed by a refixation movement



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Is the refixation movement fast or slow?



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Is the refixation movement fast or slow? It can be either.

--If it is fast, the pattern is called a nystagmus



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- --If it is fast, the pattern is called a *jerk* nystagmus
- --If it is slow, it is known as a nystagmus

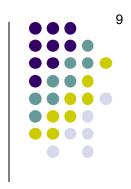


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It's important to note that nystagmus can change as a function of **direction of gaze**. One classic example of this is a pendular nystagmus that transforms into a jerk nystagmus in lateral gaze.



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Can a nystagmus initiate with a fast movement?

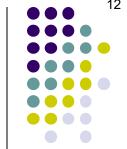


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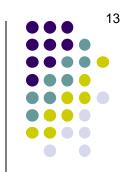
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Oscillation
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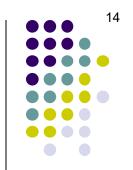


Saccadic Intrusion/ Oscillation What is Nystagmus?

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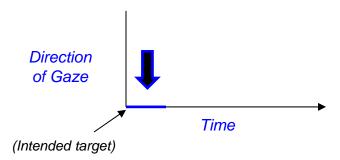
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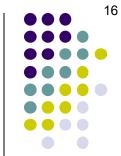
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In saccadic intrusions, the eyes fixate the target for a period of time...



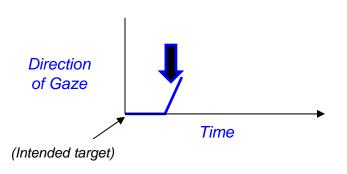


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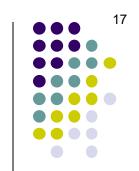
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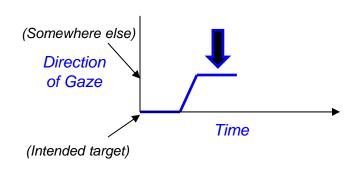
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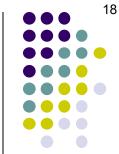
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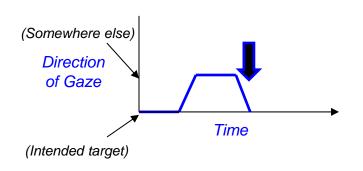


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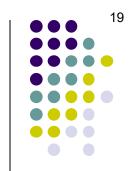
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In saccadic intrusions, the eyes fixate the target for a period of time... Then they saccade, and...

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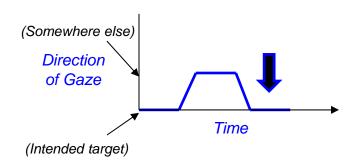
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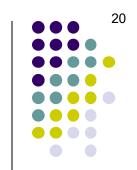
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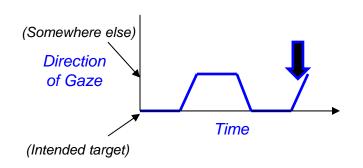
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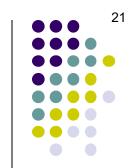
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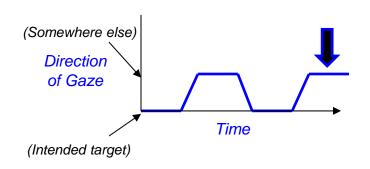
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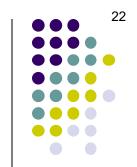
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Etc.



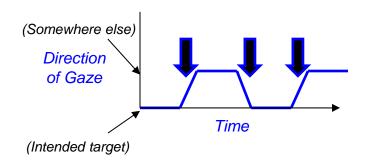
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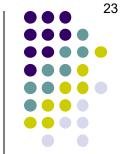
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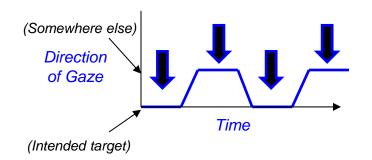


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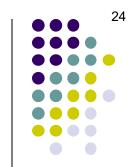
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They are separated by periods in which the eyes are fixated (ie, not saccading).



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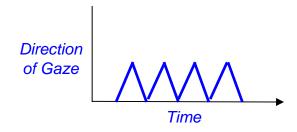
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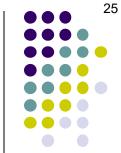
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In contrast, in *saccadic oscillations*, the eyes **never** fixate a target; each saccade is followed immediately by another one. (Note that the saccades need not be of uniform size and pattern as depicted.)





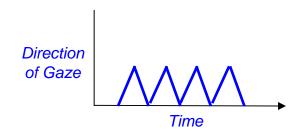
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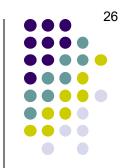
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What does it mean to say that saccadic intrusions are 'intermittent' and saccadic oscillations are 'sustained'?

So, in saccadic oscillations the saccades are sustained in the sense that there is no 'down time,' ie, no time when the eyes are not saccading.





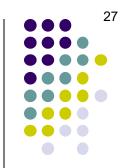
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Give an example of a saccadic intrusion:



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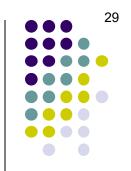
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Give an example of a saccadic intrusion:

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Give two examples of a saccadic oscillation:



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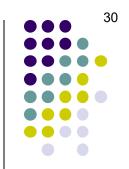
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Give an example of a saccadic intrusion: **Square wave jerks** 

Give two examples of a saccadic oscillation:

- -- Opsocionus
- -- Convergence-retraction nystagmus



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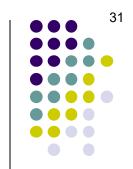
Give an example of a saccadic intrusion:

Square w The *Peds* book refers to these as "nystagmus-like disorders"

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Give an 
Note: Despite the fact that opsoclonus

Square v and convergence-retraction nystagmus

are not nystagmuses, they will be

addressed in this slide-set

Give two examples of a saccadic oscillation:
--Opsoclonus

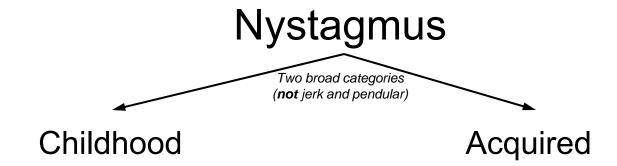
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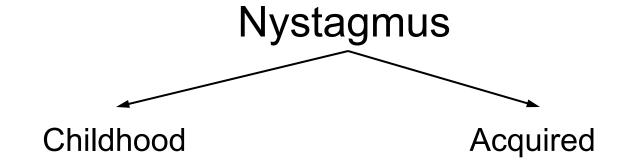
# Nystagmus

Two broad categories (not jerk and pendular)



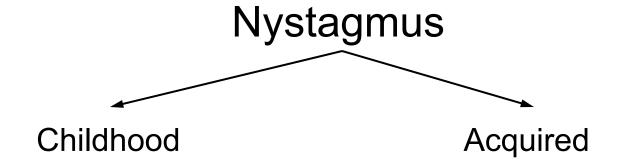






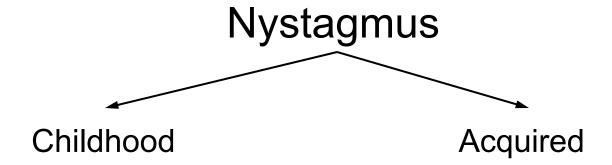
What one question can be asked, the answer to which will let you know whether you're dealing with a congenital vs an acquired nystagmus (other than 'Have you had this your whole life?'--duh)?





What one question can be asked, the answer to which will let you know whether you're dealing with a congenital vs an acquired nystagmus (other than 'Have you had this your whole life?'--duh)? The question is, 'Does it look to you as if the world is jumping around?' If the answer is 'No,' the nystagmus is most likely congenital; if 'Yes,' it is likely acquired.

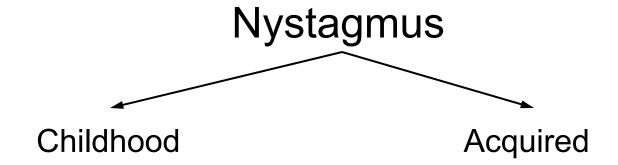




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What is the formal term for the visual experience of 'the world jumping around,' ie, of illusory movement of a stationary world?



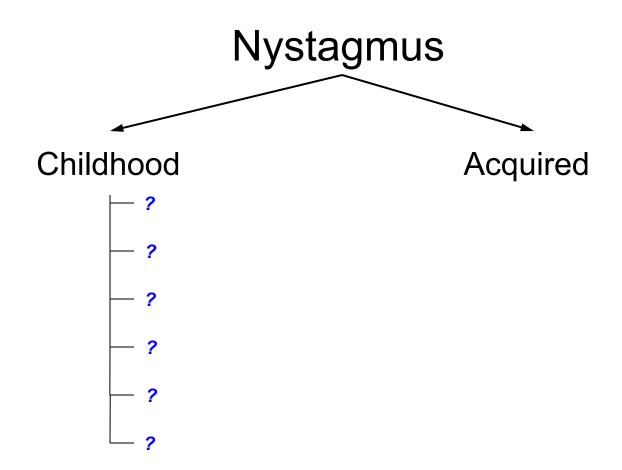


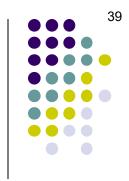
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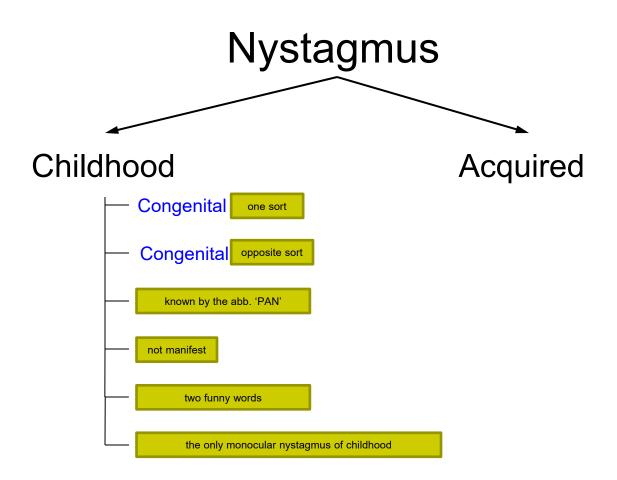
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Oscillopsia

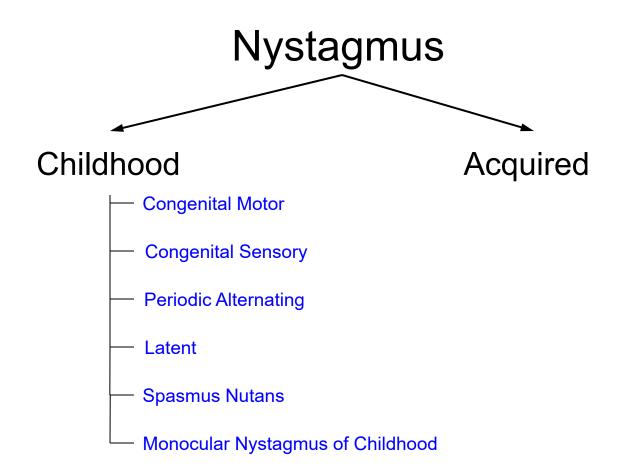






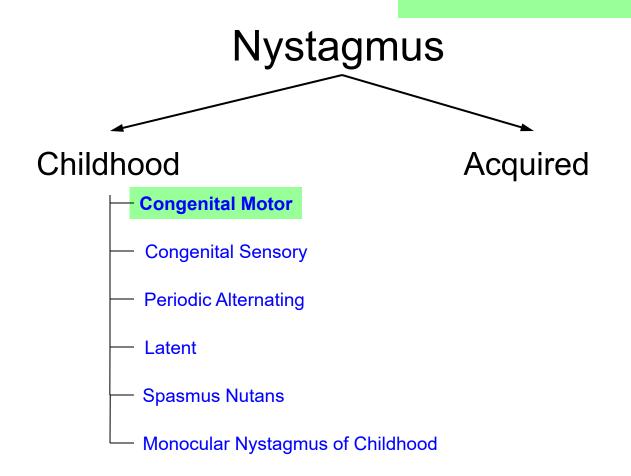




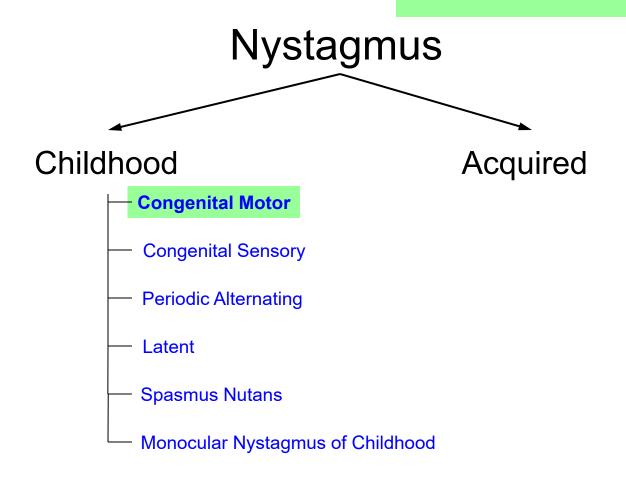


## Congenital motor nystagmus

--Usually...[directionality]



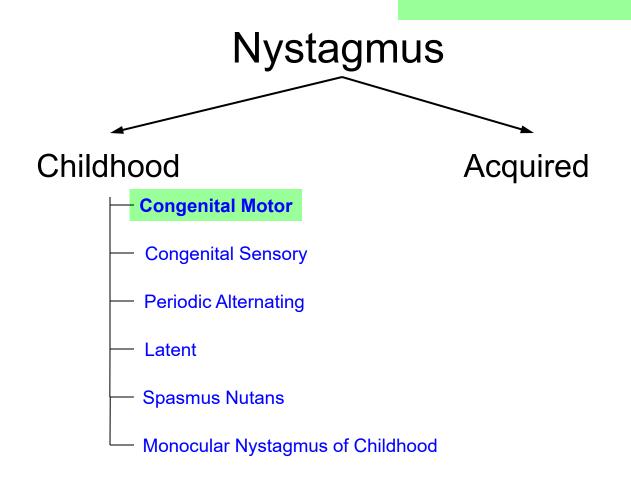
# Congenital motor nystagmus --Usually...horizontal



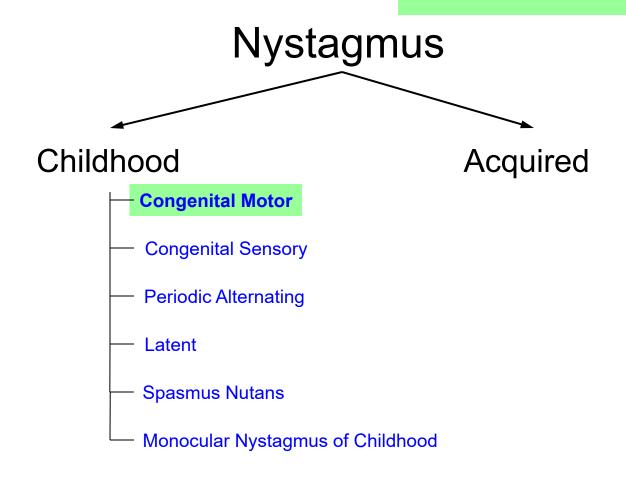
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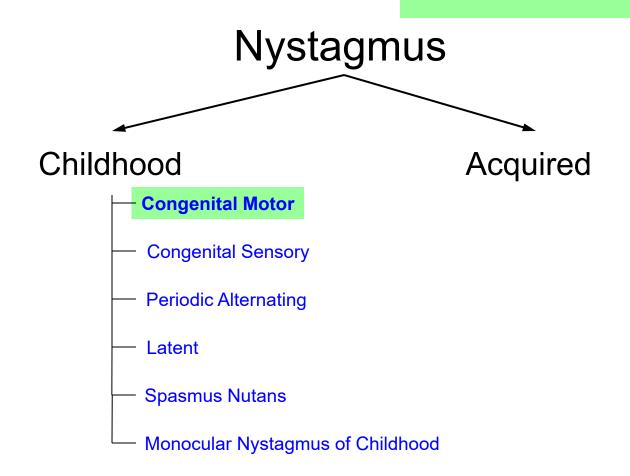
--Remains horizontal in up/downgaze



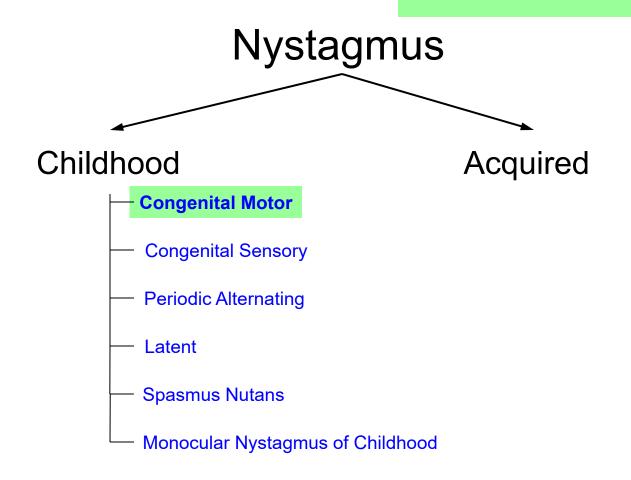
- --Usually...horizontal
- --Remains horizontal in up/downgaze
- --Vision usually...[good vs bad]



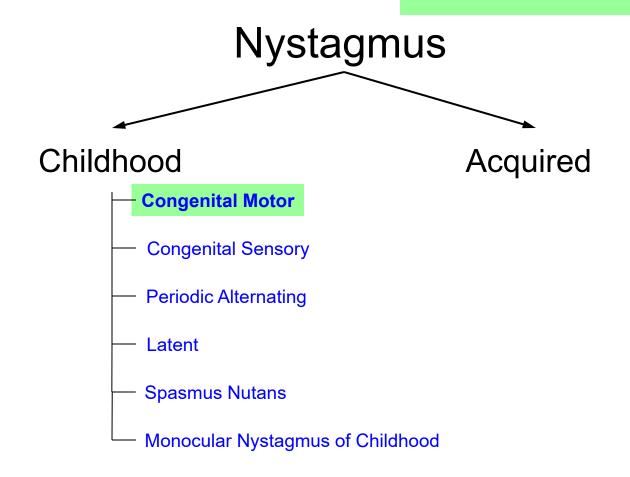
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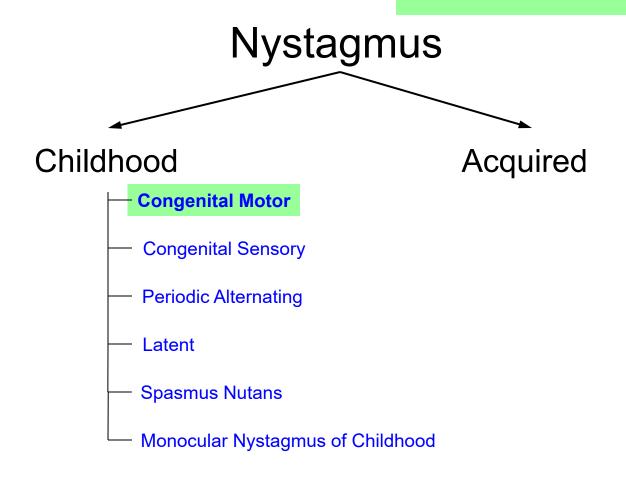
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- --Only form with...[interesting phenomenon]



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What is a paradoxical OKN response?

## Childhood

#### **Congenital Motor**

Congenital Sensory

Periodic Alternating

Latent

Spasmus Nutans

Monocular Nystagmus of Childhood

## Acquired

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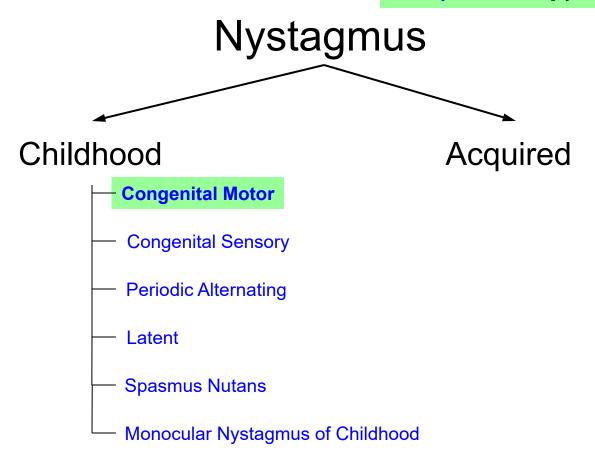
The optokinetic nystagmus (OKN) drum is spun in the direction congruent with the already-present nystagmus. This would be expected to amplify the nystagmus. However, in in congenital motor nystagmus, presentation of congruent OKN movement produces a dampening or even reversal of the nystagmus—hence the term *paradoxical OKN response*.

## Childhood

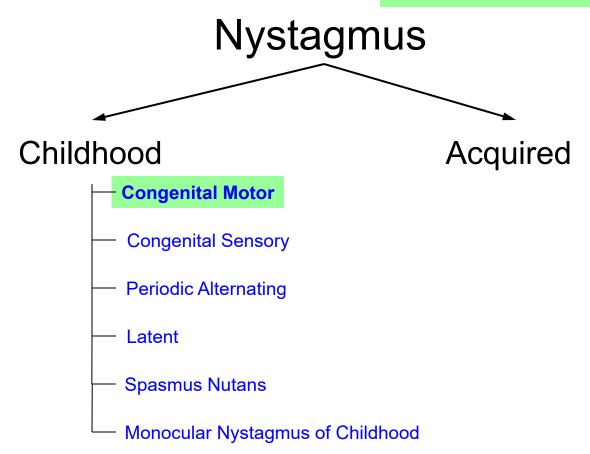
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# Congenital Motor Congenital Sensory Periodic Alternating Latent Spasmus Nutans Monocular Nystagmus of Childhood

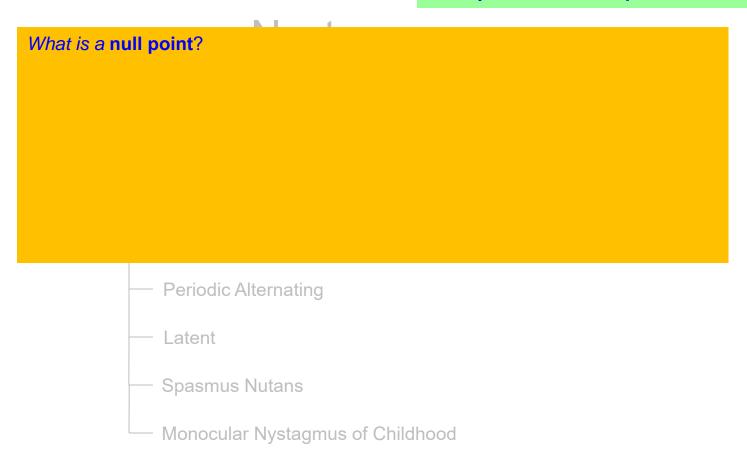
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#### Is a face turn problematic?

Yes, for multiple reasons--including socialization, cosmesis, and facial development (face turn and/or head tilt at an early age will lead to facial asymmetry)

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Nystagmus blocking syndrome

What two exam findings indicate you may be dealing with a CMN pt exhibiting nystagmus blocking syndrome?

--There is an inverse relationship between the degree of esotropia and the intensity of the nystagmus; ie, the more crossed their eyes are, the less intense is their nystagmus; and

--During attempts to measure their esotropia, the child 'eats up' prism; ie, the more prism you put in front of them, the more esotropic they become

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Once these infants gain control of head movements, they learn to induce horizontal versions by turning their heads and initiating the vestibulo-ocular reflex (VOR). Thus, when they want to see an object that moved to their right, COMA infants will jerk their head to the left, causing a VOR-mediated eye-turn to the right. For this reason, the infant seems to null-point in both directions.

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#### Congenital ocular motor apraxia (COMA)

What is the primary oculomotor deficit in COMA?

An inability to initiate horizontal saccades, which impedes horizontal pursuit (pursuit movements in infancy are actually a series of small saccades)

#### What's with the face turning?

Once these infants gain control of head movements, they learn to induce horizontal versions by turning their heads and initiating the vestibulo-ocular reflex (VOR). Thus, when they want to see an object that moved to their right, COMA infants will jerk their head to the left, causing a VOR-mediated eye-turn to the right. For this reason, the infant seems to null-point in both directions.

Why are these infants blind before age 2 months?

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In one word, what sort of condition is A-T?

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### In one word, what sort of condition is A-T? A phakomatosis

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This implies that the oculomotor findings in A-T change over time. Do they get better, or worse?

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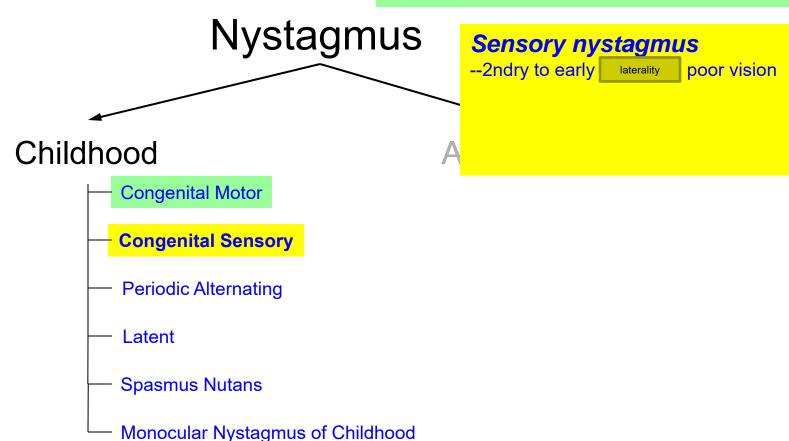
*In one word, what sor* A phakomatosis

This implies that the oculomotor findings in A-T change over time. Do they get better, or worse? Much worse. Vertical movements become involved in childhood; eventually, the impairment progresses to total ophthalmoplegia.

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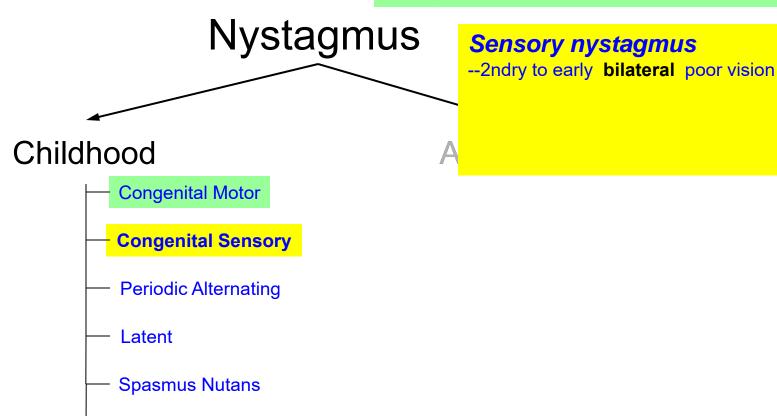
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### Nystagmus

Sensory nystaumus

--2ndry to early **bilateral** poor vision

Weirdly, many of the causes of bilateral poor vision are associated with the letter 'A':

A

A

A

A

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A

Spasmus Nutans

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### Nystagmus

Sensory mystaymus

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Weirdly, many of the causes of bilateral poor vision are associated with the letter 'A':

Anterior segment issues (eg, congenital glaucoma, cataracts)

**A**niridia

Leber's congenital Amaurosis

**A**chromatopsia

**A**lbinism

Optic nerve Atrophy

Aicardi syndrome

Spasmus Nutans

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Nystagmus

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What are the findings of the Aicardi syndrome?
---Highly convenient mnemonic forthcoming...
----

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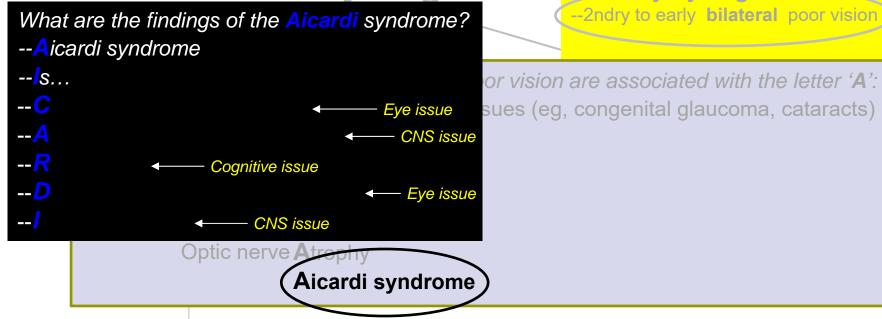
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### Nystagmus

What are the findings of the Aicardi syndrome?

- -- Aicardi syndrome
- -- s...
- -- Coloboma of the optic nerve --- Eye issue
- --Agenesis of the corpus callosum ← CNS issue
- -- Retardation ← Cognitive issue
- -- Depigmented chorioretinal lacunae ← Eye issue
- --Infantile seizures ← CNS issue

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Monocular Nystagmus of Childhood

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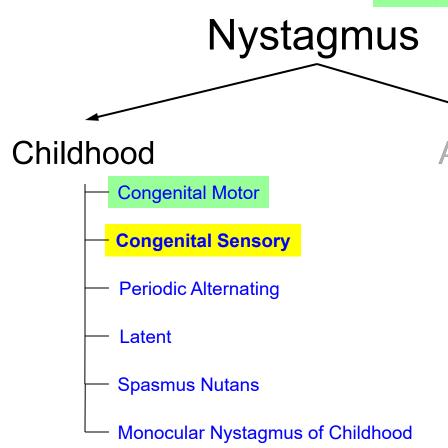
**Aicardi syndrome** is a rare disorder that presents in infancy with seizures (usually infantile spasms). DFE may be requested to assess for chorioretinal lacunae, which are considered pathognomonic for the dz. Other reported ocular associations include PHPV, microphthalmos, cataract and iris abnormalities. Facial dysmorphia can occur. The retardation is usually severe.



(Review slide—no questions)

### Congenital motor nystagmus

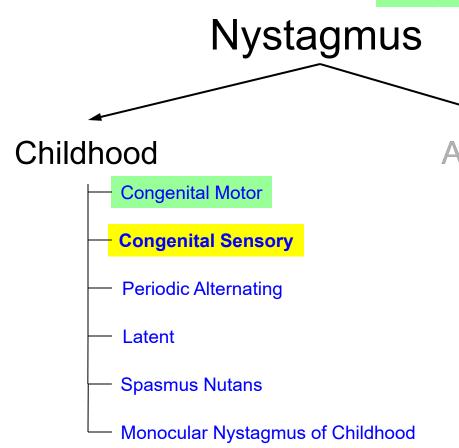
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- --Waveform depends on visual acuity: --20/60 20/100:

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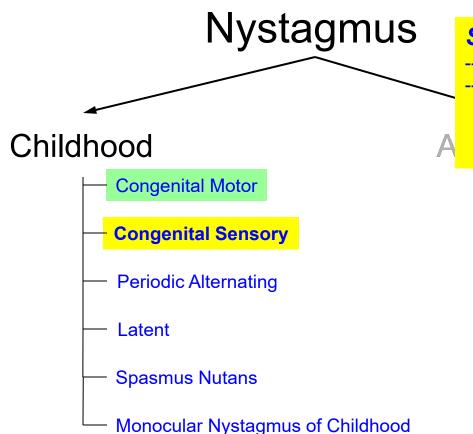
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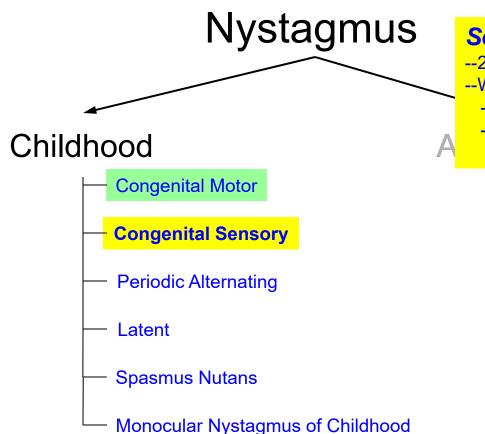
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  - **--20/100 20/200:**

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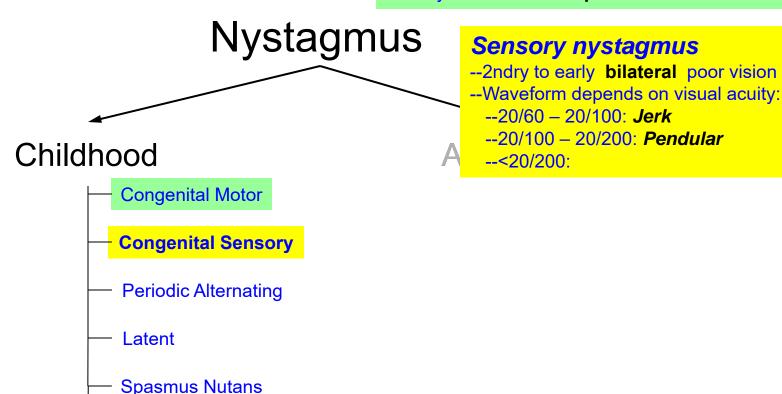
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  - --20/100 20/200: **Pendular**

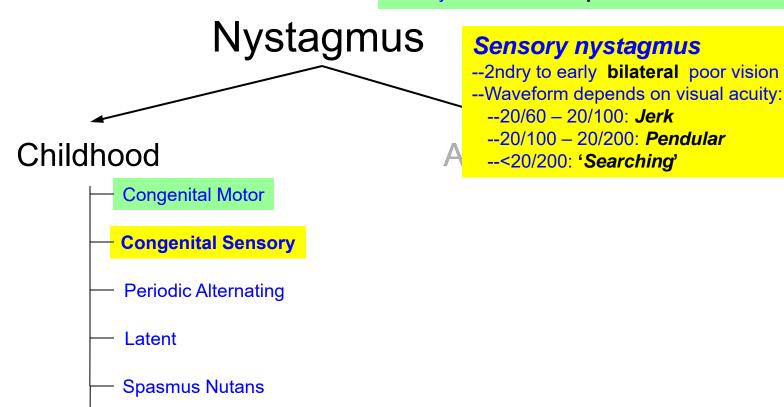
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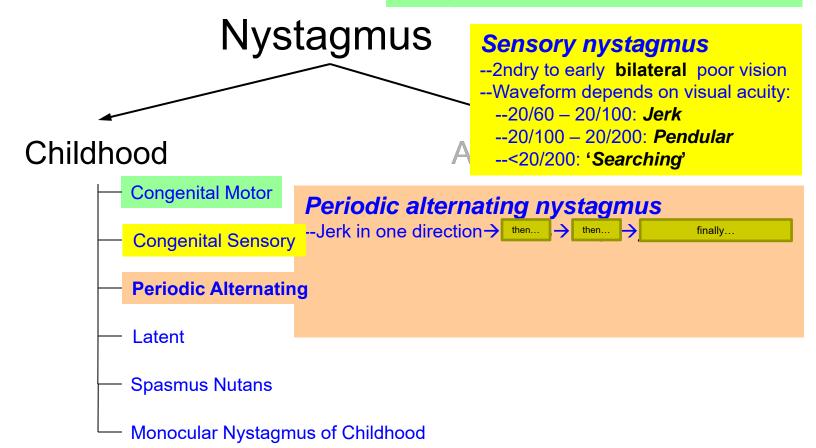


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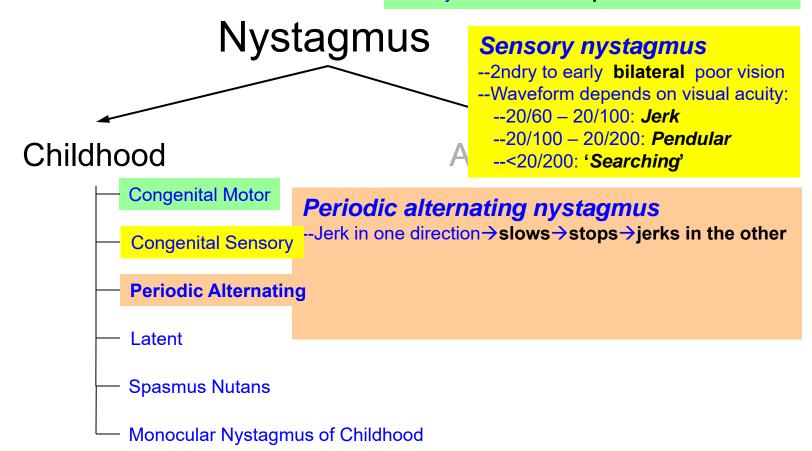
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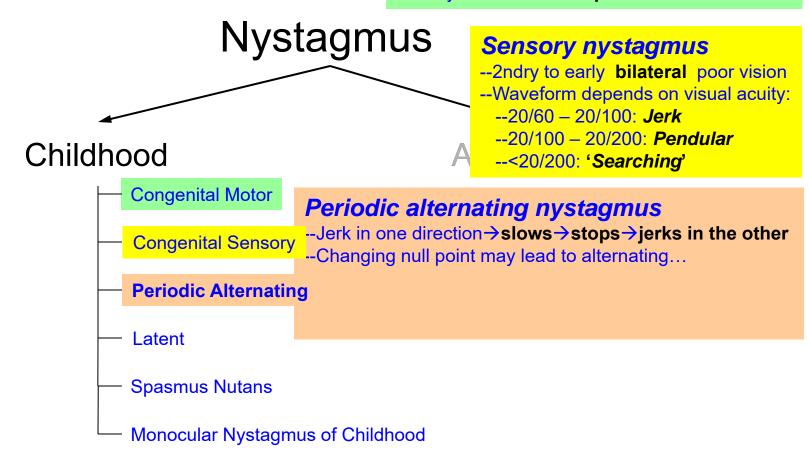
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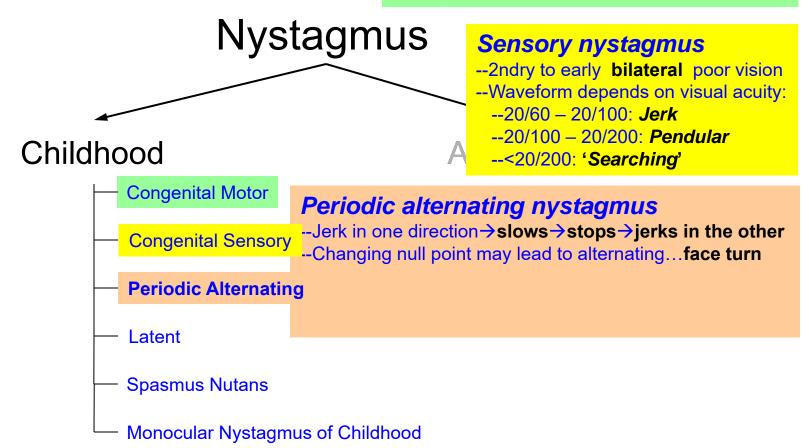
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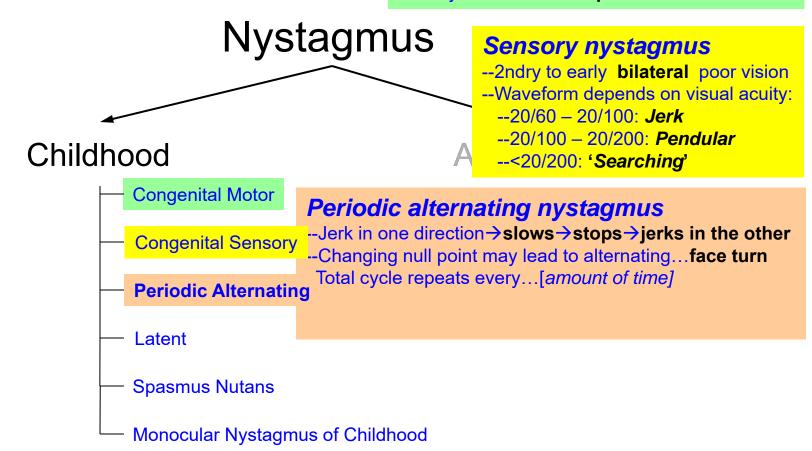
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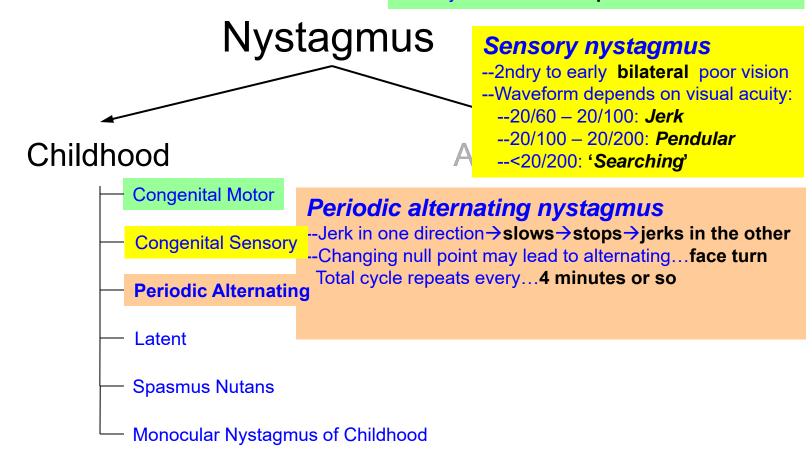
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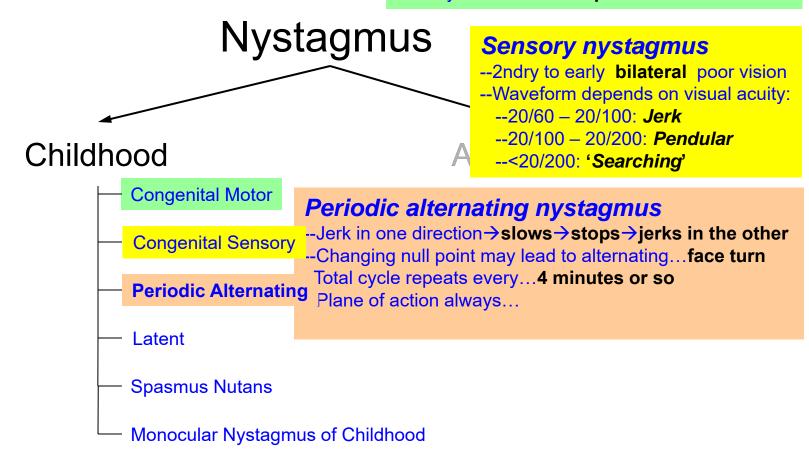
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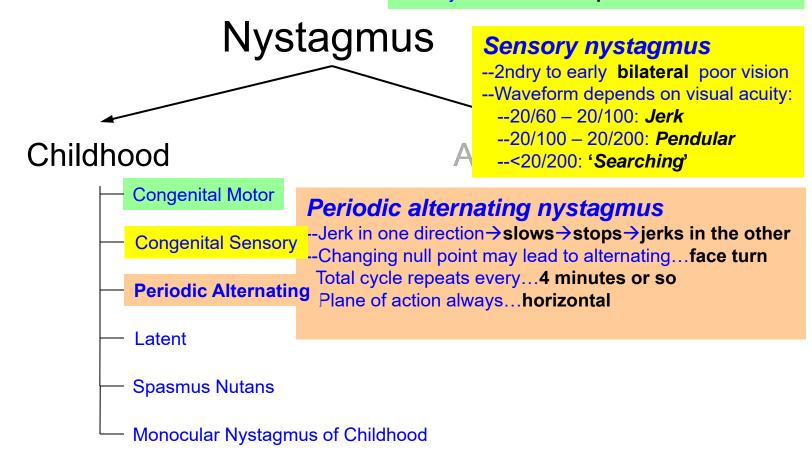
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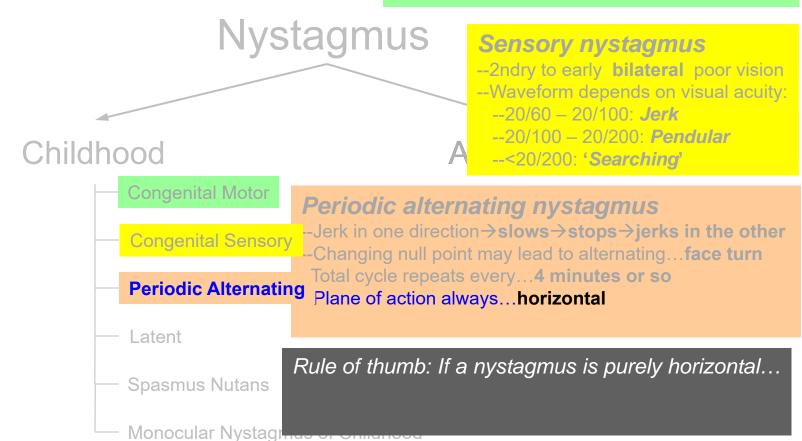
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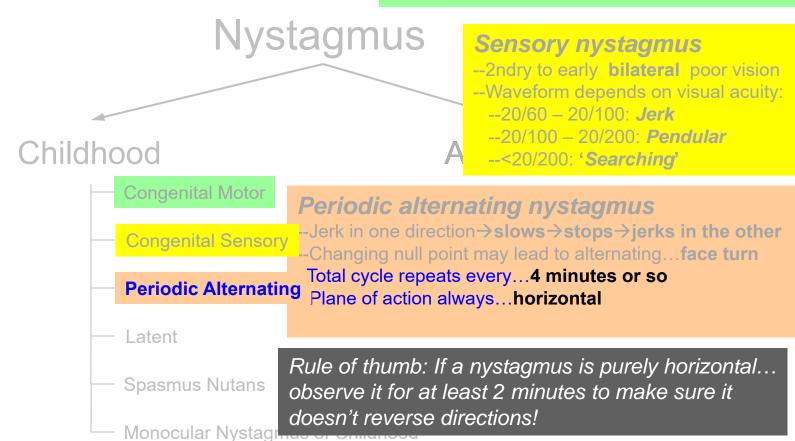
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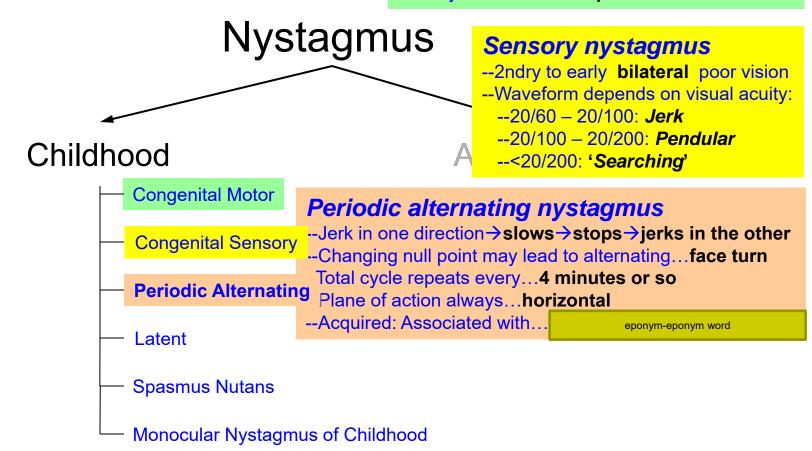
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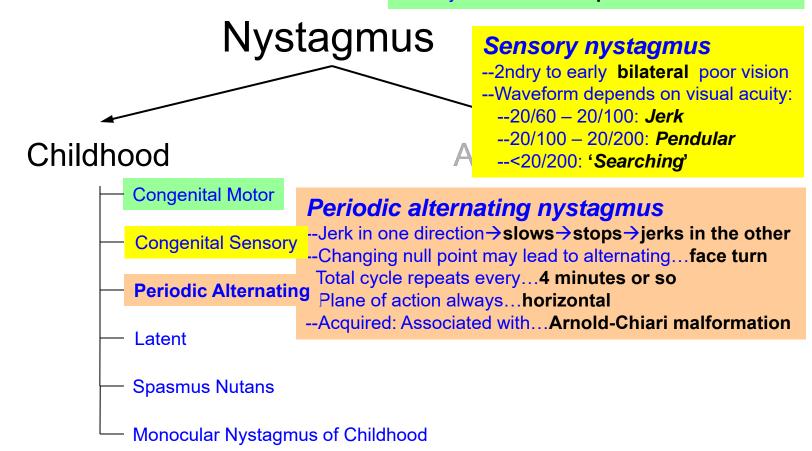
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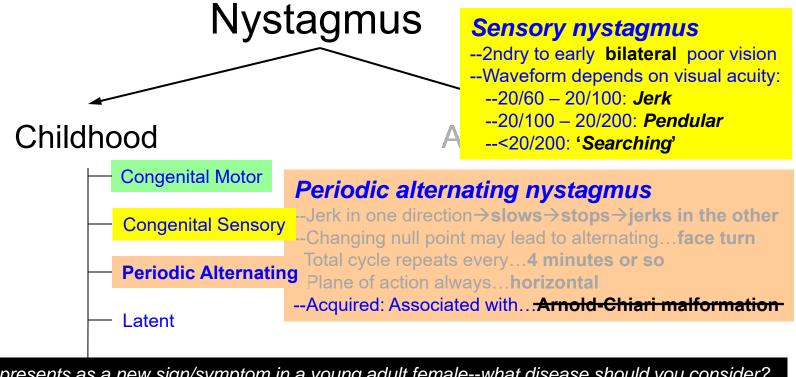


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#### Congenital motor nystagmus

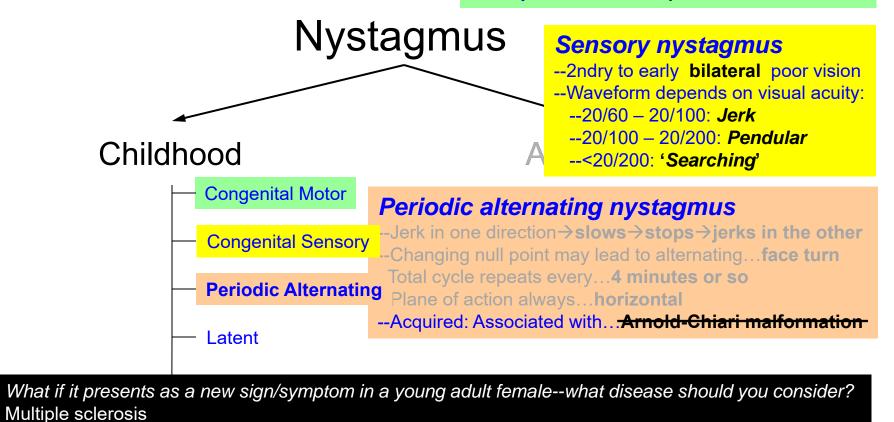
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What if it presents as a new sign/symptom in a young adult female--what disease should you consider?

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#### Latent nystagmus

--Occurs when one eye is...[vision status]

#### Childhood

**Congenital Motor** 

**Congenital Sensory** 

**Periodic Alternating** 

Latent

**Spasmus Nutans** 

Monocular Nystagmus of Childhood

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- --Jerk in one direction→slows→stops→jerks in the other
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  Total cycle repeats every...4 minutes or so
- --Plane of action always...horizontal

agmus

--Acquired: Associated with...Arnold-Chiari malformation

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Periodic alternating nystagmus

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in the other face turn

alformation

Spasmus Nutans

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Spasmus Nutans

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How can you get around this problem?

Have the patient keep both eyes open, but use plus lenses to fog the fellow eye

- Spasmus Nutans

Monocular Nystagmus of Childhood

in the other face turn

alformation

#### Latent nystagmus

- --Occurs when one eye is...occluded
- --Jerk nystagmus toward...[direction]

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Spasmus Nutans

Monocular Nystagmus of Childhood

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Congenital Motor

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Monocular Nystagmus of Childhood

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What is latent manifest nystagmus?

Monocular Nystagmus of Childhood

Periodic Alternating

Spasmus I

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Spasmus I

What is latent manifest nystagmus?

A latent nystagmus that manifests when both eyes are open, but one is **suppressed** 

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Childhood

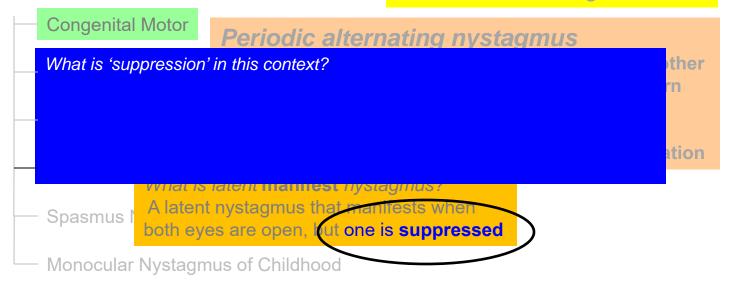
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Congenital Motor

Periodic alternating nystagmus

What is 'suppression' in this context?

It is the prevention of an image in one eye from reaching conscious awareness

ation

ther

what is latent **mannest** hystaginus?

A latent nystagmus that manifests when both eyes are open, but one is suppressed

Monocular Nystagmus of Childhood

Spasmus

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Monocular Nystagmus of Childhood

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Visual confusion **and** diplopia? Aren't those the same thing?

occurrence of visual confusion and/or diplopia

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Visual confusion is...the visual impression of **two** objects occupying a **single** location in visual space *Diplopia* is...the visual impression of **one** object occupying **two** locations in visual space

occurrence of visual confusion and/or diplopia

What Claicht Haillest river Smus

Spasmus I A latent nystagmus that manifests when both eyes are open, lut one is suppressed

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hildhood

**--?** 

... 2

Mnemonic is...

How does the phenomenon of suppression come about?

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Spasmus

A latent nystagmus that manifests when both eyes are open, but one is suppressed

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- Anomalous retinal correspondence (ARC)
- -Monofixation syndrome

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Monocular Nystagmus of Childhood

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Latent nystagmus and manifest latent nystagmus are

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**Congenital Motor** 

Periodic alternating nystagmus

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Fusion maldevelopment nystagmus syndrome (FMNS)

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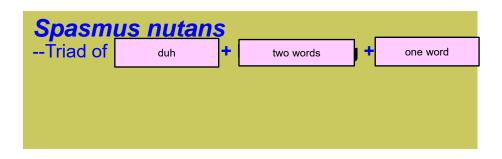
Latent

**Congenital Motor** 

s latent manifest nystagmus

Spasmus I A latent nystagmus that manifests when

both eyes are open, but one is suppressed



#### Congenital motor nystagmus

- --Usually...horizontal
- --Remains horizontal in up/downgaze
- --Vision usually...good
- --Nystagmus + good VA = congenital motor
- --Only form with...paradoxical OKN response
- --Likely to have a...null point

#### Latent nystagmus

- --Occurs when one eye is...occluded
- --Jerk nystagmus toward...fixating eye
- --Only nystagmus to change direction with fixation

## agmus

#### Sensory nystagmus

- --2ndry to early **bilateral** poor vision
- --Waveform depends on visual acuity:
- --20/60 20/100: **Jerk**
- --20/100 20/200: **Pendular**
- --<20/200: 'Searching'

#### Childhood

# Congenital Motor Congenital Sensory Periodic Alternating Latent Spasmus Nutans

#### Periodic alternating nystagmus

- --Jerk in one direction → slows → stops → jerks in the other
- --Changing null point may lead to alternating...face turn
  Total cycle repeats every...4 minutes or so
- --Plane of action always...horizontal
- --Acquired: Associated with...Arnold-Chiari malformation

#### Spasmus nutans

--Triad of nystagmus + head nodding + torticollis

#### Congenital motor nystagmus

- --Usually...horizontal
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#### Childhood

**Congenital Motor** 

**Congenital Sensory** 

**Periodic Alternating** 

Latent

Periodic alternating nystagmus

- --Jerk in one direction→slows→stops→jerks in the other
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**Spasmus Nutans** 

#### Spasmus nutans

- --Triad of nystagmus + head nodding + torticollis
- --Nystagmus amplitude very...

classic description

#### Congenital motor nystagmus

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#### Childhood

**Congenital Motor** 

**Congenital Sensory** 

**Periodic Alternating** 

Latent

**Spasmus Nutans** 

Periodic alternating nystagmus

- --Jerk in one direction → slows → stops → jerks in the other
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- --Triad of nystagmus + head nodding + torticollis
- --Nystagmus amplitude very...small ('shimmer')

## Congenital motor nystagmus

- --Usually...horizontal
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- --Vision usually...good
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- --Only form with... paradoxical OKN response
- --Likely to have a...null point

## Latent nystagmus

- --Occurs when one eye is...occluded
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## Childhood

**Congenital Motor** 

**Congenital Sensory** 

**Periodic Alternating** 

Latent

Spasmus Nutans

Periodic alternating nystagmus

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- --Usually

bilateral vs unilateral

but can seem

bilateral vs unilateral

## Congenital motor nystagmus

- --Usually...horizontal
- --Remains horizontal in up/downgaze
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## Childhood

Congenital Motor

**Congenital Sensory** 

**Periodic Alternating** 

Latent

**Spasmus Nutans** 

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## Childhood

**Congenital Motor** 

**Congenital Sensory** 

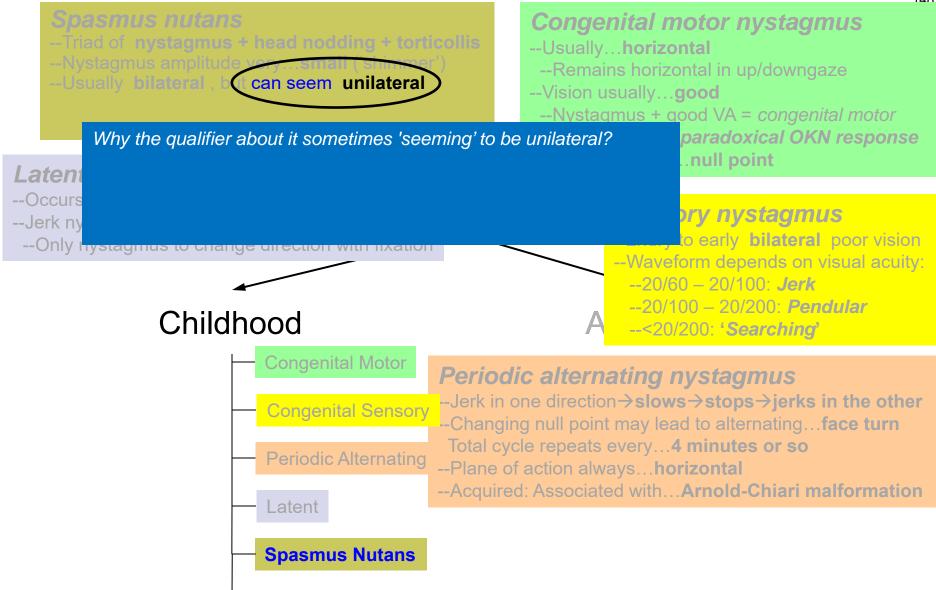
**Periodic Alternating** 

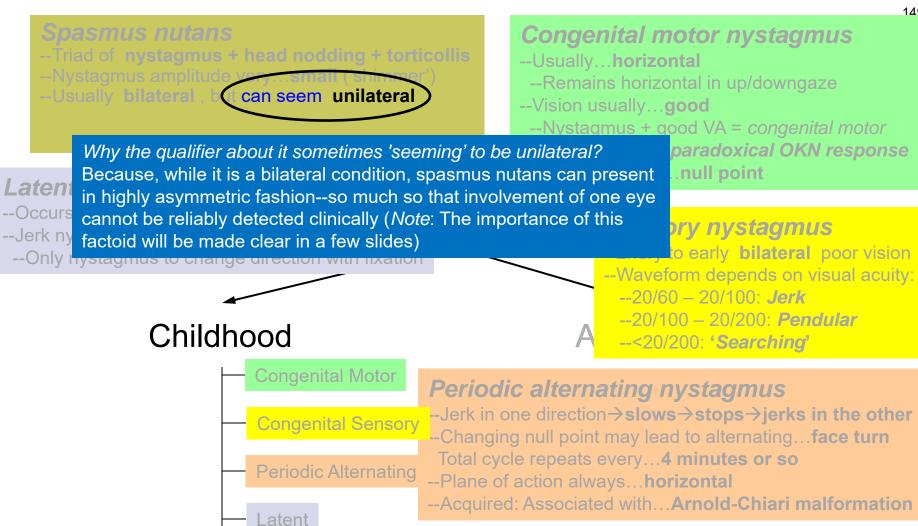
Latent

**Spasmus Nutans** 

Periodic alternating nystagmus

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- --Changing null point may lead to alternating...face turn
  Total cycle repeats every...4 minutes or so
- --Plane of action always...horizontal
- --Acquired: Associated with...**Arnold-Chiari malformation**





- --Triad of nystagmus + head nodding + torticollis
- --Nystagmus amplitude very...small ('shimmer')
- --Usually bilateral, but can seem unilateral
- benign vs

## Latent nystagmus

- --Occurs when one eye is...occluded
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## agmus

## Congenital motor nystagmus

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## Childhood

Congenital Motor

**Congenital Sensory** 

**Periodic Alternating** 

Latent

**Spasmus Nutans** 

Periodic alternating nystagmus

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## agmus

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## Childhood

**Congenital Motor** 

**Congenital Sensory** 

**Periodic Alternating** 

Latent

**Spasmus Nutans** 

Periodic alternating nystagmus

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- --Triad of nystagmus + head nodding + torticollis
- --Nystagmus amplitude very...small ('shimmer')
- --Usually bilateral, but can seem unilateral
- -- Benign . Resolves by age

## Congenital motor nystagmus

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- --Remains horizontal in up/downgaze
- --Vision usually...good
- --Nystagmus + good VA = congenital motor
- --Only form with... paradoxical OKN response
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## Latent nystagmus

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## agmus

## Sensory nystagmus

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## Childhood

# Congenital Motor Congenital Sensory Periodic Alternating Latent Spasmus Nutans

## Periodic alternating nystagmus

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## Congenital motor nystagmus

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## agmus

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## Childhood

**Congenital Motor** 

**Congenital Sensory** 

**Periodic Alternating** 

Latent

**Spasmus Nutans** 

Periodic alternating nystagmus

- --Jerk in one direction→slows→stops→jerks in the other
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- --Usually bilateral, but can seem unilateral
- -- Benign . Resolves by age 3-4 years. But...
- tumor
- can present similarly, so image

## Congenital motor nystagmus

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## Childhood

**Congenital Motor** 

**Congenital Sensory** 

**Periodic Alternating** 

Latent

**Spasmus Nutans** 

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- --Jerk in one direction→slows→stops→jerks in the other
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- -- Glioma can present similarly, so image

## Congenital motor nystagmus

- --Usually...horizontal
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## Childhood

**Congenital Motor** 

**Congenital Sensory** 

**Periodic Alternating** 

Latent

**Spasmus Nutans** 

Periodic alternating nystagmus

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Glioma an present similarly, so image

## Congenital motor nystagmus

- --Usually...horizontal
- --Remains horizontal in up/downgaze
- --Vision usually...good
- --Nystagmus + good VA = *congenital motor*
- --Only form with...*paradoxical OKN response*
- --Likely to have a...null point

#### Where might such a glioma be located?

--Jerk nystagmus toward...fixating eye

--Only nystagmus to change direction with fixation

## agmUS

#### Sensory nystagmus

- -2ndry to early **bilateral** poor vision
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## Childhood

**Congenital Motor** 

Congenital Sensory

**Periodic Alternating** 

Latent

## Periodic alternating nystagmus

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**Spasmus Nutans** 

#### Spasmus nutans -- Triad of nystagmus + head nodding + torticollis --Nystagmus amplitude very...**small** ('shimmer') --Usually bilateral, but can seem unilateral n . Resolves by age 3-4 years. But... Glioma an present similarly, so image Where might such a glioma be located? In the anterior visual pathway, ie, the two words or agmus --Jerk nystagmus toward...fixating eye

## Congenital motor nystagmus

- --Usuallv...horizontal
- --Remains horizontal in up/downgaze
- --Vision usually...qood
- --Nystagmus + good VA = congenital motor
- --Only form with...paradoxical OKN response
- --Likely to have a...**null point**

--Only nystagmus to change direction with fixation

## Childhood

## Sensory nystagmus

- -- 2ndry to early bilateral poor vision
- --Waveform depends on visual acuity:
- --20/60 20/100: Jerk
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#### Congenital Motor Periodic alternating nystagmus

Congenital Sensory

Periodic Alternating

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- --Changing null point may lead to alternating...face turn
- Total cycle repeats every...4 minutes or so
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Latent

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- --Nystagmus amplitude very...**small** ('shimmer')
- --Usually bilateral, but can seem unilateral n . Resolves by age 3-4 years. But...

Glioma an present similarly, so image

Where might such a glioma be located?

In the anterior visual pathway, ie, the optic nerve or chiasm agmus

--Jerk nystagmus toward...fixating eye

--Only nystagmus to change direction with fixation

## Childhood

Congenital Motor

Congenital Sensory

Periodic Alternating

Latent

**Spasmus Nutans** 

Monocular Nystagmus of Childhood

## Congenital motor nystagmus

- --Usuallv...horizontal
- --Remains horizontal in up/downgaze
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- --Nystagmus + good VA = congenital motor
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## Sensory nystagmus

- -- 2ndry to early bilateral poor vision
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- --Usually...horizontal
- --Remains horizontal in up/downgaze
- --Vision usually...good
- --Nystagmus + good VA = congenital motor
- --Only form with... paradoxical OKN response
- --Likely to have a...null point

## Latent nystagmus

- --Occurs when one eye is...occluded
- --Jerk nystagmus toward...fixating eye
- --Only nystagmus to change direction with fixation

## agmus

## Sensory nystagmus

- -- 2ndry to early bilateral poor vision
- --Waveform depends on visual acuity:
  - --20/60 20/100: **Jerk**
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## Childhood

Congenital Motor

**Congenital Sensory** 

**Periodic Alternating** 

Latent

Spasmus Nutans

Periodic alternating nystagmus

- --Jerk in one direction→slows→stops→jerks in the other
- --Changing null point may lead to alternating...face turn
  Total cycle repeats every...4 minutes or so
- --Plane of action always...horizontal
- --Acquired: Associated with...**Arnold-Chiari malformation**

# Monocular nystagmus of childhood

--ls...[rare vs common]

- --Triad of nystagmus + head nodding + torticollis
- --Nystagmus amplitude very...small ('shimmer')
- --Usually bilateral, but can seem unilateral
- -- Benign . Resolves by age 3-4 years. But...
- -- Glioma can present similarly, so image

## Congenital motor nystagmus

- --Usually...horizontal
- --Remains horizontal in up/downgaze
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- --Nystagmus + good VA = congenital motor
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- --Occurs when one eye is...occluded
- --Jerk nystagmus toward...fixating eye
- --Only nystagmus to change direction with fixation

## agmus

## Sensory nystagmus

- --2ndry to early **bilateral** poor vision
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## Childhood

Congenital Motor

**Congenital Sensory** 

**Periodic Alternating** 

Latent

Spasmus Nutans

Periodic alternating nystagmus

- --Jerk in one direction→slows→stops→jerks in the other
- --Changing null point may lead to alternating...face turn
  Total cycle repeats every...4 minutes or so
- --Plane of action always...horizontal
- --Acquired: Associated with...Arnold-Chiari malformation

**Monocular Nystagmus of Childhood** 

# Monocular nystagmus of childhood

--Is...rare

- --Triad of nystagmus + head nodding + torticollis
- --Nystagmus amplitude very...small ('shimmer')
- --Usually bilateral, but can seem unilateral
- -- Benign . Resolves by age 3-4 years. But...
- -- Glioma can present similarly, so image

## Congenital motor nystagmus

- --Usually...horizontal
- --Remains horizontal in up/downgaze
- --Vision usually...good
- --Nystagmus + good VA = congenital motor
- --Only form with... paradoxical OKN response
- --Likely to have a...null point

## Latent nystagmus

- --Occurs when one eye is...occluded
- --Jerk nystagmus toward...fixating eye
- --Only nystagmus to change direction with fixation

## agmus

## Sensory nystagmus

- --2ndry to early **bilateral** poor vision
- --Waveform depends on visual acuity:
  - --20/60 20/100: **Jerk**
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  - --<20/200: 'Searching'

## Childhood

Congenital Motor

**Congenital Sensory** 

**Periodic Alternating** 

Latent

Spasmus Nutans

**Monocular Nystagmus of Childhood** 

## Periodic alternating nystagmus

- --Jerk in one direction→slows→stops→jerks in the other
- --Changing null point may lead to alternating...face turn
  Total cycle repeats every...4 minutes or so
- --Plane of action always...horizontal
- --Acquired: Associated with...Arnold-Chiari malformation

- --|s...rare
- -- Direction is...

- --Triad of nystagmus + head nodding + torticollis
- --Nystagmus amplitude very...small ('shimmer')
- --Usually bilateral, but can seem unilateral
- -- Benign . Resolves by age 3-4 years. But...
- -- Glioma can present similarly, so image

## Congenital motor nystagmus

- -- Usually...horizontal
- --Remains horizontal in up/downgaze
- --Vision usually...good
- --Nystagmus + good VA = congenital motor
- --Only form with...paradoxical OKN response
- --Likely to have a...null point

## Latent nystagmus

- --Occurs when one eye is...occluded
- --Jerk nystagmus toward...fixating eye
- --Only nystagmus to change direction with fixation

## agmus

## Sensory nystagmus

- -- 2ndry to early bilateral poor vision
- --Waveform depends on visual acuity:
  - --20/60 20/100: **Jerk**
  - --20/100 20/200: **Pendular**
  - --<20/200: 'Searching'

## Childhood

**Congenital Motor** 

Congenital Sensory

**Periodic Alternating** 

Latent

**Spasmus Nutans** 

Periodic alternating nystagmus

- --Jerk in one direction -> slows -> stops -> jerks in the other
- --Changing null point may lead to alternating...face turn Total cycle repeats every...4 minutes or so
- --Plane of action always...horizontal
- --Acquired: Associated with...Arnold-Chiari malformation

**Monocular Nystagmus of Childhood** 

- --|s...rare
- --Direction is...vertical, or elliptical

- --Triad of nystagmus + head nodding + torticollis
- --Nystagmus amplitude very...small ('shimmer')
- --Usually bilateral, but can seem unilateral
- -- Benign . Resolves by age 3-4 years. But...
- -- Glioma can present similarly, so image

## Congenital motor nystagmus

- -- Usually...horizontal
- --Remains horizontal in up/downgaze
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Congenital Sensory

**Periodic Alternating** 

Latent

**Spasmus Nutans** 

Periodic alternating nystagmus

- --Jerk in one direction -> slows -> stops -> jerks in the other
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- --|s...rare
- --Direction is...vertical, or elliptical
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- --Triad of nystagmus + head nodding + torticollis
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agmus

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What is the adult version called (assuming it's not called something goofy like 'adult-onset monocular nystagmus of childhood')?

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Oh yeah, now I remember. Say, can you remind me of the steps in that test?

Step 2:

Can

Yes

Wha

Step 3:

Step 1:

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- -- 2ndry to early bilateral poor vision
- --Waveform depends on visual acuity:
- --20/60 20/100: Jerk
- --20/100 20/200: Pendular
- --<20/200: 'Searching'



Congenital Motor

## Periodic alternating nystagmus

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gooi

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Step 2:

Step 3:

Wha

It is referred to as 'the Heimann-Bielschowsky phenomenon'

--Involved eye...never changes

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- --Nystagmus amplitude very...small ('shimmer')
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- -- Glioma can present similarly, so image

### Latent nystagmus

- --Occurs when one eye is...occluded
- --Jerk nystagmus toward...fixating eye
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### agmus

### Congenital motor nystagmus

- --Usually...horizontal
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- --Only form with...paradoxical OKN response
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mann-Bielschowsky ienon

is...vertical, or elliptical

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Step 1: Determine which eye is higher via cover testing

Step 2: Identify the gaze (ie, right vs left) in which the deviation gets worse

Step 3: Tilt the head toward each bodypart, and see which direction improves

the deviation

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Step 1: Determine which eye is higher via cover testing

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Step 3: Tilt the head toward each shoulder, and see which direction worsens

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Step 3: Tilt the head toward each shoulder, and see which direction worsens

the deviation (note that this step is called the

dat name again

head-tilt test)

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Step 2: Identify the gaze (ie, right vs left) in which the deviation gets worse

Step 3: Tilt the head toward each shoulder, and see which direction worsens the deviation (note that this step is called the *Bielschowsky head-tilt test*)

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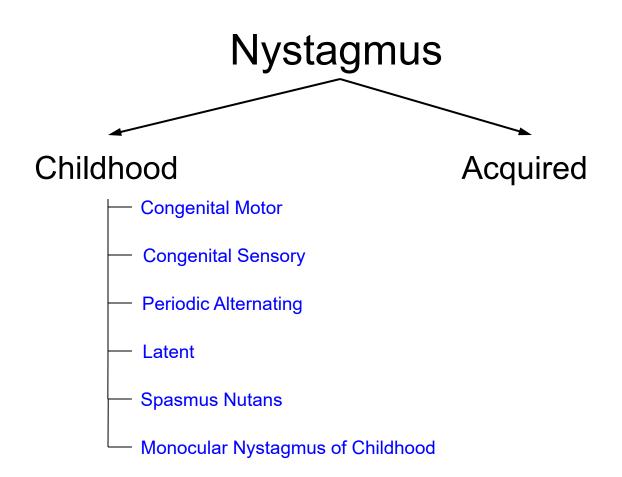
mann-Bielschowsky renon

⊦is…**vertical, or elliptica**l

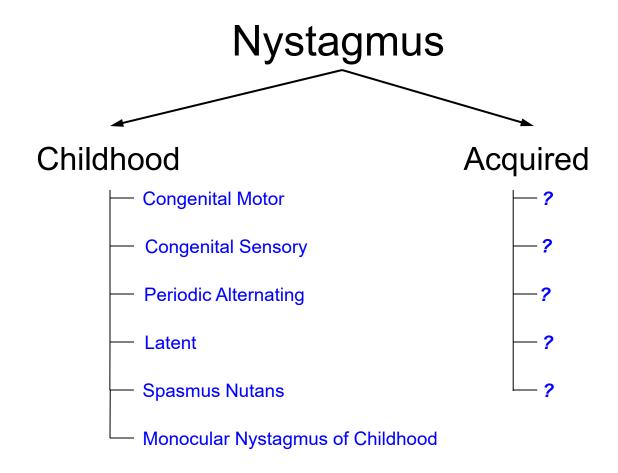
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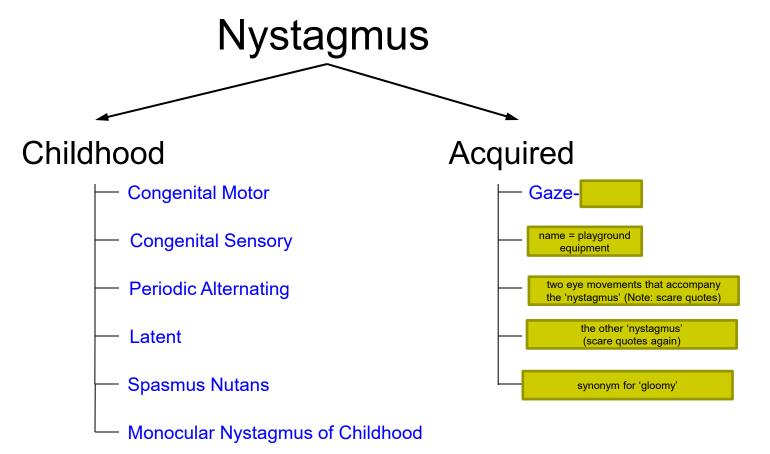




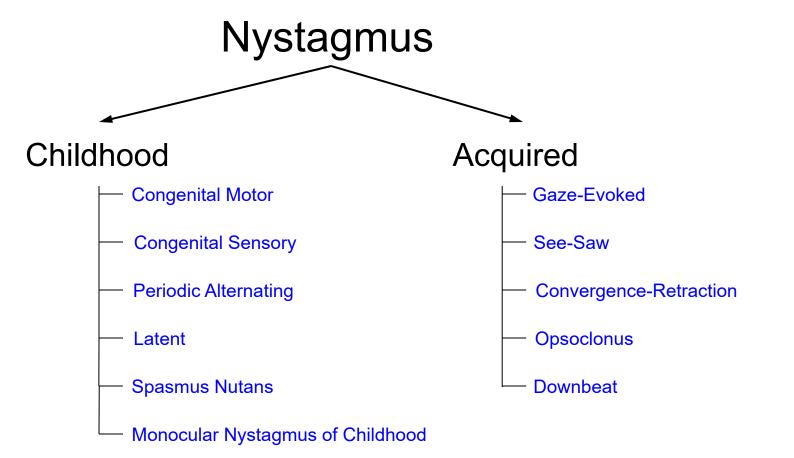








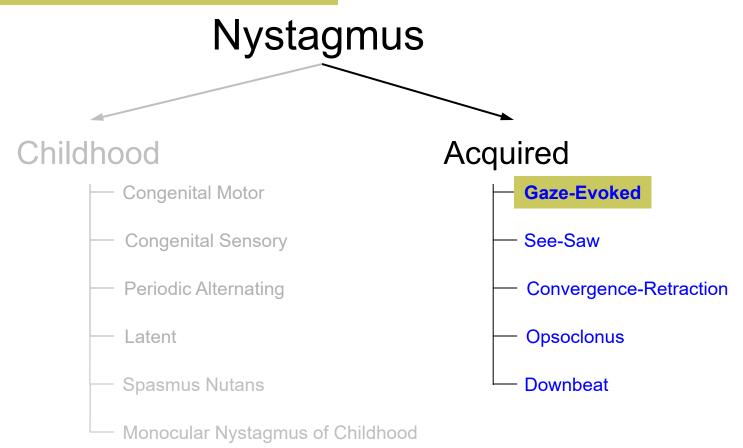




### Gaze-evoked nystagmus

--2° to inability of eyes to maintain...['direction' of fixation]

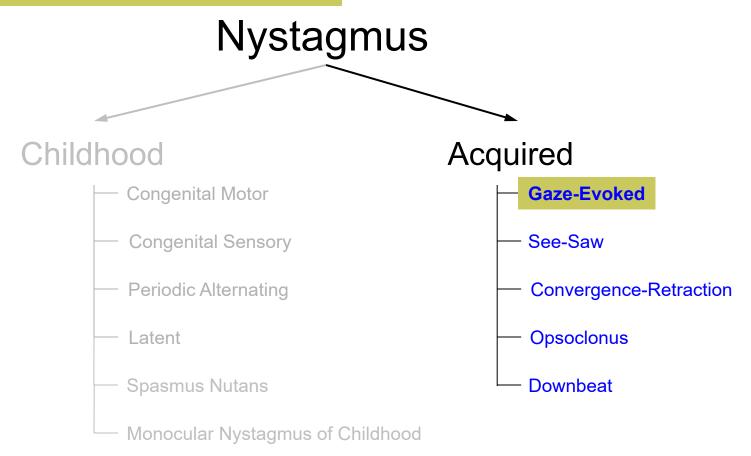




### Gaze-evoked nystagmus

--2° to inability of eyes to maintain...eccentric fixation





Gaze-evoked nystagmus

--2° to inability of eyes to maintain...eccentric fixation



Why might an eye be unable to maintain eccentric fixation?

**Congenital Sensory** 

Periodic Alternating

Latent

Spasmus Nutans

Monocular Nystagmus of Childhood

See-Saw

Convergence-Retraction

Opsoclonus

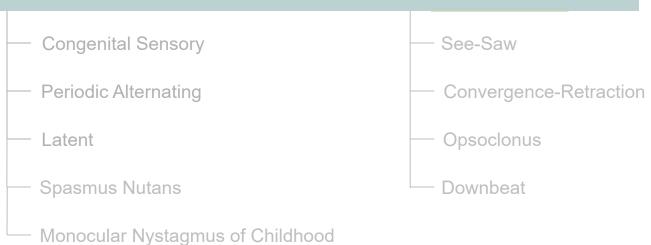
### Gaze-evoked nystagmus

--2° to inability of eyes to maintain...eccentric fixation



Why might an eye be unable to maintain eccentric fixation?

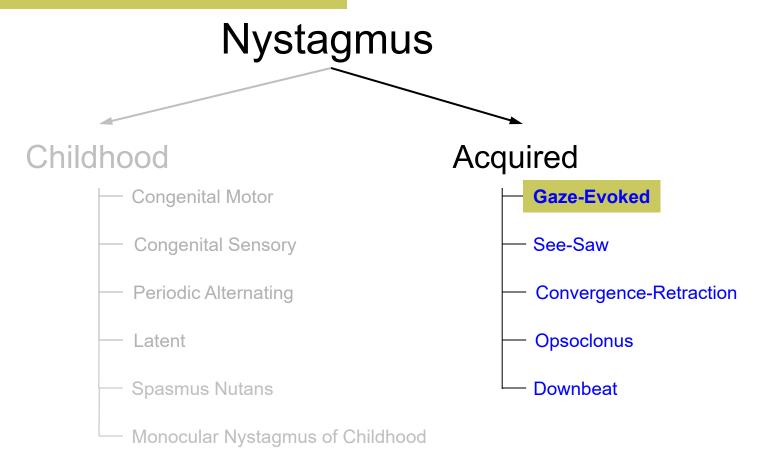
The eye is suspended in place by an elaborate web of soft tissue arising in the orbit. This 'suspensory system' can be thought of as a set of rubber bands extending from the walls of the orbit to enmesh the globe. And like rubber bands, the tissues suspending the globe resist being stretched--if you pull on them, they pull back. When they're not being stretched by ocular rotations, the summation of all these rubber-band forces want to keep the globe in (or close to) primary gaze. Thus, eccentric fixation requires the continuous generation of the force needed to overcome this elastic countertraction.



### Gaze-evoked nystagmus

- --2° to inability of eyes to maintain...eccentric fixation
- --Fast phase always...[toward, or away from, direction of gaze]

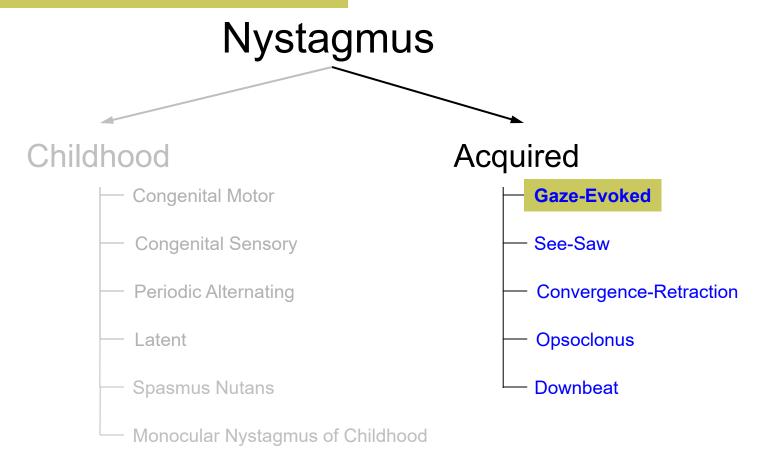




### Gaze-evoked nystagmus

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- --Fast phase always...toward direction of gaze





-2° to inability of eyes to maintain...eccentric fixation

--Fast phase always...toward direction of gaze

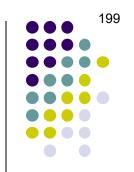


As stated previously, eccentric fixation requires the continuous generation of enough force to overcome the inherent countertraction produced by the elastic properties of the globe's suspensory system. Generating this force is the task of a wow words --a CNS nucleus responsible for producing the graded signal needed to keep the globe in eccentric fixation.

Latent
 Spasmus Nutans
 Monocular Nystagmus of Childhood

2º to inability of eyes to maintain...eccentric fixation

--Fast phase always...toward direction of gaze



As stated previously, eccentric fixation requires the continuous generation of enough force to overcome the inherent countertraction produced by the elastic properties of the globe's suspensory system. Generating this force is the task of a *neural integrator* --a CNS nucleus responsible for producing the graded signal needed to keep the globe in eccentric fixation.

Latent — Opsoclonus

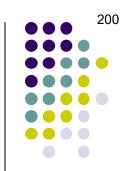
— Spasmus Nutans — Downbeat

— Monocular Nystagmus of Childhood

#### Gaze-evoked nystagmus

-2° to inability of eyes to maintain...eccentric fixation

--Fast phase always...toward direction of gaze



As stated previously, eccentric fixation requires the continuous generation of enough force to overcome the inherent countertraction produced by the elastic properties of the globe's suspensory system. Generating this force is the task of a *neural integrator* --a CNS nucleus responsible for producing the graded signal needed to keep the globe in eccentric fixation.

In gaze-evoked nystagmus, the neural integrator becomes 'leaky' in that it fails to reliably produce the signal required to maintain the needed force generation. Thus, after the eye saccades into eccentric gaze, leakiness by the neural integrator allows the elastic forces of the orbit to pull the eye back towards primary gaze. At some point during this drift the eye re-saccades back out to its intended eccentric position, only to start drifting primary-ward again. A 'loop' of these two events-the saccade into eccentric gaze, and the slow drift back toward primary--comprise the nystagmus observed in this condition. (Hence it is said to be 'gaze-evoked.')

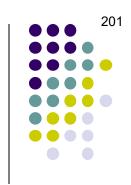
— Latent — Opsoclonus

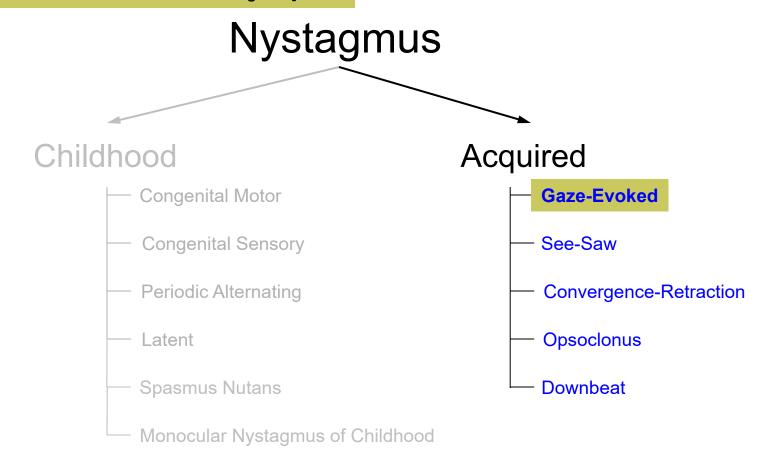
— Spasmus Nutans — Downbeat

— Monocular Nystagmus of Childhood

### Gaze-evoked nystagmus

- --2° to inability of eyes to maintain...eccentric fixation
- --Fast phase always...toward direction of gaze
- --Obeys...[what was the name of that law again?]

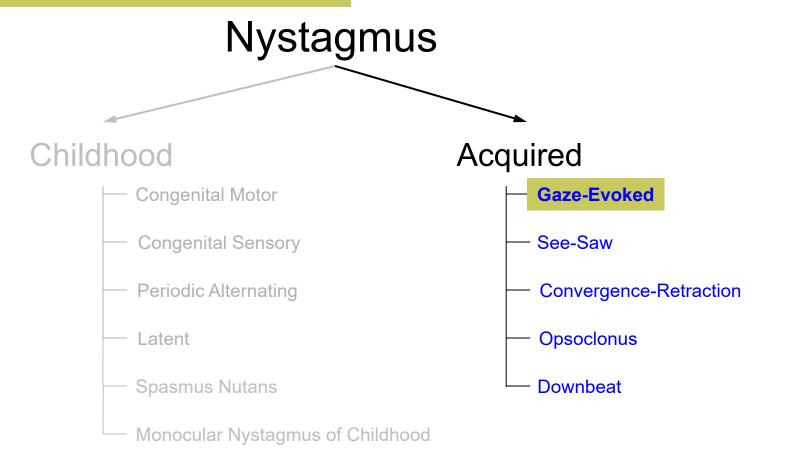




### Gaze-evoked nystagmus

- --2° to inability of eyes to maintain...eccentric fixation
- --Fast phase always...toward direction of gaze
- --Obeys...Alexander's law





### Gaze-evoked nystagmus

--2° to inability of eyes to maintain...eccentric fixation

-Fast phase always...toward direction of gaze

--Obeys...Alexander's law



It makes sense that gaze-evoked nystagmus would obey Alexander's law--the more extreme the eccentric gaze, the greater will be the elastic force pulling the globe back towards primary. (The farther you stretch a rubber band, the greater the force it produces.) This will increase both the rate at which the phases cycle, and the speed with which the movements occur.

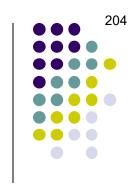
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Congenital Motor
 Congenital Sensory
 Periodic Alternating
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(No question—proceed when ready)

### Gaze-evoked nystagmus

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## See-saw nystagmus --Eyes alternate movement + movement with movement + movement

### Childhood



### Acquired

Gaze-Evoked
See-Saw
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Opsoclonus
Downbeat

### Gaze-evoked nystagmus

- --2° to inability of eyes to maintain...eccentric fixation
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### Nyetaamue

### See-saw nystagmus

--Eyes alternate elevation + intorting with depression + extorting

### Childhood

Congenital Motor

Congenital Sensory

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Monocular Nystagmus of Childhood

### Acquired

Gaze-Evoked

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Convergence-Retraction

**Opsoclonus** 



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### Nyetaamue

### See-saw nystagmus

- --Eyes alternate elevation + intorting with depression + extorting
- --Associated with...[specific tumor type]

### Childhood

Congenital Motor
Congenital Sensory
Periodic Alternating
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### Nyetaamue

### See-saw nystagmus

- --Eyes alternate elevation + intorting with depression + extorting
- --Associated with...craniopharyngioma

### Childhood

— Congenital Motor

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### Nivetaamus

### See-saw nystagmus

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#### Childhood Acquired

Convergence-retraction nystagmus

What is convergence-retraction nystagmus?

Gaze-Evoked



- --2° to inability of eyes to maintain...eccentric fixation
- --Fast phase always...toward direction of gaze
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### Nyetaamue

### See-saw nystagmus

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#### Childhood

### Convergence-retraction nystagmus

Acquired

Gaze-Evoked

What is convergence-retraction nystagmus?

A phenomena in which attempted upgaze causes the globes to retract (ie, sink deeper into the orbit), converge, and 'shimmy' (for lack of a better word; it is not a true nystagmus)



- --2° to inability of eyes to maintain...eccentric fixation
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210

### See-saw nystagmus

--Eyes alternate elevation + intorting with depression + extorting

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#### Childhood

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Why isn't it a true nystagmus?

- --2° to inability of eyes to maintain...eccentric fixation
- --Fast phase always...toward direction of gaze
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### Nyetaamus

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Why isn't it a true nystagmus?

Because it doesn't initiate with a slow movement.



### Gaze-evoked nystagmus

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Why isn't it a true nystagmus?

Because it doesn't initiate with a slow movement

If it's not a nystagmus, what is it?

### Gaze-evoked nystagmus

- --2° to inability of eyes to maintain...eccentric fixation
- --Fast phase always...toward direction of gaze
- --Obeys...Alexander's law

### Nyctoamus

### See-saw nystagmus

- --Eyes alternate elevation + intorting with depression + extorting
- --Associated with...craniopharyngioma

#### Childhood

### Convergence-retraction nystagmus

Acquired

Gaze-Evoked

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If it's not a nystagmus, what is it? A saccadic intrusion (remember?)



### Gaze-evoked nystagmus

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What causes the eyes to retract?

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#### Myetaamue

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What causes the eyes to retract?

Attempted elevation causes the medial and lateral recti muscles to fire simultaneously, the net result of which is the globes being pulled back into the orbits--retracting, in other words

### Gaze-evoked nystagmus

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# 216

### Nyctaamus

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#### Childhood

### Convergence-retraction nystagmus

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OK, but if the MR and LR are both firing, why do the eyes converge?

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## Myetaamue

# See-saw nystagmus

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#### Childhood

# Convergence-retraction nystagmus

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OK, but if the MR and LR are both firing, why do the eyes converge?

Because the medial recti are the strongest EOMs. Thus, in a battle royale among the recti, the MR are going to cause both eyes to adduct--to converge, in other words.

# Gaze-evoked nystagmus

- --2° to inability of eyes to maintain...eccentric fixation
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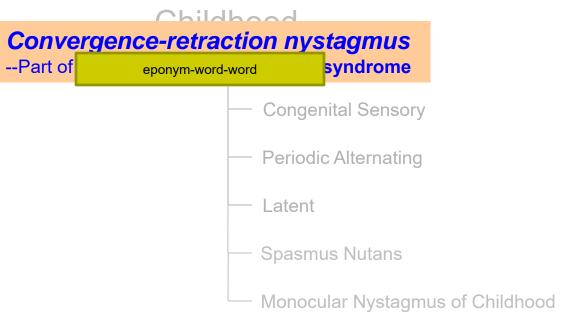
218

# See-saw nystagmus

--Eyes alternate elevation + intorting with depression + extorting

Nyctoamus

--Associated with...craniopharyngioma



# Acquired

Gaze-Evoked
See-Saw
Convergence-Retraction
Opsoclonus
Downbeat

# Gaze-evoked nystagmus

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# Nyctoamue

# See-saw nystagmus

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- --Associated with...craniopharyngioma

#### Childhood

# Convergence-retraction nystagmus

--Part of Parinaud's dorsal midbrain syndrome

Congenital Sensory

Periodic Alternating

Latent

Spasmus Nutans

Monocular Nystagmus of Childhood

# Acquired

Gaze-Evoked

See-Saw

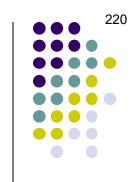
**Convergence-Retraction** 

**Opsoclonus** 



#### Gaze-evoked nystagmus

- --2° to inability of eves to maintain...eccentric fixation
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# Nyctaamus

# See-saw nystagmus

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#### Childhood

# Convergence-retraction nystagmus

--Part of Parinaud's dorsal midbrain syndrome

What are the findings in Parinaud's dorsal midbrain syndrome?

- 1) Convergence-retraction nystagmus (duh)
- 2)
- 3)
- 4)

Spasmus Nutans

Monocular Nystagmus of Childhood

# Acquired

Gaze-Evoked

See-Saw

**Convergence-Retraction** 

Opsoclonus

#### Gaze-evoked nystagmus

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## Myetaamue

# See-saw nystagmus

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#### Childhood

# Convergence-retraction nystagmus

--Part of Parinaud's dorsal midbrain syndrome

#### What are the findings in Parinaud's dorsal midbrain syndrome?

- 1) Convergence-retraction nystagmus
- 2) Impaired upgaze
- 3) Lid retraction
- 4) Light-near dissociation

Spasmus Nutans

Monocular Nystagmus of Childhood

# Acquired

Gaze-Evoked

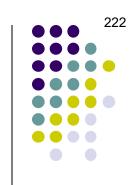
See-Saw

**Convergence-Retraction** 

Opsoclonus

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## Myetaamue

# See-saw nystagmus

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#### Childhood

# Convergence-retraction nystagmus

--Part of Parinaud's dorsal midbrain syndrome

The etiology of a Parinaud syndrome is often a function of who the pt is. For each of these pts with Parinaud's, state the most likely cause:
--A child:

Spasmus Nutans

Monocular Nystagmus of Childhood

# Acquired

Gaze-Evoked

See-Saw

**Convergence-Retraction** 

Opsoclonus

#### Gaze-evoked nystagmus

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## Myetaamue

# See-saw nystagmus

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#### Childhood

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--Part of Parinaud's dorsal midbrain syndrome

The etiology of a Parinaud syndrome is often a function of who the pt is. For each of these pts with Parinaud's, state the most likely cause:

-- A child: **Hydrocephalus** 

# Acquired

Gaze-Evoked

See-Saw

**Convergence-Retraction** 

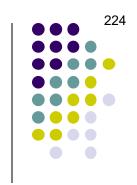
Opsoclonus

Downbeat

Spasmus Nutans

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## Myetaamue

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- -- A child: Hydrocephalus
- --A young man:

# Acquired

Gaze-Evoked

See-Saw

**Convergence-Retraction** 

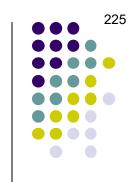
Opsoclonus

Downbeat

Spasmus Nutans

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# Nyctaamus

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#### Childhood

# Convergence-retraction nystagmus

--Part of Parinaud's dorsal midbrain syndrome

The etiology of a Parinaud syndrome is often a function of who the pt is. For each of these pts with Parinaud's, state the most likely cause:

- -- A child: Hydrocephalus
- --A young man: A pineal tumor

# Acquired

Gaze-Evoked

See-Saw

**Convergence-Retraction** 

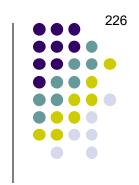
Opsoclonus

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## Myetaamue

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- -- A child: Hydrocephalus
- --A young man: A pineal tumor
- --A young woman:

Spasmus Nutans

Monocular Nystagmus of Childhood

# Acquired

Gaze-Evoked

See-Saw

**Convergence-Retraction** 

Opsoclonus

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## Myetaamue

# See-saw nystagmus

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#### Childhood

# Convergence-retraction nystagmus

--Part of Parinaud's dorsal midbrain syndrome

The etiology of a Parinaud syndrome is often a function of who the pt is. For each of these pts with Parinaud's, state the most likely cause:

- -- A child: Hydrocephalus
- --A young man: A pineal tumor
- --A young woman: MS

Spasmus Nutans

Monocular Nystagmus of Childhood

# Acquired

Gaze-Evoked

See-Saw

**Convergence-Retraction** 

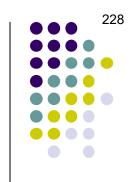
Opsoclonus

#### Gaze-evoked nystagmus

--2° to inability of eyes to maintain...eccentric fixation

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## Myetaamue

### See-saw nystagmus

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#### Childhood

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The etiology of a Parinaud syndrome is often a function of who the pt is. For each of these pts with Parinaud's, state the most likely cause:

- -- A child: Hydrocephalus
- --A young man: A pineal tumor
- --A young woman: MS
- --An **older** adult:

Spasmus Nutans

Monocular Nystagmus of Childhood

# Acquired

Gaze-Evoked

See-Saw

**Convergence-Retraction** 

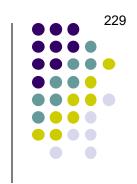
Opsoclonus

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- --A young man: A pineal tumor
- --A young woman: **MS**
- --An older adult: CVA

Spasmus Nutans

Monocular Nystagmus of Childhood

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See-Saw

**Convergence-Retraction** 

Opsoclonus

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#### Childhood

# Convergence-retraction nystagmus

--Part of Parinaud's dorsal midbrain syndrome

# **Opsocionus**

--Not a true nystagmus—is a

two words

# Acquired

Gaze-Evoked

See-Saw

Convergence-Retraction

**Opsocionus** 





- --2° to inability of eyes to maintain...eccentric fixation
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#### Childhood

# Convergence-retraction nystagmus

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# **Opsocionus**

--Not a true nystagmus—is a saccadic oscillation

# Acquired

Gaze-Evoked

See-Saw

Convergence-Retraction

**Opsocionus** 

Downbeat



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# **Opsocionus**

- --Not a true nystagmus—is a saccadic oscillation
- --Movements are

velocity and directionality

# Acquired

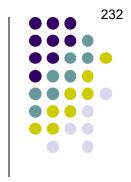
Gaze-Evoked

See-Saw

Convergence-Retraction

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# **Opsocionus**

- --Not a true nystagmus—is a saccadic oscillation
- --Movements are rapid and multivectorial

# Acquired

Gaze-Evoked

See-Saw

Convergence-Retraction

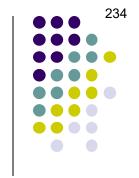
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In opsoclonus, do the movements persist during...

- --eyelid closure?
- --sleep?

# Acquired

Gaze-Evoked

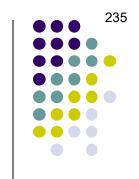
See-Saw

Convergence-Retraction

**Opsocionus** 

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In opsoclonus, do the movements persist during...

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- --sleep? Yes

# Acquired

Gaze-Evoked

See-Saw

Convergence-Retraction

Opsoclonus

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# **Opsocionus**

- --Not a true nystagmus—is a saccadic oscillation
- --Movements are rapid and multivectorial
- -- 4 main associations:
  - 1) A paraneoplastic syndrome in specific tumor type

2)

3)

4)

# Acquired

Gaze-Evoked

See-Saw

Convergence-Retraction

**Opsocionus** 

Downbeat



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#### Childhood

# Convergence-retraction nystagmus

--Part of Parinaud's dorsal midbrain syndrome

## **Opsocionus**

- --Not a true nystagmus—is a saccadic oscillation
- --Movements are rapid and multivectorial
- -- 4 main associations:
  - 1) A paraneoplastic syndrome in neuroblastoma
  - 2)
  - 3)
  - 4)

# Acquired

Gaze-Evoked

See-Saw

Convergence-Retraction

**Opsocionus** 





#### Gaze-evoked nystagmus

- --2° to inability of eyes to maintain...eccentric fixation
- --Fast phase always...t**oward direction of gaze**
- --Obeys...**Alexander's law**

# 238

## Myetaamue

# See-saw nystagmus

--Eyes alternate elevation + intorting with depression + extorting

-- Associated with...craniopharyngioma

#### 

#### Gaze-evoked nystagmus

- --2° to inability of eyes to maintain...eccentric fixation
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# 239

# Nyctaamus

# See-saw nystagmus

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-- Associated with...craniopharyngioma

#### Childhood

# Convergence-retraction nystagmus

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# **Opsocionus**

- --Not a true nystagmus—is a saccadic oscillation
- -- Movements are rapid and multivectorial
- -- 4 main associations:
  - 1) A paraneoplastic syndrome in neuroblastoma

2) 3)

- Is opsoclonus a good or bad prognostic sign in neuroblastoma?
- 4) A good sign

Acquired

Gaze-Evoked

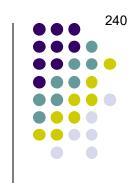
See-Saw

Convergence-Retraction

**Opsocionus** 

Downbeat

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# Nyctaamus

# See-saw nystagmus

--Eyes alternate **elevation + intorting** with **depression + extorting** --Associated with...**craniopharyngioma** 

Neuroblastoma is a pediatric cancer. Can opsoclonus be associated with cancer in adults?

# uired

Gaze-Evoked

See-Saw

Convergence-Retraction

**Opsocionus** 

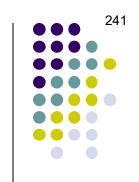
Downbeat

--4 main associations

- 1) A paraneoplastic syndrome in neuroblastoma
- 2)
- 3)
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Gaze-Evoked

See-Saw

Convergence-Retraction

**Opsocionus** 

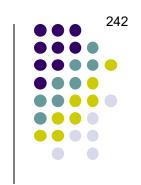
Downbeat

#### --4 main associations

- 1) A paraneoplastic syndrome in neuroblastoma
- 2)
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- 4)

#### Gaze-evoked nystagmus

- --2° to inability of eyes to maintain...eccentric fixation
- -Fast phase always...toward direction of gaze
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# Nyetaamue

# See-saw nystagmus

--Eyes alternate **elevation + intorting** with **depression + extorting**--Associated with...**craniopharyngioma** 

Neuroblastoma is a pediatric cancer. Can opsoclonus be associated with cancer in adults?

Yes

With what three adult cancers is opsoclonus most commonly associated?

Н

(Mnemonic forthcoming...)

#### -4 main associations:

- 1) A paraneoplastic syndrome in neuroblastoma
- 2)
- 3)
- 4)

uired

Gaze-Evoked

See-Saw

Convergence-Retraction

**Opsocionus** 

Downbeat



# Nyctoamus

# See-saw nystagmus

-Eyes alternate elevation + intorting with depression + extorting --Associated with...craniopharyngioma

Neuroblastoma is a pediatric cancer. Can opsoclonus be associated with cancer in adults?

Yes

With what three adult cancers is opsoclonus most commonly associated?

**--S** --O

Cancer-associated opsoclonus in adults is so sad, it'll make you SOB

--B

- 1) A paraneoplastic syndrome in neuroblastoma
- 2)
- 3)

4)

uired

Gaze-Evoked

See-Saw

Convergence-Retraction

**Opsocionus** 

Downbeat

#### Gaze-evoked nystagmus

-2° to inability of eyes to maintain...eccentric fixation

-Fast phase always...**toward direction of gaze** 

-Obeys...**Alexander's law** 



# Myetaamue

### See-saw nystagmus

--Eyes alternate **elevation + intorting** with **depression + extorting** --Associated with...**craniopharyngioma** 

Neuroblastoma is a pediatric cancer. Can opsoclonus be associated with cancer in adults? uired Yes Gaze-Evoked With what three adult cancers is opsoclonus most commonly associated? --Small-cell lung (most common--remember this one for sure!) See-Saw --Ovarian --Breast Convergence-Retraction 1) A paraneoplastic syndrome in neuroblastoma, small-cell lung CA, ovarian CA, breast CA 2) 3) Downbeat 4)

- --2° to inability of eyes to maintain...eccentric fixation
- --Fast phase always...toward direction of gaze
- --Obeys...Alexander's law

# Nyctoamus

# See-saw nystagmus

- -- Eyes alternate elevation + intorting with depression + extorting
- --Associated with...craniopharyngioma

#### Childhood

# Convergence-retraction nystagmus

--Part of Parinaud's dorsal midbrain syndrome

# **Opsocionus**

- --Not a true nystagmus—is a saccadic oscillation
- --Movements are rapid and multivectorial
- -- 4 main associations:
  - 1) A paraneoplastic syndrome in neuroblastoma
  - 2) two words ataxia
  - 3)
  - 4)

# Acquired

Gaze-Evoked

See-Saw

Convergence-Retraction

**Opsocionus** 

Downbeat



- --2° to inability of eyes to maintain...eccentric fixation
- --Fast phase always...toward direction of gaze
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# Nyctaamus

## See-saw nystagmus

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  - 2) Acute cerebellar ataxia
  - 3)
  - 4)

# Acquired

Gaze-Evoked

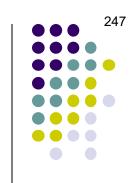
See-Saw

Convergence-Retraction

**Opsocionus** 

Downbeat





## Nivetoamus

# See-saw nystagmus

-- Eyes alternate elevation + intorting with depression + extorting

-- Associated with...craniopharyngioma

#### Childhood

# Convergence-retraction nystagmus

--Part of Parinaud's dorsal midbrain syndrome

- - 2) Acute cerebellar ataxia
  - 3)

4)

What is the classic description of acute cerebellar ataxia?

Acquired

Gaze-Evoked

Convergence-Retraction

See-Saw

#### Gaze-evoked nystagmus

- -2° to inability of eyes to maintain...eccentric fixation
- --Fast phase always...t**oward direction of gaze**
- --Obeys...**Alexander's law**



## Myetaamue

# See-saw nystagmus

-- Eyes alternate elevation + intorting with depression + extorting

-- Associated with...craniopharyngioma

#### Childhood

# Convergence-retraction nystagmus

--Part of Parinaud's dorsal midbrain syndrome

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- --4 main associations
  - 1) A paraneoplastic syndrome
  - 2) Acute cerebellar ataxia
  - 3)

4)

What is the classic description of acute cerebellar ataxia? 'Dancing eyes and dancing feet'

mg 5/50 and danoing foot

Acquired

Gaze-Evoked

See-Saw

Convergence-Retraction

- --2° to inability of eyes to maintain…**eccentric fixation**
- --Fast phase always...t**oward direction of gaze**
- --Obeys...**Alexander's law**



# What childhood syndrome consist of opsoclonus, myoclonus and ataxia? See-sa --Eyes al --Associa Converge --Part of Par **Opsoclo** --Not a true traction --Movemen **Opsocionus** 2) Acute cerebellar ataxia 3) Downbeat 4)

Note: The BCSC *Neuro* book calls it *Opsoclonus-Myoclonus Syndrome*. The name *opsoclonus-myoclonus-ataxia syndrome* is more descriptive, however.

250

See-sa --Eyes alt --Associa What childhood syndrome consist of opsoclonus, myoclonus and ataxia? Opsoclonus-myoclonus-ataxia syndrome (OMAS)

Converge

--Part of Par

# Opsocio

- --Not a true
- --Moveme
- --4 main associations
  - 1) A paraneoplastic syndrome in **neuroblastoma**
  - 2) Acute cerebellar ataxia
  - 3)
  - 4)

**Opsocionus** 

Downbeat

-2° to inability of eyes to maintain \_\_eccentric fixation

--Fast phase always...toward direction of gaze

--Obeys...**Alexander's law** 

What childhood syndrome consist of opsoclonus, myoclonus and ataxia?
Opsoclonus-myoclonus-ataxia syndrome (OMAS)

See-sa --Eyes alt --Associa

What other symptoms/signs may be present?

Converge -- Part of Par

# **Opsoclo**

- --Not a true
- --Movemen
- --4 main associations
  - 1) A paraneoplastic syndrome in **neuroblastoma**
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**Opsocionus** 

Downbeat

Monocular Nystagmus of Childhood



traction

-2° to inability of eyes to maintain \_\_eccentric fixation

-Fast phase always...toward direction of gaze

--Obeys...**Alexander's law** 

What childhood syndrome consist of opsoclonus, myoclonus and ataxia? Opsoclonus-myoclonus-ataxia syndrome (OMAS)

Eyes all What other symptoms/signs may be present?

- --Associa --Vomiting
  - --Speech difficulties
  - --Sleep disturbance

**Converge**--Part of **Par** 

See-sa

# **Opsoclo**

- --Not a true
- --Movemen
- --4 main associations:
- 1) A paraneoplastic syndrome in **neuroblastoma**
- 2) Acute cerebellar ataxia
- 3)
- 4)

**Opsocionus** 

Downbeat

252

traction

Gaze-evoked nystagmus

—2° to inability of eyes to maintain—eccentric fixation

-Fast phase always...toward direction of gaze

--Obeys...**Alexander's law** 

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Eyes all What other symptoms/signs may be present?

- --Associa --Vomiting
  - --Speech difficulties
  - --Sleep disturbance

What percentage of OMAS pts have neuroblastoma?

#### Opsocio

Converge

--Part of Par

See-sa

- --Not a true
- --Movemer
- --4 main associations:
- 1) A paraneoplastic syndrome in **neuroblastoma**
- 2) Acute cerebellar ataxia
- 3)
- 4)

**Opsocionus** 

Downbeat

253

What childhood syndrome consist of opsoclonus, myoclonus and ataxia? Opsoclonus-myoclonus-ataxia syndrome (OMAS)

See-sa --Associa --Vomiting

Eyes all What other symptoms/signs may be present?

- --Speech difficulties
- --Sleep disturbance

Converge --Part of Par

What percentage of OMAS pts have neuroblastoma? ~50

#### **Opsocio**

- --Not a true
- --Movemen

- 2) Acute cerebellar ataxia
- 3)
- 4)

**Opsocionus** 

Downbeat

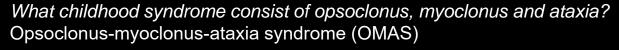


Gaze-evoked nystagmus

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- --Associa --Vomiting
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  - --Sleep disturbance

--Part of Par What percentage of OMAS pts have neuroblastoma?

**Opsoclo** 

See-sa

Does the presence of OMAS in neuroblastoma convey a good, or poor prognosis?

--Movemen

-- 4 main associations:

- 1) A paraneoplastic syndrome in **neuroblastoma**
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**Opsocionus** 

Downbeat

traction

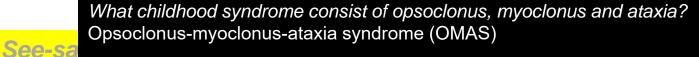
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Gaze-evoked nystagmus

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- --Associa --Vomiting
  - --Speech difficulties
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Converged
--Part of Par What percentage of OMAS pts have neuroblastoma?

Opsoclo
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Does the presence of OMAS in neuroblastoma convey a good, or poor prognosis? Good

--Movemen

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- 1) A paraneoplastic syndrome in **neuroblastoma**
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~50

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**Opsocionus** 

Downbeat

256

traction

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#### Nyctaamus

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#### Childhood

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  - 3) Post...[type of infection]

4)

Monocular Nystagmus of Childhood

#### Acquired

Gaze-Evoked

See-Saw

Convergence-Retraction

**Opsocionus** 

Downbeat



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Monocular Nystagmus of Childhood

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**Opsocionus** 

Downbeat



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  - 2) Acute cerebellar ataxia
  - 3) Post...viral
  - 4) Post...[specific inflammatory condition]

Acquired

Gaze-Evoked

See-Saw

Convergence-Retraction

**Opsocionus** 

Downbeat



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  - 4) Post...encephalitis

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Gaze-Evoked

See-Saw

Convergence-Retraction

**Opsocionus** 

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Acquired

Gaze-Evoked

See-Saw

Convergence-Retraction

**Opsocionus** 

Rule of thumb for etiology of opsoclonus: --In children:

--In young adults:

- -- In older adults:



#### Gaze-evoked nystagmus

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Acquired

Gaze-Evoked

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**Opsocionus** 

- --In children: Post-infectious, or neuroblastoma
- --In young adults:
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Acquired

Gaze-Evoked

See-Saw

Convergence-Retraction

**Opsocionus** 

- --In children: Post-infectious, or neuroblastoma
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- -- In older adults:



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- 2) Acute cerebellar ataxia
- 3) Post...viral
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Acquired

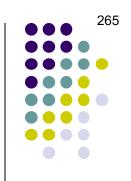
Gaze-Evoked

See-Saw

Convergence-Retraction

**Opsocionus** 

- --In children: Post-infectious, or neuroblastoma
- --In young adults: Post-infectious
- -- In older adults:



#### Gaze-evoked nystagmus

- --2° to inability of eyes to maintain...eccentric fixation
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#### Nyetaamue

#### See-saw nystagmus

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#### Childhood

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--Part of Parinaud's dorsal midbrain syndrome

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- Monocu

- 2) Acute cerebellar ataxia
- 3) Post...viral
- 4) Post...encephalitis

Acquired

Gaze-Evoked

See-Saw

Convergence-Retraction

**Opsocionus** 

- --In children: Post-infectious, or neuroblastoma
- --In young adults: Post-infectious
- --In older adults: Paraneoplastic



#### Gaze-evoked nystagmus

- --2° to inability of eyes to maintain...eccentric fixation
- --Fast phase always...toward direction of gaze
- --Obeys...Alexander's law

# Downbeat nystagmus --Associated with eponym-eponym malformation

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#### Myetaamue

#### See-saw nystagmus

- --Eyes alternate elevation + intorting with depression + extorting
- --Associated with...craniopharyngioma

#### Childhood

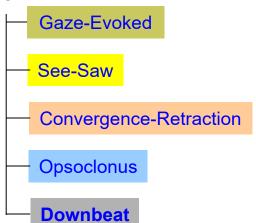
#### Convergence-retraction nystagmus

--Part of Parinaud's dorsal midbrain syndrome

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#### Acquired



#### Gaze-evoked nystagmus

- --2° to inability of eyes to maintain...eccentric fixation
- --Fast phase always...toward direction of gaze
- --Obeys...Alexander's law

#### Downbeat nystagmus

-- Associated with Arnold-Chiari malformation

#### Myetaamue

#### See-saw nystagmus

- --Eyes alternate elevation + intorting with depression + extorting
- --Associated with...craniopharyngioma

#### Childhood

#### Convergence-retraction nystagmus

--Part of Parinaud's dorsal midbrain syndrome

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  - 4) Post...encephalitis

#### Acquired

Gaze-Evoked

See-Saw

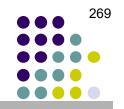
Convergence-Retraction

**Opsoclonus** 

**Downbeat** 

#### Gaze-evoked nystagmus

- --2° to inability of eyes to maintain...**eccentric fixatio**r
- --Fast phase always…**toward direction of gaze**
- --Obeys...**Alexander's law**



-Associated with Arnold-Chiari malformation

#### Nh

#### See-saw nystagmus

--Eyes alternate **elevation + intorting** with **d**--Associated with...**craniopharyngioma** 

Previously, it was mentioned that the acquired form of one of the childhood nystagmuses was associated with Arnold-Chiari malformation. Which childhood nystagmus was it?

#### Childhood

#### Convergence-retraction nystagmus

--Part of Parinaud's dorsal midbrain syndrome

#### **Opsocionus**

- --Not a true nystagmus—is a saccadic oscillation
- --Movements are rapid and multivectorial
- -- 4 main associations:
  - 1) A paraneoplastic syndrome in **neuroblastoma**
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  - 3) Post...viral
  - 4) Post...encephalitis

Acquired

Gaze-Evoked
See-Saw
Convergence-Retraction
Opsoclonus
Downbeat

#### Gaze-evoked nystagmus

- --2° to inability of eyes to maintain...**eccentric fixatio**r
- --Fast phase always…**toward direction of gaze**
- --Obeys...**Alexander's law**



-Associated with Arnold-Chiari malformation

#### Nlv

#### See-saw nystagmus

--Eyes alternate **elevation + intorting** with **d**--Associated with...**craniopharyngioma** 

Previously, it was mentioned that the acquired form of one of the childhood nystagmuses was associated with Arnold-Chiari malformation. Which childhood nystagmus was it? Period-alternating nystagmus

#### Childhood

#### Convergence-retraction nystagmus

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#### Acquired

Gaze-Evoked
See-Saw
Convergence-Retraction
Opsoclonus
Downbeat

#### Gaze-evoked nystagmus

- --2° to inability of eyes to maintain...eccentric fixation
- --Fast phase always...toward direction of gaze
- --Obeys...Alexander's law

#### Downbeat nystagmus

- -- Associated with Arnold-Chiari malformation
- --But, can be congenital, with good vision and no associated neurologic abnormalities

#### Myetaamue

#### See-saw nystagmus

- --Eyes alternate elevation + intorting with depression + extorting
- --Associated with...craniopharyngioma

#### Childhood

#### Convergence-retraction nystagmus

--Part of Parinaud's dorsal midbrain syndrome

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  - 4) Post...encephalitis

#### Acquired

Gaze-Evoked

See-Saw

Convergence-Retraction

**Opsoclonus** 

**Downbeat** 

#### Gaze-evoked nystagmus

-2° to inability of eyes to maintain...eccentric fixation
 -Fast phase always...toward direction of gaze
 -Obeys...Alexander's law

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#### Downbeat nystagmus

- --Associated with Arnold-Chiari malformation
- --But, can be congenital, with good vision and no associated neurologic abnormalities

Relative to its severity in primary gaze, is the downbeat nystagmus better or worse in...
--Downgaze? Worse
--Upgaze? Better

Co
--N

1) A paraneoplastic syndrome in neuroblastoma
2) Acute cerebellar ataxia
3) Post...viral
4) Post...encephalitis

#### Gaze-evoked nystagmus

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#### Downbeat nystagmus

- -- Associated with Arnold-Chiari malformation
- --But, can be congenital, with good vision and no associated neurologic abnormalities

See-saw nystagmus

Relative to its severity in primary gaze, is the downbeat nystagmus better or worse in...

- -- Downgaze? Worse
- -- Upgaze? Better
- With which type of Chiari malformation is downbeat nystagmus associated? Type I
- What nonocular findings associated with a downbeat nystagmus should make you suspicious of the possibility of a Chiari I malformation?
  - 1) A paraneoplastic syndrome in neuroblastoma
  - 2) Acute cerebellar ataxia
  - 3) Post...viral
  - 4) Post...encephalitis

Opsoclonus

**Downbeat** 

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#### Gaze-evoked nvstaamus

-2° to inability of eyes to maintain...eccentric fixation
-Fast phase always...toward direction of gaze
-Obeys...Alexander's law

#### Downbeat nystagmus

- -- Associated with Arnold-Chiari malformation
- --But, can be congenital, with good vision and no associated neurologic abnormalities

# Relative to its severity in primary gaze, is the downbeat nystagmus better or worse in... --Downgaze? Worse --Upgaze? Better Co With which type of Chiari malformation is downbeat nystagmus associated? Type I What nonocular findings associated with a downbeat nystagmus should make you suspicious of the possibility of a Chiari I malformation? --Headache, especially location --Cerebellar signs: for example... 1) A paraneoplastic syndrome in neuroblastoma 2) Acute cerebellar ataxia 3) Post...viral Opsocionus Downbeat

#### Gaze-evoked nystagmus

-2° to inability of eyes to maintain...eccentric fixation
-Fast phase always...toward direction of gaze
-Obeys...Alexander's law

#### Downbeat nystagmus

- -- Associated with Arnold-Chiari malformation
- --But, can be congenital, with good vision and no associated neurologic abnormalities

See-saw nystagmus

Relative to its severity in primary gaze, is the downbeat nystagmus better or worse in...

- -- Downgaze? Worse
- -- Upgaze? Better
- With which type of Chiari malformation is downbeat nystagmus associated?
  Type I
- What nonocular findings associated with a downbeat nystagmus should make you suspicious of the possibility of a Chiari I malformation?
  - --Headache, especially occipital
  - --Cerebellar signs: Ataxia, vertigo, disequilibrium, etc
  - 1) A paraneoplastic syndrome in **neuroblastoma**
  - 2) Acute cerebellar ataxia
  - 3) Post...vira
  - 4) Post...encephalitis

Opsoclonus

**Downbeat** 

- Nystagmus: Management
  - Two main treatment goals:
    - Goal 1: Decrease...

Goal 2: Improve...



- Nystagmus: Management
  - Two main treatment goals:
    - Goal 1: Decrease...nystagmus intensity

Goal 2: Improve...head position (if a face turn is present)

- Nystagmus: Management
  - Two main treatment goals:
    - Goal 1: Decrease...nystagmus intensity
      - Give...[optical device]
      - If no face turn: [surgery]
    - Goal 2: Improve...head position (if a face turn is present)



- Nystagmus: Management
  - Two main treatment goals:
    - Goal 1: Decrease...nystagmus intensity
      - Give...BO prism (will dampen the nystagmus)
      - If no face turn: Recess MR/LR posterior to equator OU
    - Goal 2: Improve...head position (if a face turn is present)



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  - Two main treatment goals:
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      - If no face turn: Recess MR/LR posterior to equator OU
    - Goal 2: Improve...head position (if a face turn is present)
      - Use prisms to...



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    - Goal 2: Improve...head position (if a face turn is present)
      - Use prisms to...shift null point to primary



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    - Goal 2: Improve...head position (if a face turn is present)
      - Use prisms to...shift null point to primary
      - Consider [surgical procedure]



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      - Consider Kestenbaum-Anderson procedure
        - Procedure in a nutshell:



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    - Goal 2: Improve...head position (if a face turn is present)
      - Use prisms to...shift null point to primary
      - Consider Kestenbaum-Anderson procedure
        - Procedure in a nutshell: Bilateral recessions/resections to make it harder to look in preferred direction

e.g., consider a patient who has a right face turn (i.e., the null point is in left gaze). To treat the face turn surgically, recess-resect the horizontal muscles OU to make it more difficult to reach left gaze:

- --recess the left LR and right MR, and
- --resect the left MR and the right LR

