Parinaud's syndrome

A: Essential Paralysis of Convergence

"... (a) Paralysis of the movement of convergence is indicated by two principal symptoms: the objectively appreciable defect of convergence and a peculiar diplopia... The diplopia appears in the median plane at a variable distance from the subject; it is crossed, and there is moderate separation of the images which persist without notable modification in all directions of looking... The images not infrequently become fused at four or five meters from the patient, a distance at which but little convergence is exercised, but cases do occur in which the diplopia persists at all ranges; ... (b) Accommodation is involved... in various ways. In certain cases there is absolute paralysis in both eyes; in others there is more or less notable reduction of its amplitude: whilst in a third class the accommodation is normal. (c) If in this form of paralysis there be no paralytic mydriasis, the pupillary reflexes are nevertheless modified... The reflex is abolished for convergence and retained for light, thus constituting a modification exactly inverse to that pointed out by Argyll Robertson as occurring in tabes".

B: Combined Paralysis of Convergence

"... The defect of convergence is accompanied by paralysis of elevation, and of depression in both eyes, with retention of lateral movements. This... appears to be very rare in its complete form".


From the Tadhkirat of Ali ibn Isa of Baghdad (c. 940–1010 AD) an ancient description of what may be temporal arteritis.

"On Excision of Arteries and their Cauterization... one treats not only migraine and headache in those patients that are subject to chronic eye disease but also acute, sharp, catarrhal affections, including those showing heat in and inflammation of the temporal muscles. These diseased conditions may terminate in loss of eyesight; frequently they are attended by a considerable degree of chemosis."

RT ROSS, MD

Reference