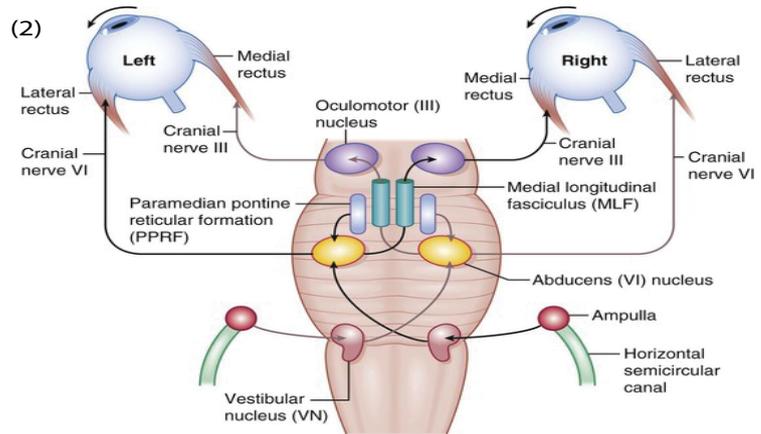
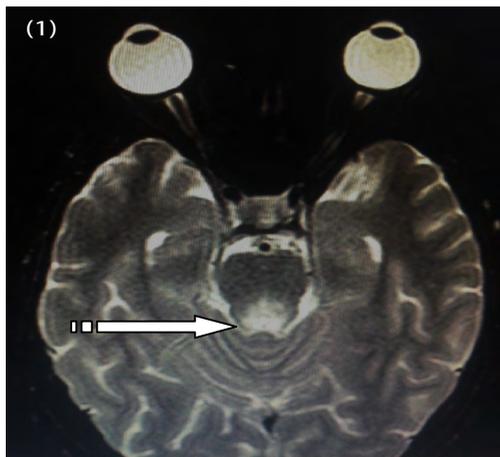


Clinical Image

## Webino Syndrome (Wall-Eyed Bilateral Internuclear Ophthalmoplegia)

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(Before treatment)



(After treatment)

Figure 1: T2W MRI image showing bilateral lesions in dorsum of rostral pons.

Figure 2: Showing horizontal eye movement pathway.

Figure 3: Showing bilateral horizontal gaze internuclear ophthalmoplegia (wall eyed bilateral internuclear ophthalmoplegia/WEBINO).

Figure 4: Showing improvement in bilateral horizontal gaze movement after one month of treatment with interferon beta.

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## Clinical Image

Multiple Sclerosis is an autoimmune disease of the Central Nervous System characterized by chronic inflammation, demyelination, gliosis and neuronal loss. The disease course can be relapsing-remitting or progressive type. Symptoms of Multiple Sclerosis are extremely varied and depend on location and severity of lesion within CNS. This is a case of nineteen years old female with multiple sclerosis presented in neurology clinic with chief complaints of diplopia on horizontal gaze and urinary retention. On examination patient was found to have bilateral conjugate horizontal gaze palsy with inability to converge her eyes. MRI brain revealed lesions in dorsum of pons extending into midbrain. Treatment given with injection methylprednisolone for 5 days followed by disease modifying therapy with interferon beta. After 4 weeks of therapy, patient has improved symptomatically. This presentation of multiple sclerosis as wall eyed bilateral internuclear ophthalmoplegia is rare and diagnostic of Multiple Sclerosis until proven otherwise (Figures 1-4).