

PRETECTAL I

Synonyms. Koerber-Salus-Elschnig; Parinaud; Nothnagel; sylvian aqueduct; nystagmus retractorius; sylvian; superior colliculus; divergence paralysis; subthalamus; supranuclear. See Benedikt and Weber-Gubler, pineal.

Symptoms. Headaches; hemiparesis; nausea; vomiting, ataxia; dizziness; vertigo; lethargy; confusion; nystagmus; hemitremor possible.

Signs. Nystagmus (upbeat, downbeat, other); vertical nystagmus (best demonstrated by asking patient to attempt upward gaze or by using target moving downward), convergence-retraction eye movements, paralysis of convergence, disjunctive eye position, skew deviation, upper lid retraction, lid flutter, and lid nystagmus on optokinetic testing. Pupils normal in size (8%), poor reaction to light and near vision, papilledema. Extraocular palsies. Babinski sign; systemic hypertension.

Etiology. Hydrocephalus, neoplasia (pineal, thalamic, midbrain/third ventricle metastasis), vascular lesion (thalamic hemorrhage, primary pretecal, infarction), infection (encephalitis, ventriculitis, abscess-bacterial, tubercular, toxoplasma, AIDS, etc.) trauma, arterovenous malformations, Wernicke, Bassen-Kornzweig, hydrocephalus.

Pathology. Lesions of mentioned nature adjacent to periductal gray matter of aqueduct of Sylvius, causing compression or direct invasion of the pretecal region, hydrocephalus in 80% of cases.

Diagnostic Procedures. X-ray. Isotope brain scan. Angiography. CT scan. MRI. Biopsy of tumor by a CT-guided stereoscopic needle technique.

Therapy. According to etiology.

Prognosis. Poor, according to etiology.

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視蓋前 ①

同意語: Koerber-Salus-Elschnig; Parinaud; Nothnagel; Sylvian Aqueduct; Nystagmus Retractorious; Sylvian; Superior Colliculus; Divergence Paralysis; Subthalamus; Supranuclear. See Benedikt and Weber-Gubler, pineal.

症状: 頭痛、片側不全麻痺、悪心、嘔吐、運動失調、めまい、回転性めまい、倦怠感、精神錯乱、眼振、片側振戦も可能。

徴候: 眼振（上眼瞼向き・下眼瞼向き、その他）、垂直性眼振（検査方法としては患者に上方を見させるか、下方に動く物体を目で追わせるとよい）、輻輳・退縮混合性眼球運動、輻輳麻痺、分離性眼位置、斜視、上眼瞼後退、まぶたの痙攣、視運動検査による眼瞼眼振。

瞳孔の大きさは正常（8%）、対光反射低下および近視、乳頭水腫。外眼麻痺。バビンスキー徴候、全身性高血圧。

病因: 水頭症、腫瘍形成（松果体、視床、中脳・第3脳室転移）、血管病変（視床出血、初発視蓋前梗塞）、感染症（脳炎、脳室炎、細菌性膿瘍、結節状、トキソプラズマ、エイズ等）、外傷、動静脈奇形、ウェルニッケ脳症、バッセン・コルンツワイヒ症候群、水頭症。

病理: 視蓋前野に圧迫あるいは侵入を直接に起こす中脳水道に隣接する管周囲の灰白質に明確的な損傷がある（症例にて80%は水頭症である）。

診断: X線撮影、脳のアイソトープ・スキャン、血管造影、CTスキャン、MRIスキャン、CTガイド立体鏡針法による腫瘍の生検。

治療: 病因による

予後: 病因によるが、悪い