

## **Abstract**

### Introduction

“Man-in-the-barrel syndrome” is a neurological phenotype with brachial diplegia, normal sensation and preserved motor function of the lower limb. It has been described in various neuropathological conditions affecting cerebral hemispheres, pons, upper spinal cord, and peripheral neurons. Severe hypotension leading to watershed infarctions leading to this phenotype has been reported. We describe the first case of “Man-in-the-barrel syndrome” in a patient with a precipitous drop in blood pressure following oral anti-hypertensive medications.

### Case presentation

A 75-year-old Sri Lankan male presented following a generalized tonic-clonic seizure to a tertiary care hospital. Upon recovery, he was noted to have severe brachia diplegia affecting shoulder movements with preserved hand muscle power and motor functions of the lower limb. The previous day he was newly diagnosed with markedly elevated blood pressure without acute end organ involvement. Treatment with three anti-hypertensives had been initiated. Non-contrast CT of the brain revealed watershed infarctions affecting both cerebral hemispheres.

### Conclusion

It is generally unwise to lower blood pressure very rapidly, as ischemic damage can occur in vascular beds that are habituated to high levels of blood pressure in the brain. Ischemic damage caused by rapid lowering of blood pressure may rarely result in “man-in-the-barrel syndrome” leading to severe functional disability.