Introduction:
Bálint's syndrome is the rare clinical triad of inability to perceive more than one object at a time (simultanagnosia), impaired visual scanning despite normal eye movement (ocular apraxia), and difficulty reaching objects under visual guidance despite normal strength (optical ataxia). Bálint's syndrome is often associated with bilateral damage of the parieto-occipital areas of the cerebral cortex.

Case Description:
The patient was a 43-year-old male with a history significant for multiple TIA's, chronic renal insufficiency, untreated depression, alcohol abuse, mild mental retardation, hypertension, and suspected multi-infarct vascular dementia. He ultimately presented with hypertensive urgency, bilateral parieto-occipital watershed infarcts, right basal ganglia infarct, post-stroke depression, and personality/behavior disorder. Acute work-up also revealed persistent eosinophilia, Factor V Leiden deficiency, and endocarditis.

Upon transfer to inpatient rehabilitation, the patient's function was limited by visual impairment and left hemiplegia. He was admitted with the diagnosis of cortical blindness. With regards to vision, on admission, the patient could not reliably perceive light but had normal extraocular movements towards sound. He had no cerebellar ataxic signs on exam.

By hospital day 10, the patient performed in the impaired range, 41/60, on the Boston Naming Test (BNT), remarkably good for someone considered cortically blind. Subsequently, on hospital day 24, he perceived only one target in 60 seconds on Dyna-Vision® testing and accurately scored just 1/10 on the Motor-Free Visual Perception Test (MVPT). Functional Independence Measures (FIM) showed only marginal score gain.

Discussion:
This case is attributed, in part, to hypereosinophilia (Loeffler’s syndrome). Loeffler’s eosinophilic endocartditis, or disseminated eosinophilic collagen disease, has been associated with bilateral parieto-occipital lesions.

Our patient experienced a remarkable pace of vision recovery clinically. Notably he progressed to recognizing faces yet his visual perceptual impairments were at times confused with malingering. Despite improvement in visual acuity, our objective tests might suggest a decline in function, at first glance.

However, with simultanagnosia he should be expected to perform well on the BNT which shows one large picture at a time; in contrast, the MVPT test format is a visual multiple choice and our patient's score is consistent with his impairments of simultanagnosia and ocular apraxia. Likewise, Dyna-Vision® testing, which quickly flashes lights in the patient's peripheral vision, is specifically designed to challenge scanning and attention. Our patients impaired score highlights his impairment of ocular apraxia.

Conclusion:
Considered a rare occurrence, Bálint's syndrome has been described as a sequela of Loeffler's syndrome, and often goes unrecognized or misdiagnosed. This case highlights the importance of early diagnosis. Because of the limitations of common outcome measures for vision impairments, accurate visual perceptual testing must be further developed and standardized. In our case, FIM scores were not sensitive to incremental progress of visual perceptual impairments.