A 75-year-old woman presented with a sudden onset of blurred vision and abnormal neck posture. Neurologic examination showed pseudo-retrocollis (RC) (figure 1), reduced by closing her eyes, and a right side visual field defect. CT scan showed a left temporo-occipital ischemic lesion and visual field campimetry revealed right superior homonymous quadrantanopia (sHQ) (figure 2, A and B).
RC is a cervical dystonia observed in both neurologic and non-neurologic diseases. An acute compensatory neck posture, resembling RC, could be seen in patients with sHQ due to a disruption of Meyer loop when they try to bring up the remaining inferior side vision to the horizon.

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