Artery of Percheron Infarction

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Abstract: *The present case report describes the clinical course of a patient who presented with confusion, irrelevant talk and drowsiness, upon investigation revealed Artery of Percheron infarction for which he was treated medically and discharged, upon follow - up patient is doing well on medication*

Keywords: Artery of Percheron (AOP) Infarction, Paramedian thalamus, Rostral midbrain

1. Introduction

We present a middle aged man who presented with history of confusion, irrelevant talk and drowsiness

2. Case Report

34yr old male with a history of right tibia fracture month ago which was surgically treated, is bed ridden since then, presented to emergency department after his mother found him him confused, irrelevant talk, drowsy on waking from sleep. He was unable to walk due to POP to right lower limb. His symptoms were not associated with dizziness, headache, vomiting or nausea. His mother denied any episode of abnormal movements or seizures. Review of systems were unremarkable. family history was unremarkable. He is Chronic alcoholic since 8yrs, last intake was 4days before admission and chronic smoker since 6yrs (2 cigarettes per day) On physical examination, he had fluctuating consciousness and was disoriented to time and place. He also had mildly decreased left upper and lower limbs (4/5) He had no evidence of other focal neurological deficits or nystagmus. CBC and CMP were unremarkable

Blood cultures, urine cultures and toxicology screen were negative and normal coagulation profile. CT brain done at the time of admission demonstrated acute ischemic changes in bilateral median thalami region. DIFFUSION WEIGHTED MRI scan at same setting showed diffusion restriction consistent with acute infarction changes in bilateral thalami suggesting occlusion of AOP.

Follow up MRI BRAIN done after 4days, showed expected evolution. Patient remained in hospital for 4days and on discharge, he was oriented to time person and place. He regained full power but had minor lapses in memory that was improving. He was discharged on aspirin 150mg and rosuvastatin 20mg for secondary prevention.

3. Discussion

Artery of Percheron (AOP) si an abnormal variant characterised by by single perforating artery that arises from the Pl segment of posterior cerebral artery between basilar artery and posterior communicating artery. It supplies paramedian thalamus and rosteral midbrain on both sides. AOP infarction presents with memory loss, fluctuating level of consciousness and altered mental status
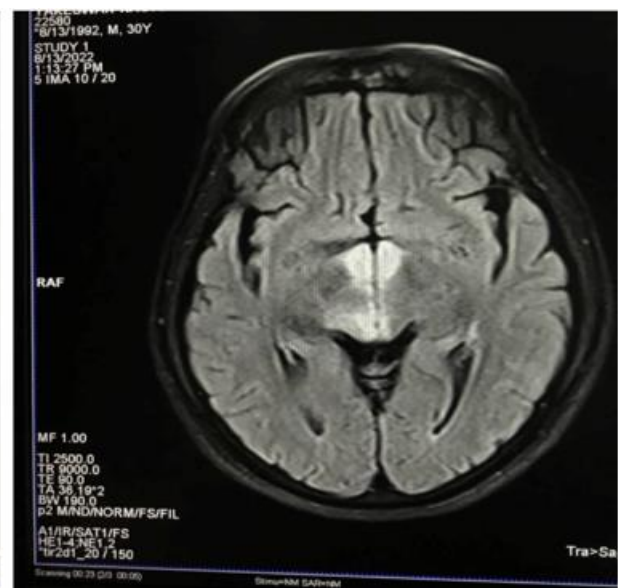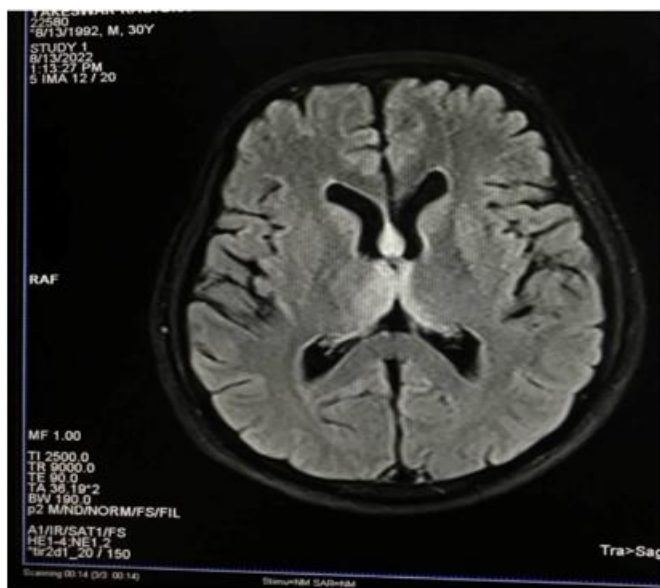
Figure showing CT BRAIN at time of admission, showing infarction at bilateral median thalamus

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