

- Lacunar infarcts
 - atherothrombotic/lipohyalinotic occlusion
 - small penetrating artery---
 - infarction of deep brain tissue(<1cm)
 - *small vessel stroke*
 - *lacuna → lake of fluid—autopsy

FISHER'S CADAVER DISSECTION

- * lacunar infarcts → lacunar areas in brain → lacunar syndromes

- LACUNAR SYNDROMES
 1. Pure motor hemiparesis
 2. Pure sensory stroke
 3. Ataxic hemiparesis
 4. Dysarthria clumsy hand syndromes
 5. Mixed sensorimotor stroke

PURE MOTOR HEMIPARESIS

- Occlusion of a lenticulostriate vessel → stroke within int.capsule (genu/pl)....+infarcts in **corona radiata** or pons

• Face → arm → leg

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- Face=arm=leg
- +no sensory loss/homonymous hemianopia/
aphasia /hemineglect
- D/S COURSE → TIAs (capsular warning
syndromes (48hrs) in 30% cases-
→ stuttering course
- Incomplete paresis → good prognosis

PURE SENSORY STROKE

- LESS COMMON → 6-7% OF LS
- Sites: corona radiata, post limb , **thalamus**
- Sensation decreased for all sens modalities over one half of body...pins n needle+/-
- No hemiparesis+no visual field defect+ no brainstem dysfn +no memory loss/dyslexia

- **De-Jerine roussy syndrome**
 - complication' → severe intractable pain +allodynia on affected side
 - Days or months after stroke → often appear whn the sensory loss is improving
 - Relief → TCAs or gabapentin

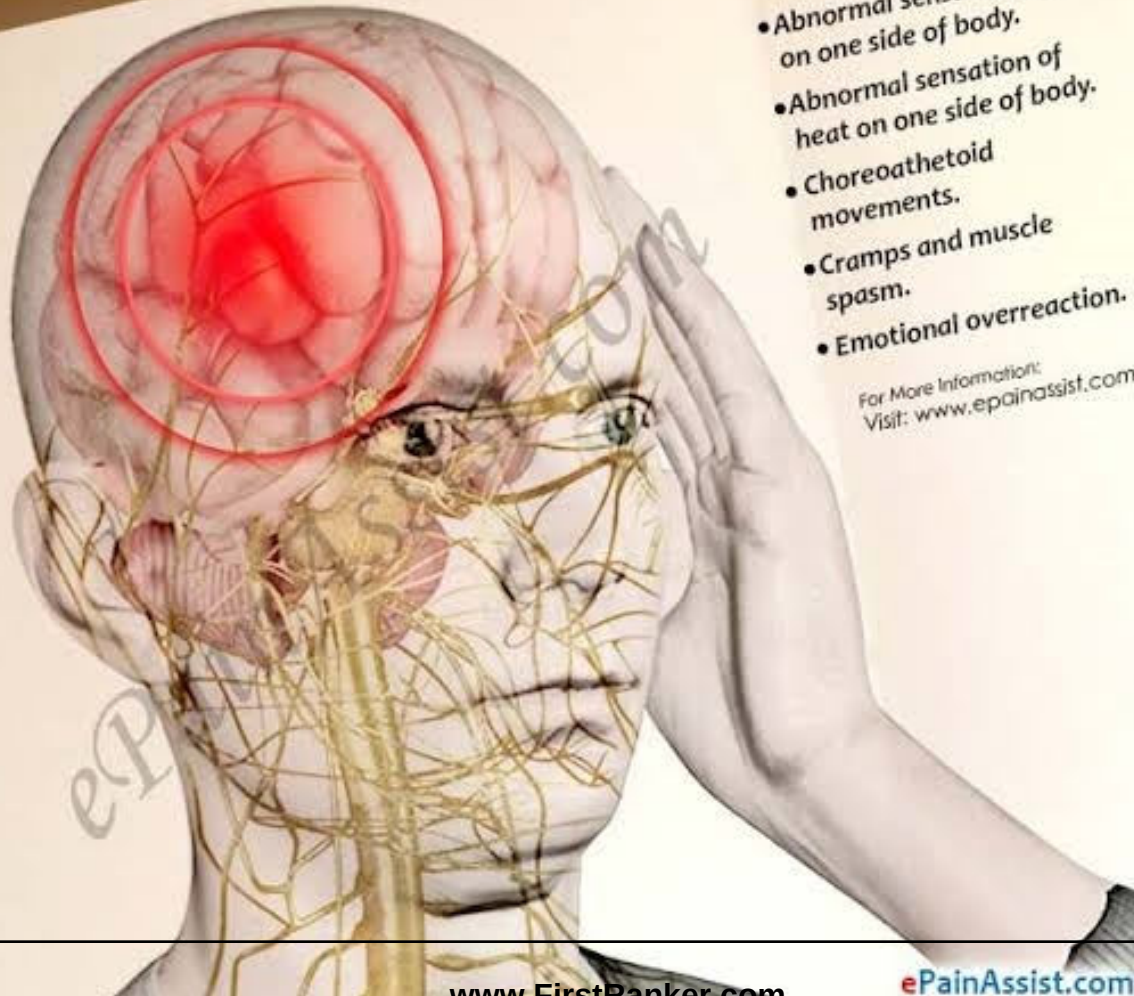
What is Dejerine-Roussy Syndrome?

It is a very rare neurological condition in which a stroke to the part of the human brain which controls sensation i.e., thalamus, results in excessive pain in response to reduced sensation or mild stimulation.

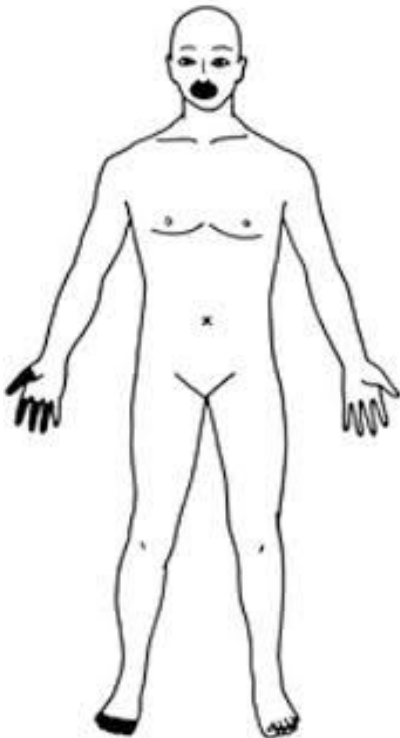
Symptoms

- Abnormal sensation of cold on one side of body.
- Abnormal sensation of heat on one side of body.
- Choreoathetoid movements.
- Cramps and muscle spasm.
- Emotional overreaction.

For More Information:
Visit: www.epainassist.com

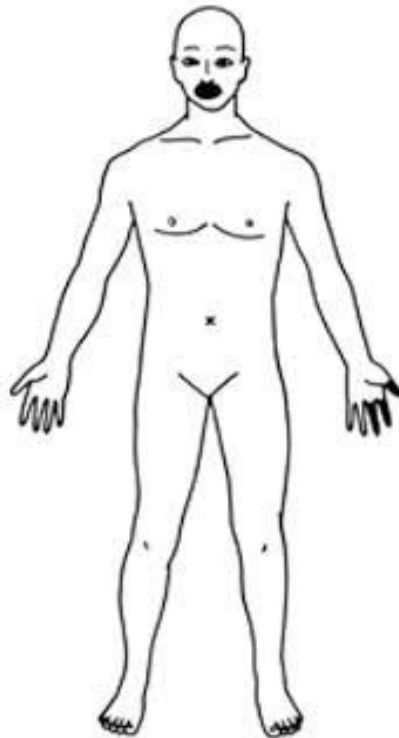


Patient 4
L pons



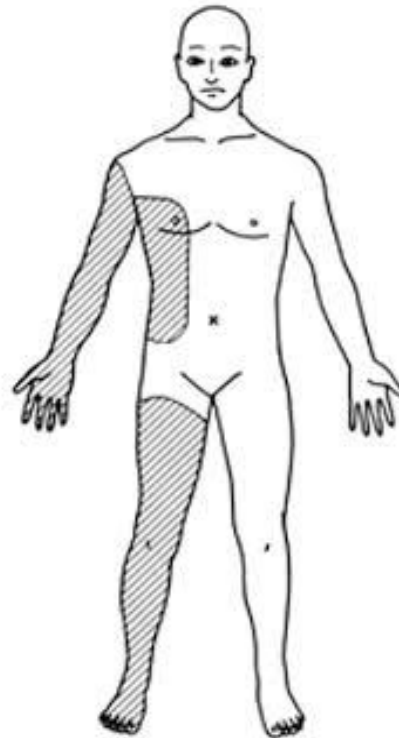
Cheiro-oral-
crural syndrome

Patient 5
R pons

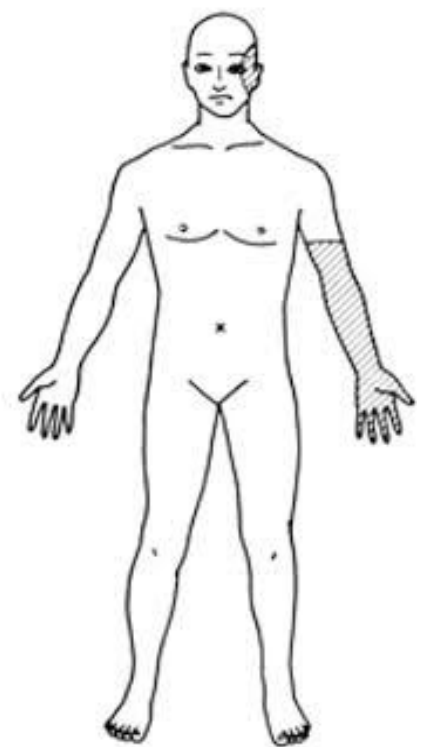


Cheiro-oral
syndrome

Patient 6
L internal capsule



Patient 7
R cortex



(a) Thalamic



(b) Mid-brainstem



(c) Central cord



(d) Unilateral cord lesion
(Brown-Séquard)



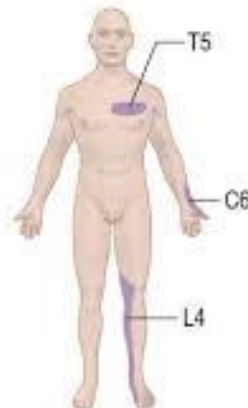
(e) Transverse thoracic
spinal cord



(f) Dorsal column



(g) Sensory roots



(h) Polyneuropathy



Principal patterns of loss of sensation. (a) **Thalamic lesion:** sensory loss throughout opposite side (rare). (b) **Brainstem lesion:** contralateral sensory loss below face and ipsilateral loss on face. (c) **Central cord lesion**, e.g. syring: 'suspended' areas of loss, often asymmetrical and 'dissociated', i.e. pain and temperature loss but light touch intact. (d) **Hemisection of cord/unilateral cord lesion** = Brown-Séquard syndrome: contralateral spinothalamic (pain and temperature) loss with ipsilateral weakness and dorsal column loss below lesion. (e) **Transverse cord lesion:** loss of all modalities, including motor, below lesion. (f) **Dorsal column lesion**, e.g. MS: loss of proprioception, vibration and light touch. (g) **Individual sensory root lesions**, e.g. C6, T5, L4. (h) **Polyneuropathy:** distal sensory loss.

MIXED SENSORIMOTOR STROKE

- c/l weakness +sensory loss
- No visual loss /language/cognitive disturbance.
- Infarcts involving IC + THALAMUS

ATAXIC HEMIPARESIS

- Weakness of LL esp ankle n toes+ babinsky(+)
+dysmetria os arm n leg.
- Coordin >>weakness
- 5 sites
- Prognosis– usually weakness improves n
ataxia remains

Dysarthria clumpsy hand syndrome

- Dysarthria and ataxia of upper limb
- Others → facial weakness, dysphagia, varying degree of weakness in arm and leg
- Int capsule... rarely pons

Table 205.2: Clinical syndromes, features, site of lesions and obstructed blood vessels

Syndrome	Signs/symptoms	Localization	Vascular supply
Pure motor	Contralesional hemiparesis	- Internal capsule—posterior limb - Corona radiata - Basis pontis	Lenticulostriate branches of the MCA perforating arteries from basilar artery
Pure sensory	Contralesional hemisensory loss	VPL nucleus of thalamus	Lenticulostriate branches of MCA; Small thalamoperforators of PCA
Sensorimotor	Contralesional weakness and numbness	Thalamus and adjacent posterior limb of internal capsule	Lenticulostriate branches of MCA
Dysarthria-clumsy hand	Slurred speech and weakness of contralateral hand (fine motor)	Basis pontis (between rostral one-third and caudal two-thirds)	Basilar artery perforators
Ataxia-hemiparesis	Contralesional hemiparesis and ataxia out of proportion to weakness	Internal capsule-posterior limb; basis pontis	Lenticulostriate branches of MCA; perforating arteries of basilar artery
Hemiballismus/hemichorea	Contralesional limb flailing/dyskinesia	Subthalamic nucleus	Perforating arteries of anterior choroidal or posterior communicating artery