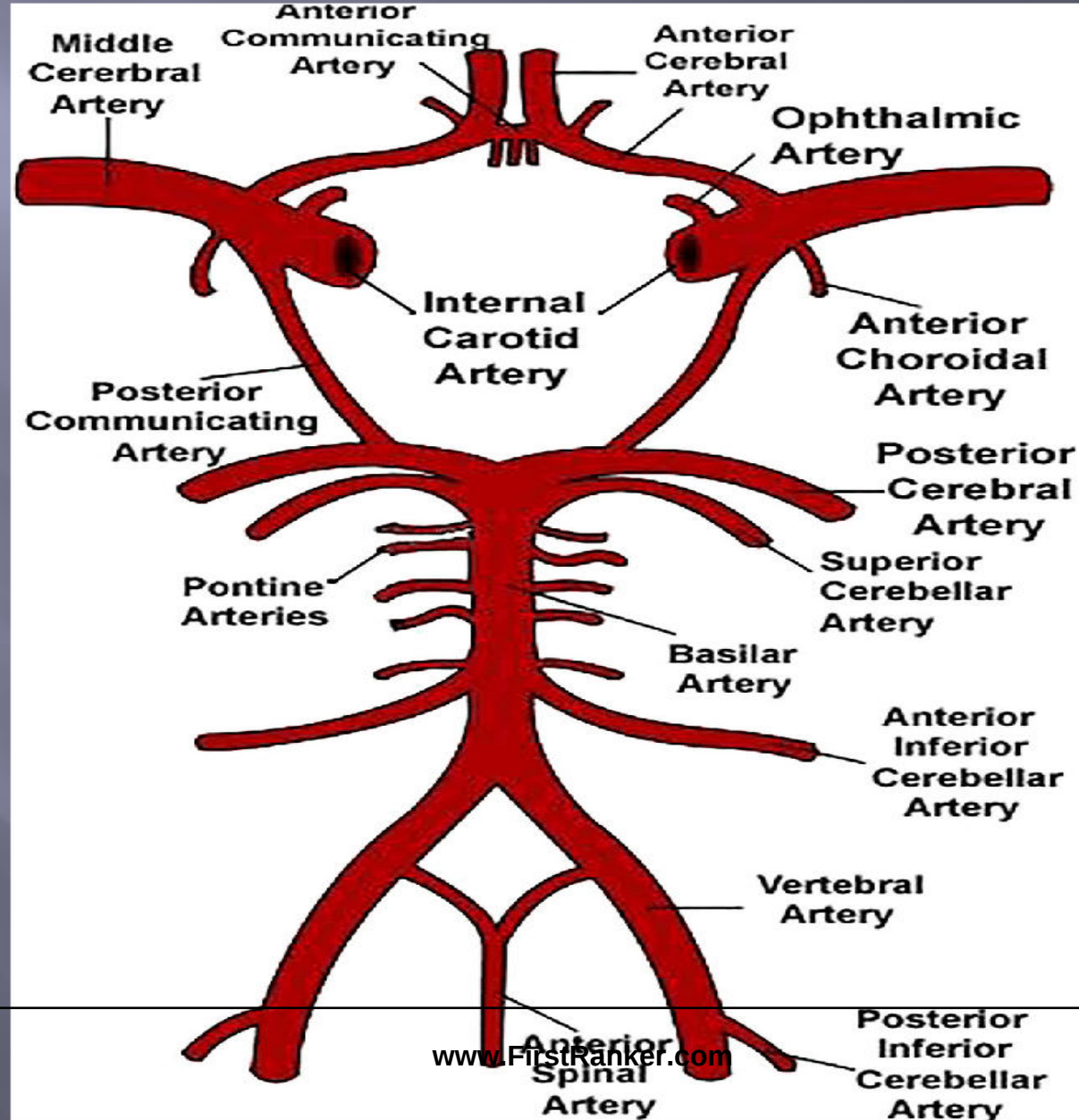


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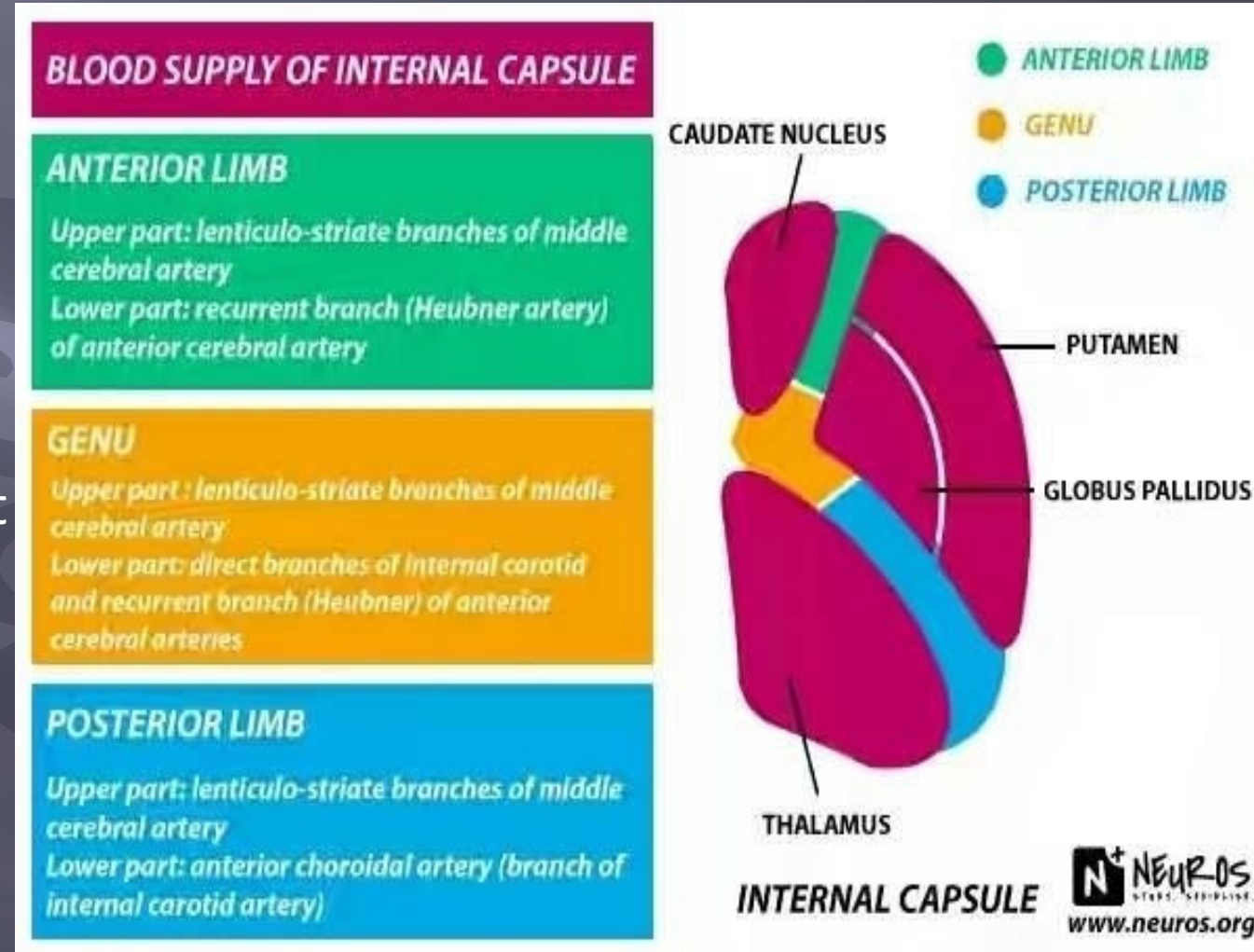
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Originating from Internal Carotid Artery

- 1) Middle Cerebral Artery
- 2) Anterior Cerebral Artery
- 3) Anterior Choroidal Artery.

MIDDLE CEREBRAL ARTERY

- ▣ Lenticulostriate vessels –
- ▣ A) Internal Capsule
- ▣ B) Caudate Nucleus
- ▣ C) Putamen
- ▣ D) Globus Pallidus
- ▣ Occlusion of these vessels can result in:
 - ▣ Hemiplegia C/L
 - ▣ Hemisensory loss
 - ▣ Homonymous hemianopia
- ▣ UMN Facial palsy



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lateral geniculostriate occlusion, if caudate and putamen are affected, there can be Parkinsonian features as well.

M2 branch- lies in the Sylvian fissure, divides into superior and inferior divisions.

Occlusion of Superior division- Brocas Aphasia with weakness.

Occlusion of Inferior division- Wernickes aphasia without weakness.

Occlusion of stem of M2- Global aphasia with weakness

■ TOTAL MCA OCCLUSION:

Dominant Lobe:

C/L HEMIPLEGIA

C/L HEMISENSORY LOSS

HOMONYMOUS HEMIANOPIA

UMN FACIAL PALSY

GLOBAL APHASIA WITH WEAKNESS

Non Dominant-

HHH +7th Nerve UMN palsy+ Visuospatial disorientation+ Dressing apraxia+Constructional apraxia+ Hemispatial neglect

ANTERIOR CEREBRAL ARTERY- DIVIDES INTO A1 AND A2.

- ▣ A1 SUPPLIES ANTERIOR LIMB OF IC,
- ▣ ANTERIOR CAUDATE NUCLEUS
- ▣ ANT. HYPOTHALAMUS
- ▣ Its occlusion is usually asymptomatic.
- ▣ A2 SUPPLIES MEDIAL SURFACE OF FRONTAL CORTEX.
- ▣ Its occlusion is definitely symptomatic!
- ▣ C/L WEAKNESS, AFFECTING LEGS MOSTLY.
- ▣ GAIT APRAXIA (ANTERIOR CINGULATE GYRUS)
- ▣ URINARY INCONTINENCE (PARACENTRAL LOBULE LESION)
- ▣ FRONTAL RELEASE REFLEXES.

ANTERIOR CHOROIDAL ARTERY- SMALL ARTERY THAT COMES FROM ICA.

- ❑ Supplies: Posterior limb of Internal Capsule (lower part).
- ❑ Remember, that most of the supply to IC is via the lenticulostriate arteries. So even if there is occlusion to Ant. Choroidal arteries, mild symptoms are seen atmost.
- ❑ Symptoms are usually- HHH syndrome.