



## ORAL PRESENTATION

# Strange Percheron

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### Abstract

**Introduction:** Artery of Percheron's occlusion is unusual and causes bilateral thalamic infarctions. A single branch of the posterior cerebral artery, commonly known as the artery of Percheron, irrigates both paramedian thalamic regions and can be occluded by embolic events.

**Case Report:** An 88-year-old hypertensive and dyslipidaemic woman, with sudden loss of consciousness, was admitted to our emergency department 2 hours after symptom onset. Her daughter found her collapsed on a coffee shop. She had no previous history of substance abuse, head injury, trauma or seizure activity.

The physical examination after the admission revealed right-sided weakness, right hemihyposthesia and dysarthria. The tendon reflexes were less brisk on her right side. The Glasgow Coma Scale value was 7/15 and the National Institutes of Health Stroke Scale score was 15. The brain comput-

ed tomography (CT) scan after the first hour of admission disclosed no ischaemic changes. The routine blood results showed high inflammatory parameters.

However, on the second day after admission, her level of consciousness was fluctuating and the patient displayed left facial droop, left homonymous hemianopsia and left hemihyposthesia. Afterwards, a repeated brain CT scan showed a deep bilateral thalamic lesion that suggested ischemic stroke of Percheron artery territory. Deep thalamo-capsular and left-hemispheric ischaemic lesions were also found. The final diagnosis was bilateral ischaemic thalamic stroke with unpaired symptoms, like fluctuating weakness and level of consciousness.

**Conclusion:** Embolic occlusion of the Artery of Percheron can be the cause of the patient's loss of consciousness and must be one of the differential diagnosis conducted by an interdisciplinary team.

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