

Abstract

Artery of Percheron (AOP) is a unique and rare anatomical variant in which an arterial trunk arises from the posterior cerebral artery to supply paramedian regions of bilateral thalami and rostral aspects of the midbrain. It originates from the posterior part of the posterior cerebral artery. Obstruction or occlusion of this artery can result in bilateral thalamic infarctions, often along with midbrain involvement. Diagnosis is challenging due to variable clinical presentations and many differential diagnoses. Early recognition and thrombolysis are the cornerstones of management. However, AOP infarction is frequently missed in conventional NCCT (brain). Hence, a high index of suspicion and early utilization of more sensitive neuro-imaging modalities like MRI for these types of patients will prevent unnecessary misdiagnosis. In this case report, we highlight a patient with an artery percheron infarction who presented with acute, vague, and nonspecific neuropsychiatric symptoms without obvious focal neurology.