

Abstract

Introduction

The blood supply to the bilateral thalamus and bilateral rostral midbrain is from bilateral posterior cerebral arteries. There is a rare anatomical variation called the Artery of Percheron disease in which, the blood supply to bilateral thalamus is from a single arterial trunk that originates from a single posterior cerebral artery.

Case presentation

A 68-year-old woman who had hypertension and dyslipidemia presented with trouble waking up from sleep. She was a state worker and a daily ethanol consumer. Her Glasgow Coma Scale (GCS) was 8/15 on admission. She moved all four limbs in response to pain. Over 48 hours, her GCS improved up to 13/15, but her consciousness did not improve. Even after several investigations, the etiology of the reduced level of consciousness was not identified. First Non-Contrast Enhanced Computer Tomography (NCCT) brain no ischemia or hemorrhagic infarction but brain atrophy. Repeated NCCT brain in 48 hours revealed bilateral thalamic infarction. The diagnosis was made as the artery of Percheron infarction based on the clinical and NCCT brain evidence.

Conclusion

Artery of Percheron infarction is a rare cause of ischemic stroke. Even though initial imaging is normal, if the clinical picture is compatible, those patients need repeat or advanced imaging modalities for diagnosis.