“TOP OF THE BASILAR” SYNDROME

Louis R. Caplan

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Infarction of rostral brainstem and cerebral hemispherical regions fed by the distal basilar artery causes a clinically recognizable syndrome characterized by visual, oculomotor, and behavioral abnormalities, often without significant motor dysfunction. Rostral brainstem infarction produces oculomotor and pupillary signs that are identical to those in thalamic hemorrhage. Somnolence, vivid hallucinations and dreamlike behavior may also accompany rostral brainstem infarction. Temporal and occipital infarctions are frequently accompanied by hemianopia with distinctive characteristics, fragments of the Balint syndrome, amnesic dysfunction, and agitated behavior. The “top of the basilar” syndrome is most often due to an embolus.

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Comment from Tatjana Rundek, MD, PhD, Editorial Board Member: Caplan described the “top of the basilar syndrome,” an embolic occlusion of the distal basilar artery producing ischemia of the rostral brainstem and the posterior cerebral artery territories. After Kubik and Adams’ first classic report on basilar artery occlusion in 1946, this influential paper shaped new conceptions of embolic pathophysiology, localization at the arterial branch level, complex clinical presentation, and poor prognosis of basilar artery disease.

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Louis R. Caplan

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