Teaching *NeuroImages*: Comatose patient with bilateral thalamic infarct due to internal carotid artery occlusion

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Figure 1 CT and magnetic resonance angiography

(A) Noncontrast CT scan of the head shows bilateral thalamic infarcts (arrowheads) and right posterior cerebral artery distribution infarct. (B) Magnetic resonance angiography time-of-flight shows an occluded right internal carotid artery.

Figure 2 Axial (A) and coronal (B) maximum intensity projections

CT angiography from 2008 demonstrates a fetal origin posterior cerebral artery (arrowhead) and artery of Percheron supplying both thalami (arrow).

An 88-year-old woman with a medical history of diabetes, hypertension, and atrial fibrillation presented to the emergency room after being found unresponsive with a NIH Stroke Scale score of 23 and Glasgow Coma Scale score of 3. She was unresponsive to painful stimuli. Non-contrast CT demonstrated bilateral thalamic infarcts (figure 1A).

Bilateral thalamic infarcts are an unusual presentation of stroke. Our patient had a right internal carotid artery

(RICA) occlusion in the setting of fetal origin posterior cerebral artery supplying the artery of Percheron (single arterial trunk [figure 2] feeding both paramedian thalami^{1,2}). This anatomical variant led to bilateral thalamic infarcts secondary to an RICA occlusion (figure 1B).

AUTHOR CONTRIBUTIONS

Dr. Haitham Dababneh drafted and edited the manuscript. Drs. Guerrero, Shikhman, Moussavi, and Panezai edited the article. Dr. Kirmani edited and revised the article.

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