Acute crossed cerebellar diaschisis is hypothesized to result from excessive transmission of excitatory input from the seizing cortex to the contralateral cerebellum via the corticopontocerebellar pathways.1,2 This case illustrates the imaging manifestations of this uncommon but important clinical entity.

**AUTHOR CONTRIBUTIONS**

Hediyeh Baradaran: data acquisition, drafting of manuscript.
Setareh Omran: data acquisition, drafting and revising of manuscript.
J. Levi Chazen: drafting of manuscript.

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An 82-year-old woman with a history of chronic left parietal ischemic infarction presented with acutely altered mental status and abnormal right-sided movements. MRI (figure 1) demonstrated gyriform reduced diffusion signal, T2 hyperintensity, and swelling in the left cerebral hemisphere and contralateral right cerebellum. EEG (figure 2) revealed lateralized periodic discharges, likely representing seizure activity secondary to the chronic left parietal infarction.
manuscript. J. Levi Chazen: revising of manuscript, concept of the manuscript.

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REFERENCES
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