A 48-year-old man had received embolotherapy for bronchiectasis-induced severe hemoptysis 1 week before and presented with acute drowsiness of 10 hours. Neuropsychiatric assessment revealed hypersomnolence, amnesia, confabulation, visual hallucination, grandiose delusion, anomic aphasia, and neologism during ideographic handwriting (figure 1). MRI showed acute ischemic stroke involving the thalamic region supplied by left paramedian artery\textsuperscript{1,2} (figure 2). Aspirin and atorvastatin were initiated. His symptoms persisted for 15 days but improved significantly with 2 mg risperidone after 1 week, and he almost fully recovered 1 month later. Visual hallucination, delusion, and ideographic neologism are atypical symptoms of single left paramedian infarct\textsuperscript{1,2}.

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**Disclosure**
The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.

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Figure 2 Infarct of the thalamic region supplied by left paramedian artery

Acute infarction (red arrows) showing increased signal on T2 (A), diffusion-weighted imaging (B), and T1 contrast (C), and decreased signals on ADC (D).

Appendix Authors

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<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mao Liu, MD, Dr. med</td>
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</table>

References

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Mao Liu, Jing Zhang and Yuan Yang

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