

Anterior inferior cerebellar artery infarct

Anterior inferior cerebellar artery (AICA) territory infarcts are much less common than posterior inferior cerebellar artery infarcts.

AICA territory infarcts are rare, comprising ~1% of ischemic cerebellar strokes

The precise etiology of anterior inferior cerebellar artery (AICA) infarction is difficult to identify because of the high anatomic variability of vertebrobasilar arteries and the limitations of conventional vascular examinations. Basi-parallel anatomic scanning magnetic resonance imaging (BPAS-MRI) can reveal the outer contour of the intracranial vertebrobasilar arteries, which may be helpful to distinguish the arteriosclerosis from congenital dysplasia and dissection ¹⁾

Vertigo (can be central or peripheral due to the arterial supply) is the most common symptom associated with an AICA infarct, however, it is normally associated with neurological signs and symptoms such as facial weakness, hypoacusis, facial sensory loss, crossed sensory loss, gait ataxia, limb ataxia and Horner's syndrome.

¹⁾

Zhang ZY, Zhou Z, Zhang HB, Jiao JS. Case report: the etiology of anterior inferior cerebellar artery infarction: what does basi-parallel anatomic scanning magnetic resonance imaging tell us? BMC Neurol. 2021 Jul 30;21(1):299. doi: 10.1186/s12883-021-02309-2. PMID: 34330224; PMCID: PMC8323314.

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