

cerebellar infarction Diagnosis

Accurate [cerebellar infarction](#) diagnosis frequently relies on careful attention to patients' [coordination](#), [gait](#), and [eye movements](#)—components of the neurological physical examination that are sometimes omitted or abridged if [cerebellar stroke](#) is not specifically being considered.

CT scan: may be normal very early in these patients. There may be subtle findings of a tight posterior fossa: compression or obliteration of basal cisterns or 4th ventricle or hydrocephalus.

MRI: (including DWI) more sensitive for ischemia, especially in the posterior fossa ^{1) 2)}.

1)

Jauch EC, Saver JL, Adams HP Jr, Bruno A, Connors JJ, Demaerschalk BM, Khatri P, McMullan PW Jr, Qureshi AI, Rosenfield K, Scott PA, Summers DR, Wang DZ, Wintermark M, Yonas H; American Heart Association Stroke Council; Council on Cardiovascular Nursing; Council on Peripheral Vascular Disease; Council on Clinical Cardiology. Guidelines for the early management of patients with acute ischemic stroke: a guideline for healthcare professionals from the American Heart Association/American Stroke Association. *Stroke*. 2013 Mar;44(3):870-947. doi: 10.1161/STR.0b013e318284056a. Epub 2013 Jan 31. PMID: 23370205.

2)

Kidwell CS, Alger JR, Di Salle F, Starkman S, Villablanca P, Bentson J, Saver JL. Diffusion MRI in patients with transient ischemic attacks. *Stroke*. 1999 Jun;30(6):1174-80. doi: 10.1161/01.str.30.6.1174. PMID: 10356095.

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