



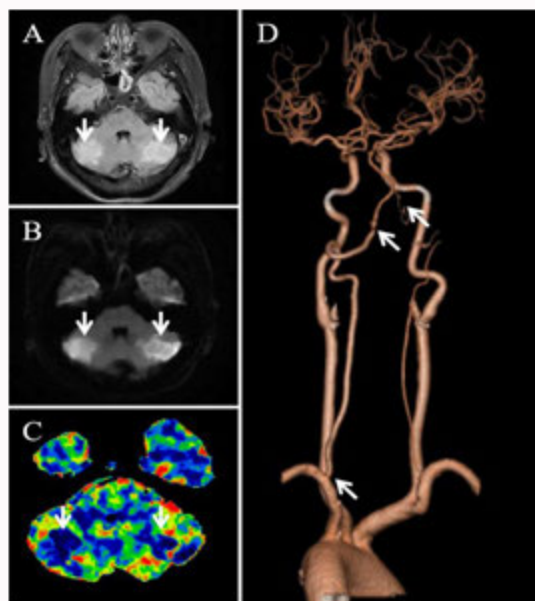
## Isolated Bilateral Cerebellar Hypoperfusion Infarctions

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### Clinical Image

A 55-year-old man presented with slurred speech and gait ataxia, with a history of hypertension and diabetes. Serial Magnetic Resonance Imaging (MRI) studies and Computed Tomography Perfusion (CTP) demonstrated acute watershed infarctions of the bilateral superior cerebellar arteries (Figure 1A-1C), due to multiple stenosis of bilateral vertebral arteries (Figure 1D) [1,2]. The superior cerebellar artery divides into medial and lateral branches, which supply the dorsomedial and anterolateral regions of the superior part of the cerebellar hemisphere respectively. Isolated



**Figure 1:** Fluid-Attenuated Inversion Recovery (FLAIR) (A) and Diffusion Weighted Imaging (DWI) (B) imaging showed patchy abnormal signals in the bilateral cerebellar watershed. CTP (C) revealed bilateral cerebellar partial hypoperfusion. CTA (D) showed stenosis in the segment of bilateral vertebral arteries.

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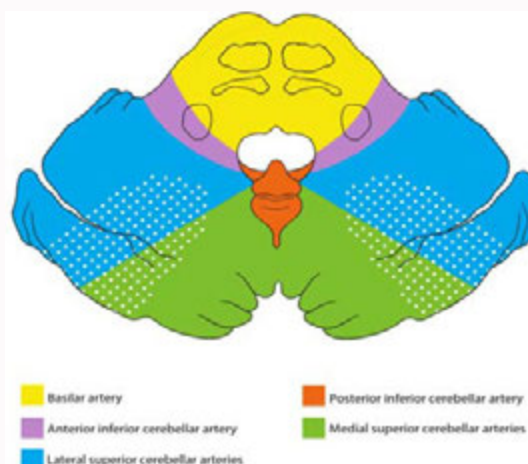
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**Figure 2:** Arterial territories mapping: Brainstem and cerebellum.

Schematic shows the border zones (white dots) of the lateral (blue) and medial (green) superior cerebellar arteries.

bilateral cerebellar hypoperfusion infarctions are extremely rare and may be associated with hypoperfusion secondary to severe underlying vertebrobasilar disease.

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### **References**

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