Pictorial Review of Lesion Localization for Patients With Stroke, Upper Limb and Lower Limb Pathology

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Localization is a foundational skill in clinical neuroscience and a vital aspect of teaching and learning for students and educators. Stroke syndromes, brachial plexus injury, and lumbosacral nerve pathology are among some of the most challenging clinical scenarios for learners to understand and master. The 3 images in this article are teaching tools for learners and teachers in clinical neuroscience. The "Vascular Localization of Stroke" image is a reference tool for learning cerebrovascular anatomy and the effect of a cerebrovascular accident, according to the location of the lesion. The "Upper Limb Pathology" and "Lower Limb Pathology" images are handout tools for learning how lesions to peripheral nerves or spinal nerve roots present with sensory and/or motor deficits.

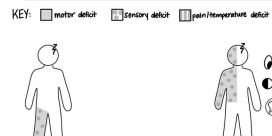
From TCU School of Medicine, Fort Worth, Texas,

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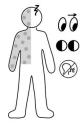
Vascular Localization of Stroke

VASCULAR LOCALIZATION OF STROKE



ANTERIOR CEREBRAL

- · Contralateral motor/sensory (lower dominent) · abulia, dyspraxia, emotional changes



7 side of lesion

© vertigo

MIDDLE CEREBRAL

- · contralateral motor/sensory (face + upper dominant)
- · eye deviation to infarct · nomonymous hemianopsia
- · aphasia (dominant) or neglect

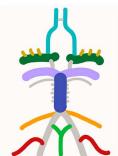


> proprioception

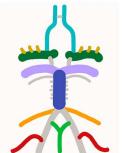
POSTERIOR CEREBRAL

- · contralateral hemaniopsia w/ macular sparing
- · sensory signs/symptoms if lateral thalamus



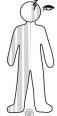


· pure motor stroke, contralateral



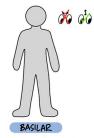
AICA

- psilateral facial paralysis
 paintemp ipsidateral face,
 communitarial body
 t (arrimation / salivation | facte
 artierior torique
 vertigo) nystagmus/ ataxial dycmetria



PICA

- dysphagia/hoarseness I pain temp ipsilateralface, contralateral body Ipsilateral Horner
- Vertigo, nystagmus, ataxia



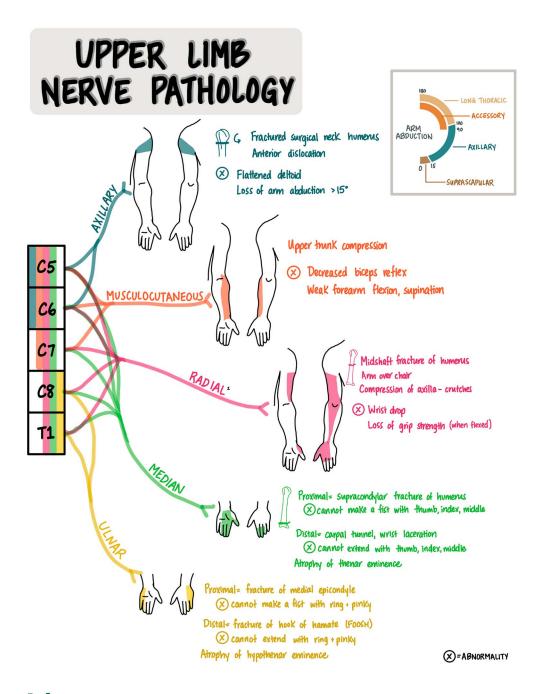
- · quadriplegia, "locked in"
- ·no horizontal eye movements



ANTERIOR SPINAL

- · contralateral paralysis ·tongue deviates to lesion · loss of proprioception

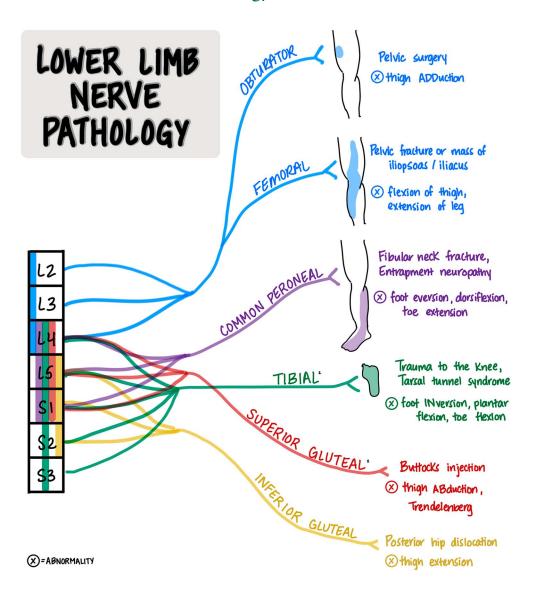
Upper Limb Nerve Pathology



Reference

Glover NM, Murphy PB. Anatomy, shoulder and upper limb, radial nerve [updated 2021 Jul 27]. In: StatPearls [Internet]. StatPearls Publishing, 2022. ncbi.nlm.nih.gov/books/NBK534840/.

Lower Limb Nerve Pathology



References

- Desai SS, Cohen-Levy WB. Anatomy, bony pelvis and lower limb, tibial nerve [updated 2021 Aug 11]. In: StatPearls [Internet]. StatPearls Publishing, 2022. ncbi.nlm.nih.gov/books/NBK537028/.
- Lung K, Lui F. Anatomy, abdomen and pelvis, superior gluteal nerve [updated 2021 Aug 11]. In: StatPearls [Internet]. StatPearls Publishing, 2022. ncbi.nlm.nih.gov/books/NBK535408/.