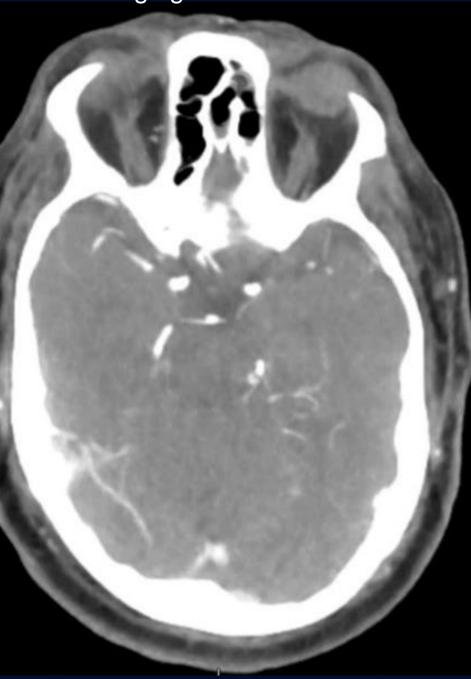
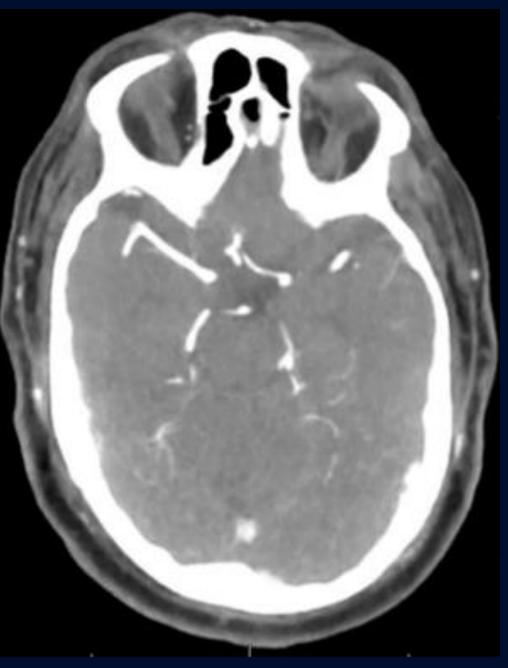
71-year-old male with new onset sixth nerve palsy, diplopia

Joseph Ryan, MD, PhD Michael Baldwin, MD



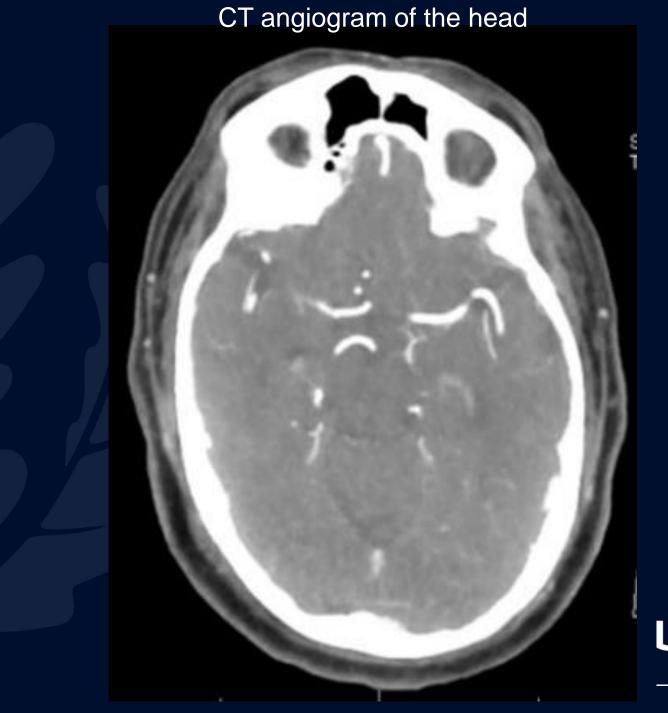






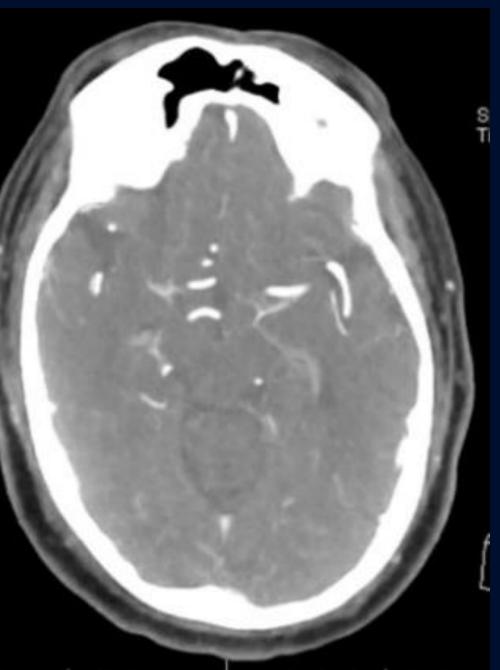




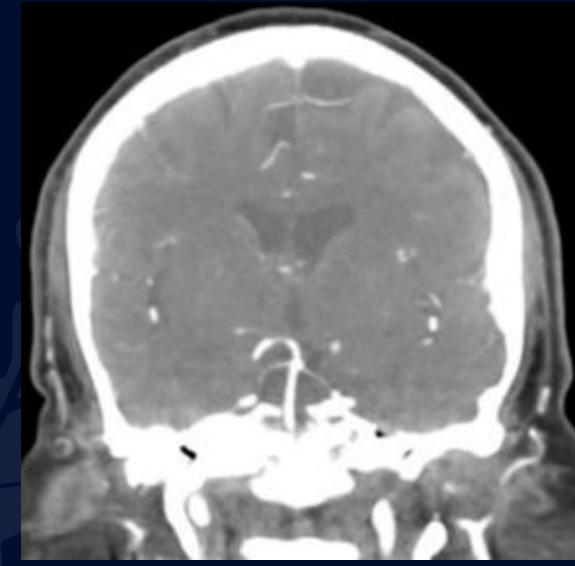


HEALTH

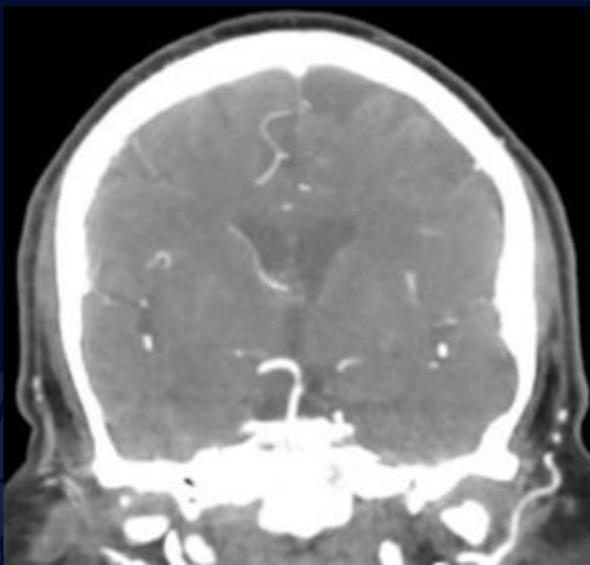
RADIOLOGY











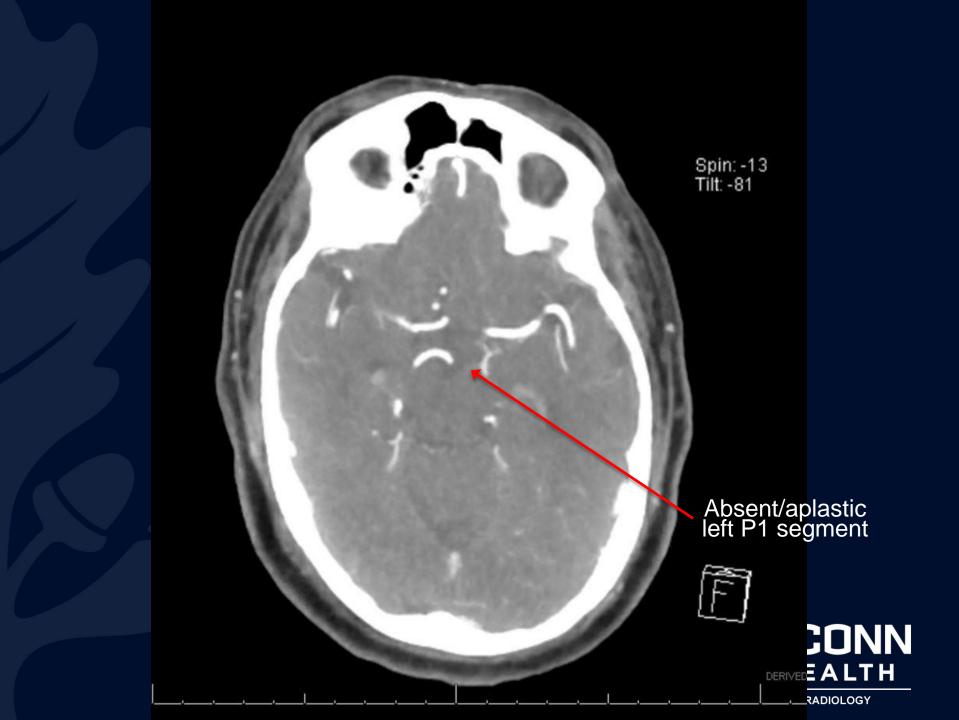


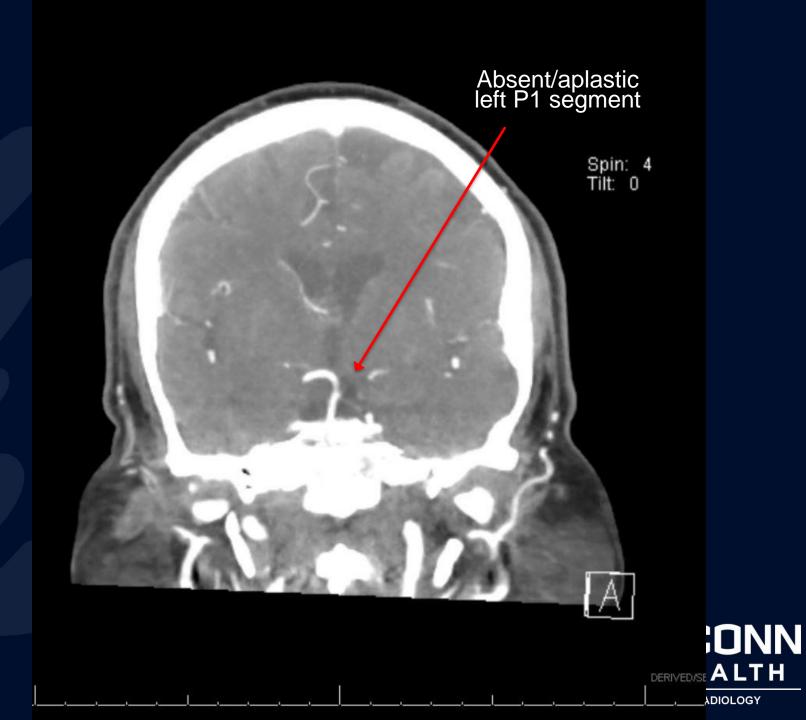




Persistent fetal origin of the left posterior cerebral artery (PCA)







Incidental identification of a developmental abnormality (persistent fetal left PCA origin), which is not the cause of the patient's symptoms



Background

- Results from persistence of a normal embryonic carotid-basilar anastomosis that forms in the developing embryo, but typically regresses after the vertebral arteries develop and establish the "adult" circulation pattern, when the embryo is only approximately 15 mm
- Common variant anatomy of posterior cerebral artery circulation (20-25%)
- P1 segment of PCA is hypoplastic/aplastic
- Most, if not all, blood supplied by the posterior communicating artery (Pcomm)
 - Referred to as a fetal-type Pcomm
- Can be bilateral (results in diminutive basilar)
- If truly aplastic P1, then posterior circulation supplied by carotid, essentially making it part of anterior circulation
 - Can influence patterns of ischemia in stroke
- Cerebral circulation variant anatomy is also important for neurosurgical/neurovascular interventional planning



References

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