

Commentary

Imaging of stroke is in large part pattern recognition. Distribution, location and appearance can give insight into etiology (hemodynamic, microangiopathic, embolic), origin (vascular territory) and age (ischemic early signs, fogging, demarcation) of an insult. Furthermore, non-enhanced CT or conventional MRI can provide information on clot burden^[1] and vessel status^[2] even if advanced imaging techniques such as perfusion and vessel imaging are not available.

Eswaradas *et al.* present a rare case of bilateral and symmetrical cerebellar infarction to the posterior inferior cerebellar arteries leaving a typical pattern resembling an inverted V or rabbit ears.^[3] Although the etiology could not be elucidated, appreciation of the so-called “small” strokes in the cerebellum is important as coma and death may result, as the authors note.

Knowledge of characteristic stroke patterns or, as in this case, anatomic variants^[4] can narrow down the differential diagnosis and entail rapid and economic use of further diagnostic tests.

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