

Vertebrobasilar Arterial Insufficiency, Part II

NEUROLOGICAL EXAMINATION FINDINGS IN CASES OF VERTEBROBASILAR INFARCT

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A review of 52 cases of vertebrobasilar infarct was performed to ascertain the frequency and types of symptoms and signs that accompanied the reported cases of infarct (¹⁻³³). In last month's column the symptoms associated with vertebrobasilar infarct were reviewed. The following is a review of the reported neurological signs associated with vertebrobasilar infarct.

#	Signs noted
19	Cerebellar signs: ataxia, dyssynergia, dysmetria, etc.
18	Rotatory nystagmus
17	Facial nerve palsy
15	Paresthesia, decreased pain in trigeminal distribution
12	Paresthesia, decreased pain in body
11	Tandem gait veering
11	Asymmetrical pupils
8	Ptosis
8	Babinski's sign
8	Palatal paresis
6	Confusion
6	Dysarthria
6	Decreased arm/leg strength
4	Diplopia
4	Decreased corneal reflex
4	Cranial nerve VI palsy
4	Hyperreflexia
4	Quadriplegia
4	Visual field loss
4	Tongue deviation
3	Hoarseness
3	Dysphagia
2	Decreased hearing
2	Tinnitus

- 1 Drowsiness
- 1 Decreased position sense
- 1 Cranial nerve IV palsy
- 1 Grasp, suck reflexes
- 1 Respiratory paralysis

Should the chiropractic physician suspect that a patient is suffering from vertebrobasilar infarct, a neurological examination would be in order to better ascertain the extent of neurological involvement. The anatomical basis for the most common symptoms and signs of vertebrobasilar infarct will be discussed in detail in this column's next installment.

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