



Lacunar Clinical Syndromes

Lacunar clinical syndromes

Recruitment into LACI-2 needs a clinical diagnosis of a lacunar syndrome and brain scanning either

- confirming a lacunar infarct or
- not revealing an alternative cause eg cortical infarct.

This means that some patients are randomised with a “normal” CT or MRI scan (present in up to 30% of minor strokes)

Therefore recognising lacunar syndromes is important.

So, in patients with normal brain scans and a lack of cortical features (dysphasia, neglect, homonymous hemianopia), the following are considered to be secondary to lacunar stroke.

Classical lacunar syndromes

Weakness of face/arm, arm/leg or all three
Sensory loss in face/arm, arm/leg or all three
Sensory motor in face/arm, arm/leg or all three

Less common lacunar syndromes

Clumsy hand dysarthria syndrome
Ataxic hemiparesis
Face only weakness
Isolated dysarthria
Hemichorea hemiballismus

Doubal et al *J Neurol Neurosurg Psychiatry*. 2011 May;82(5):540-2., Arboix et al *J Neurol Neurosurg Psychiatry*. 2006 Mar;77(3):381-4, Bamford et al *Stroke*. 1988 Sep;19(9):1074-82.