CRUX OF MRCS
CEREBRAL AND CRANIAL VASCULATURE
STROKE SYNDROMES BY ARTERIAL TERRITORY

Artery	Key Features
Anterior Cerebral (ACA)	Contralateral **leg > arm weakness & sensory loss**; abulia, personality changes, possible urinary incontinence; medial frontal lobe involvement.
Middle Cerebral (MCA)	Contralateral **face & arm weakness > leg**; forehead sparing (bilateral innervation); aphasia (dominant hemisphere) or neglect (non-dominant); hemianopia; sensory loss.
Posterior Cerebral (PCA)	Contralateral **homonymous hemianopia (macular sparing)**; visual agnosia, alexia without agraphia; thalamic pain syndromes, memory deficits.
Posterior Inferior Cerebellar (PICA)	**Wallenberg syndrome**: ipsilateral cerebellar signs (ataxia, dysmetria, nystagmus), dysphagia, hoarseness, ipsilateral facial pain/temp loss, contralateral body pain/temp loss, Horner's syndrome.
Superior Cerebellar (SCA)	Ipsilateral **limb ataxia, dysarthria, dysmetria**; contralateral pain/temp loss; possible oculomotor (III) palsy if midbrain involved.
Anterior Inferior Cerebellar (AICA)	Ipsilateral **facial paralysis**, ↓ lacrimation/salivation, loss of taste (ant 2/3 tongue), hearing loss/tinnitus, vertigo, ataxia, nystagmus.
Lacunar (Lenticulostriate)	**Pure motor or pure sensory stroke** (or ataxic hemiparesis); no cortical signs (no aphasia, neglect, or visual field loss).
Anterior Choroidal	Contralateral **hemiplegia, hemisensory loss, homonymous hemianopia** (classic triad); lesion at posterior limb of internal capsule + optic tract.