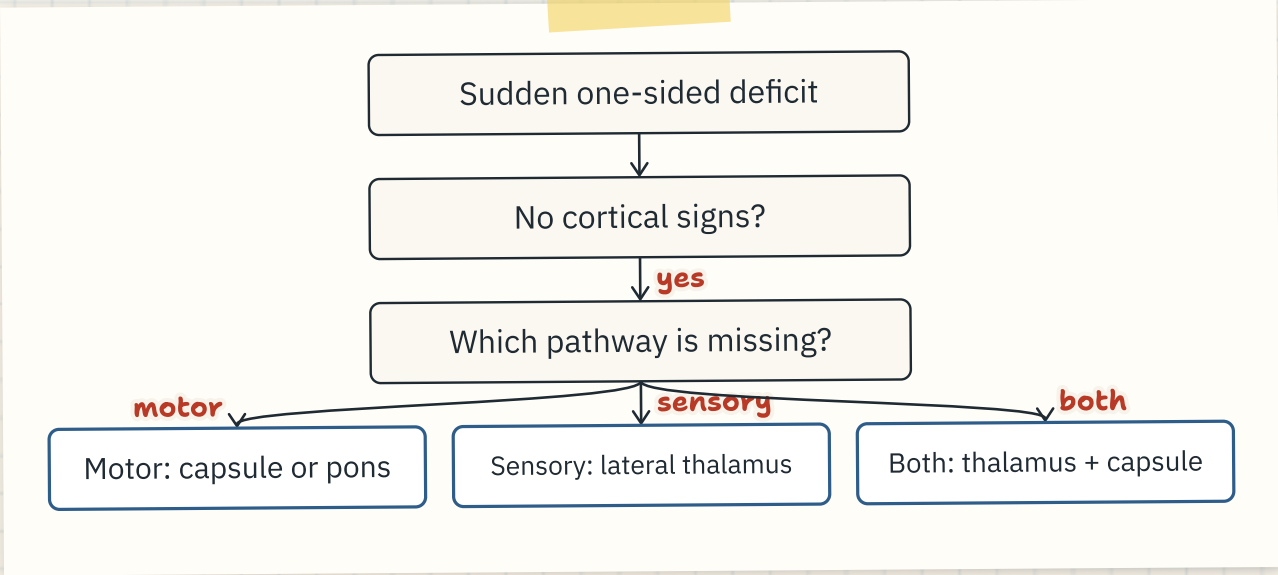
Lacunar syndromes in 3 steps

Match the syndrome to the small-vessel site



Step by step

1. Look for no cortical signs
2. Ask which pathway is missing: motor, sensory or both
3. Place the lesion, opposite the deficit

Syndrome	Deficit	Usual site
Pure motor	Face, arm, leg weak	Posterior limb of capsule; pons
Pure sensory	One-sided numbness, no weakness	Lateral thalamus (VP nucleus)
Sensorimotor	Weakness plus numbness	Thalamus and adjacent capsule
Dysarthria–clumsy hand	Slurred speech, clumsy hand	Usually pons
Ataxic hemiparesis	Weakness plus ataxia	Posterior limb of capsule; pons

Five classic lacunar syndromes

Three things to keep

Lacune: small deep infarct, usually from hypertension

No cortical signs

Motor: capsule or pons; sensory: thalamus; clumsy hand: pons

Exam traps

- Aphasia, neglect or a field defect is not a lacunar syndrome
- Sensory loss with no weakness points to the thalamus, not the capsule
- The lesion lies opposite the deficit; for weakness, motor fibres cross at the pyramids

Lacunar stroke syndromes: pure motor, pure sensory and more

Video, written lesson, practice question and sources: medservatory.com/usmle-step-1/neuroanatomy-localisation/lacunar-syndromes

For exam study only, not medical advice. Follow local guidelines and your lab's ranges.
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