

Decreased taste sensation from the ipsilateral anterior 2/3 of the tongue is due to injury to the superior salivatory nucleus. Special sensory fibers (in this case for gustation) travel from the anterior 2/3 of the tongue to the superior salivatory nucleus via the chorda tympani nerve, which itself is intimate with the facial nerve.

## Deceased Salivation and Lacrimation

[Down-arrow Drooling and Tears](#)

The sublingual and submandibular glands are innervated by postganglionic parasympathetic fibers from the preganglionic chorda tympani nerve. These glands are under brainstem control from the nucleus tractus solitarius, which can be injured in lateral pontine syndrome.

## Nystagmus and Hearing Loss

[Nostradamus with Nystagmus and Deaf-guy](#)

Nystagmus, vertigo, nausea, vomiting, and hearing loss may all occur from injury to the vestibulocochlear nuclei. The labyrinthine artery is a branch of AICA, and helps supply blood to the inner ear. If the stroke is serious enough, it can affect perfusion of the inner ear structures.

## Horner Syndrome

[Horny Pam](#)

Ipsilateral Horner syndrome can be a manifestation of anterior inferior cerebellar artery stroke due to the involvement of descending sympathetic fibers. This syndrome is characterized by ipsilateral miosis, anhidrosis, and ptosis.

## Ataxia

[A-taxi](#)

If cerebellar peduncles (inferior, middle) are injured from the stroke, patients may display ataxia, or difficulty with gait.

## Contralateral Clinical Findings

### Decreased Body Pain and Temperature Sensation

[Down-arrow Body-brace Pain-bolts and Thermometer](#)

Involvement of the lateral spinothalamic tract will cause *contralateral* loss of pain and temperature sensations from the body (since the spinothalamic tract fibers decussate at the level of the spinal cord entry zone).