A 62-year-old man presented to the emergency department with a 2-hour history of slurred speech and mental status. His past medical history was of type 2 diabetes and hypertension of 3 years’ duration. The pulse was 80 beats per minute, and the blood pressure 147/93 mm Hg. Computed tomography of the head revealed no signs of cerebral hemorrhage. 3 hours after admission, he suffered progressive muscular weakness in the right limbs. A physical examination revealed positive reflex of Babinski sign. Given the recent changes in the patient’s mental status and pathological reflex, magnetic resonance imaging (MRI) of the head was assessed and confirmed acute bilateral lacunar infarction (Figure 1A). 2 days after admission, he suffered pathological crying (Figure 1B). The diagnosis of pathological crying following acute lacunar infarction depended on the typically characteristic clinical and MRI manifestations. Patients with some neurologic diseases exhibit exaggerated episodes of crying without an apparent motivating stimulus [1, 2]. During these episodes, patients have difficulty in controlling their emotional expression [3, 4]. After a well-informed discussion of options for interventions with the patient’s family, the decision was made to pursue anti-platelet-aggregation agents and vasodilator therapy. He was discharged home with synchronous resolution of slurred speech and muscular weakness symptoms, but had been suffering pathological crying for 5 years with outpatient follow-up.

**Figure 1:** Pathological crying following acute lacunar infarction. (A) Magnetic resonance imaging of acute lacunar infarction; (B) image of pathological crying
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References