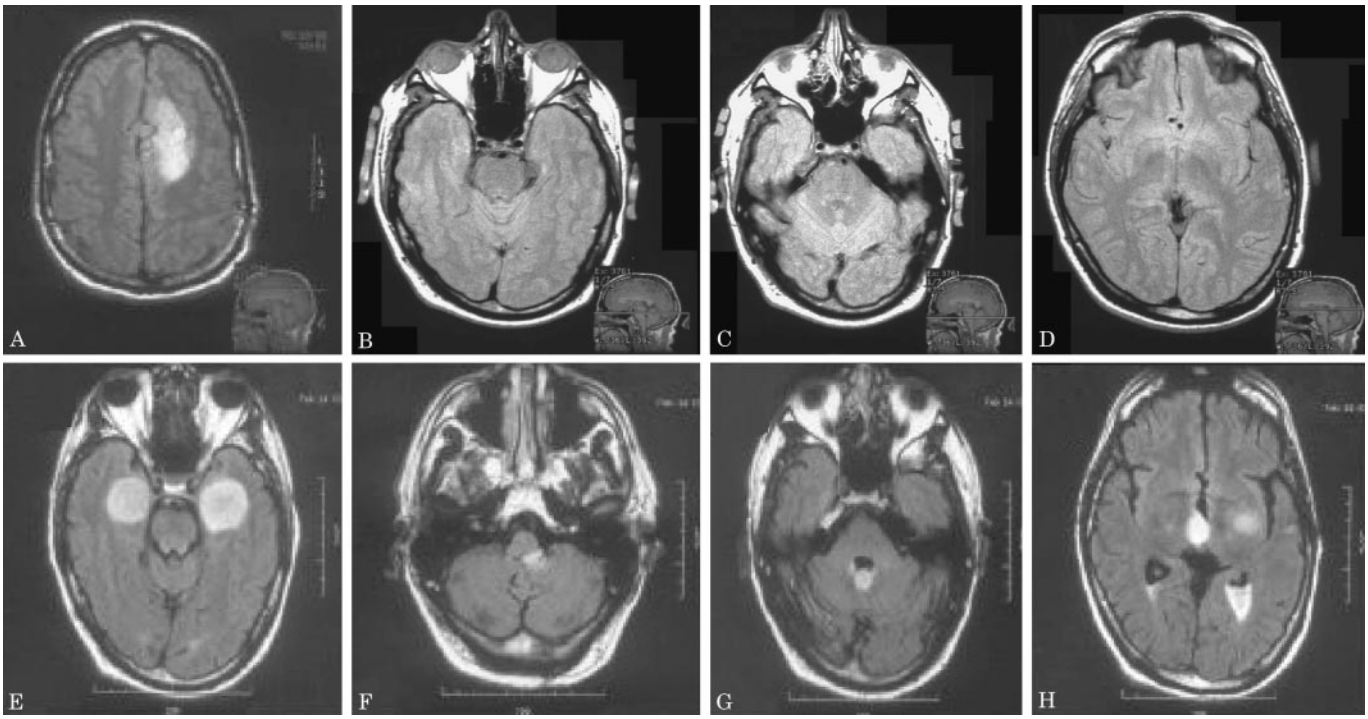

Figure. Axial FLAIR images. Post biopsy imaging of left cingulate gyrus lesion (A). Normal imaging at the time of biopsy of left cingulate gyrus lesion (B–D). Progressive lesions involving bilateral amygdala (E) and imaging performed 5 months later showing tumor progression involving the medulla, 4th ventricle, and medial dorsal aspect of the thalamus (F–H).

Kluver-Bucy syndrome related to glioma

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A 36-year-old man presented with complex partial seizures. MRI of the brain revealed a left frontal lesion involving the cingulate gyrus (figure, A through D), which was biopsied. Pathology was consistent with oligodendroglioma (WHO grade II). Three years later, MRI-FLAIR sequences revealed new lesions involving bilateral amygdala (see the figure, E). A biopsy of the left amygdala lesion was consistent with oligodendroglioma (WHO grade II). One month later the patient began experiencing paranoia and altered time perception. Five months later, brain imaging was consistent with involvement of the brainstem and thalamus (see the figure, F through H). At this time the patient developed preoccupation with pornography, lowered threshold of sexual arousal, hyperphagia, and visual agnosia. This is a unique case of a patient who developed Kluver-Bucy syndrome related to selective involvement of the amygdala and efferent projections from the amygdala by low grade glioma.[1]

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