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Clinical Image

Partial Human Kluver-Bucy Syndrome Secondary to Right Frontal Arterio-Venous Malformation (AVM) Resection

Fabian Rossi[1,2*], Lourdes Benes Lima[2], Nina Tsakadze[2,3], Elisa M Rossi[2] and Michael Hoffmann[2,3]

[1]Department of Neurology, University of Central Florida College of Medicine, USA

[2]Department of Neurology, Orlando Veterans Administration Medical Center, USA

[3]Departemnt of Neurology, University of Central Florida Medical School, USA

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Corresponding author:
Fabian H Rossi,
Department of Neurology, University of Central Florida College of Medicine, Orlando, Florida 32827, USA, Tel: + 407-951-1891; Fax:407-513-9317; Email: fabian.rossi@va,gov

A NEUROIMAGE CASE REPORT

A 67-year-old right-handed male developed apathy, alcohol abuse, episodes of indecent exposure and visual agnosia after right frontal AVM resection. Neuropsychological testing revealed frontal lobe dysfunction. MRI FLAIR imaging revealed signal attenuation in the right frontal lobe (Figures 1A-C). EEG showed no seizure activity. Kluver-Bucy syndrome is a constellation of neuropsychiatric symptoms, classically associated with bilateral temporal damage. Diagnosis of the partial Kluver-Bucy syndrome requires at least 3 of the 6 cardinal features of Kluver-Bucy syndrome, including: placidity, visual agnosia, hypersexuality, hyperorality, hyperphagia, and hypermetamorphosis [1,2]. This case is consistent with the partial Kluver-Bucy syndrome, consequent to unilateral right frontal lesion, a finding not previously reported.

CONFLICT OF INTEREST

Authors report no disclose and no conflict of interests.

REFERENCES

1. Bates GDL and Sturman SG. (1995). Unilateral temporal lobe damage and the partial Kluver–Bucy syndrome. Behavioral Neurology. 8: 103-107.
2. Carroll BT, Goforth HW, Raimonde LA. (2001). Partial Kluver Bucy syndrome: two cases. CNS Spectr. 6: 329-332.

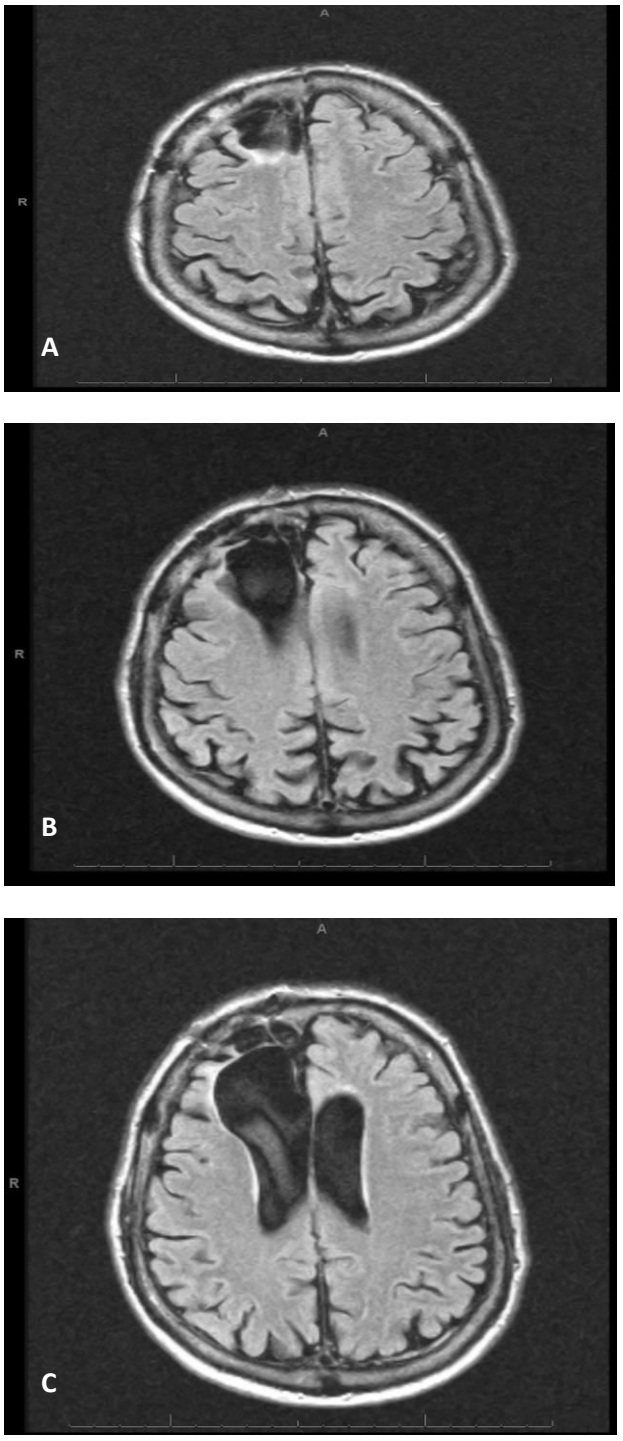

Figure 1A, 1B and 1C: Brain MRI Flair Axial Views showed a decreased signal on the right frontal lobe.

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