INTRODUCTION

Temporal lobe epilepsy (TLE) is the most common form of localization-related epilepsies. The most common etiology of TLE is mesial temporal sclerosis, thought to be secondary to oxidative stress.1 TLE typically presents as focal seizures with impairment of consciousness and symptoms such as behavioral arrest, automatisms, or “aura,” such as rising epigastric sensation, experiential phenomena (déjà vu, jamais vu, or fear), and gustatory and olfactory hallucinations.1,2 TLE is also associated with neuropsychiatric symptoms, specifically depression, schizophrenia-like symptoms, and an interictal pattern of behavioral changes known as Geschwind Syndrome. Geschwind Syndrome consists of a triad of hyperreligiosity, hyposexuality, and heightened spirituality.3-5 The case underscores the usefulness of behavioral changes known as Geschwind Syndrome. Geschwind Syndrome is typically chronic and increase over time, making this phenomenon rare.6 A mechanism for development of the syndrome may be hyperconnectivity between the amygdala and temporal lobe, in contrast, Klüver-Bucy syndrome where there is disconnect between these two structures presents with reversed syndrome, a loss of emotional rather than increased emotions. The constellation of hypergraphia, heightened spirituality, and hyposexuality in conjunction with olfactory hallucinations and déjà vu experiences raised suspicion for Geschwind Syndrome and TLE. Etiology of our patient’s MTS was most likely anoxic brain injury, typical of TLE. The diagnosis of Geschwind Syndrome can be difficult to diagnose unrecognized TLE.

CASE

History: A 27-year-old female with a history of substance use disorder presented to our ED for detoxification from methamphetamine, an undetected 2 months for its ‘calming effect’ along with methamphetamine. She had been using methamphetamine for the previous 2 months for its ‘calming effect’ along with

DISCUSSION

There is much controversy as to whether Geschwind Syndrome exists, stemming from the lack of randomized control trials.7 Seizures related to mesial temporal sclerosis (MTS) are most commonly diagnosed and treated by adolescents, with over 90% of cases of TLE manifesting before age 16. Behavioral changes associated with Geschwind Syndrome are typically chronic and increase over time, making this phenomenon rare.6 A mechanism for development of the syndrome may be hyperconnectivity between the amygdala and temporal lobe, in contrast, Klüver-Bucy syndrome where there is disconnect between these two structures presents with reversed syndrome, a loss of emotional rather than increased emotions. The constellation of hypergraphia, heightened spirituality, and hyposexuality in conjunction with olfactory hallucinations and déjà vu experiences raised suspicion for Geschwind Syndrome and TLE. Etiology of our patient’s MTS was most likely anoxic brain injury during birth. Recognizing potential seizure activity and associated behavior change is imperative to identify epilepsy in patients whose symptoms would otherwise go undetected.

CONCLUSIONS

TLE is the most common localized epilepsy and is most frequently associated with lesions of the mesial temporal lobe. It can present with behavioral arrests, automatisms, or an aura. TLE is also associated with a disputed constellation of behavioral changes known as Geschwind Syndrome, consisting of hyperreligiosity, hyposexuality, and heightened spirituality. Geschwind Syndrome develops chronically, and symptoms increase over time. When analyzed in conjunction with other presenting symptoms, Geschwind Syndrome can be helpful to diagnose unrecognized TLE.

REFERENCES

7. Devinsky J, Schachter S. Norman Geschwind's contribution to the understanding of behavioral changes in temporal lobe epilepsy: the Geschwind Syndrome and TLE. Etiology of our patient's MTS was most likely anoxic brain injury during birth. Recognizing potential seizure activity and associated behavior change is imperative to identify epilepsy in patients whose symptoms would otherwise go undetected.

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