A Single Exposure to Cannabis Presenting with Klüver–Bucy Syndrome in a Child: A Rare Case Report

V. Venkatesh Raju¹ · Naveen Sankhyan² · Susanta K. Padhy¹

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To the Editor: Klüver–Bucy syndrome (KBS) is a rare neurobehavioral syndrome seen following bilateral temporal lobe injury due to various etiologies [1]. We aim to describe an atypical presentation of KBS in a 10-y-old boy from rural background and lower socioeconomic status, with normal development, with subacute onset of symptoms precipitated by alleged cannabis intake and penetrative sexual abuse at 9 y of age, with symptoms suggestive of irritability, hyperactivity, poor persistence, increased appetite, temper tantrums, eating nonedible things, extreme distractibility, inappropriate sexual behavior, apathy, and poor self-care. His mental state examination was consistent with the history. A thorough organic workup done in liaison with a pediatric neurologist was negative except for MRI brain, which revealed diffuse mild cerebral atrophy and bilateral hippocampal atrophy. Symptomatic management done even with very high doses of aripiprazole, methylphenidate, lithium, and benzodiazepines showed only around 15% improvement over the next 6 mo, after which patient refused to follow up. This patient's symptom profile matches that of KBS. Due to lack of environmental learning of sex and dependence on parents, presentation in children shows modification [1]. Although,

we could not arrive at the etiology, the only conceptualization was that the cannabis exposure coupled with stress of sexual abuse had unmasked the underlying organic insult. Postsexual abuse sequel, which was considered one of the possible diagnoses, was ruled out due to atypical presentation and abnormal MRI finding [2].

Declarations

Conflict of Interest None.

References

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✉ Susanta K. Padhy
susanta.pgi30@yahoo.in

¹ Department of Psychiatry, Postgraduate Institute of Medical Education & Research (PGIMER), Chandigarh, India

² Department of Pediatrics, Postgraduate Institute of Medical Education & Research (PGIMER), Chandigarh, India