

Anorexia nervosa

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Often referred to simply as [anorexia](#), is an [eating disorder](#) characterized by a low weight, fear of gaining weight, a strong desire to be thin, and food restriction.

Many people with anorexia see themselves as overweight even though they are underweight.

If asked they usually deny they have a problem with low weight. Often they weigh themselves frequently, eat only small amounts, and only eat certain foods. Some will exercise excessively, force themselves to vomit, or use laxatives to produce weight loss. Complications may include osteoporosis, infertility, and heart damage among others. Women will often stop having menstrual periods.

The association of [anorexia](#) nervosa (AN) with organic brain lesions may offer insight into underlying illness neuropathology. A systematic review reported an association between AN and lesions located in the right frontal lobe. To date, no studies have studied such a case longitudinally. A case of a male presenting with AN and a frontal lobe glioma is described.

The clinical symptoms and subsequent medical and neuropsychological investigations before and after surgery are RESULTS: The remission of ED symptoms is observed at 2 year post-surgery follow up.

The features of this case are set into the context of recent conceptualizations of AN and the clinical implications for identifying individuals with underlying organic causes ¹⁾.

Treatment

[Anorexia Nervosa Treatment.](#)

Prospective cohort studies

Sixteen participants, including eight patients with anorexia nervosa and eight controls, underwent baseline T1-weighted and [diffusion tensor imaging](#) (DTI) acquisitions. Patients received DBS targeting either the subcallosal cingulate (DBS-SCC, N = 4) or the nucleus accumbens (DBS-NAcc, N = 4) based on psychiatric comorbidities and AN subtype. Post-DBS neuroimaging evaluation was conducted in four patients. Data analyses were performed to compare [structural connectivity](#) between patients and controls and to assess connectivity changes after DBS intervention.

Baseline findings revealed that structural connectivity is significantly reduced in patients with AN compared to controls, mainly regarding callosal and subcallosal [white matter](#) (WM) [tracts](#). Furthermore, pre- vs. post-DBS analyses in AN identified a specific increase after the intervention in two WM tracts: the anterior [thalamic radiation](#) and the [superior longitudinal fasciculus](#)-parietal bundle.

This study supports that [structural connectivity](#) is highly compromised in severe AN. Moreover, this investigation preliminarily reveals that after DBS of the [subcallosal cingulate](#) and [nucleus accumbens](#) in severe AN, there are white matter (WM) tracts modifications. These microstructural [plasticity](#) adaptations may signify a mechanistic underpinning of [DBS](#) in this [psychiatric disorder](#) ²⁾

1)

Goddard E, Ashkan K, Farrimond S, Bunnage M, Treasure J. Right frontal lobe glioma presenting as anorexia nervosa: further evidence implicating dorsal anterior cingulate as an area of dysfunction. *Int J Eat Disord*. 2013 Mar;46(2):189-92. doi: 10.1002/eat.22072. Epub 2012 Dec 26. PubMed PMID: 23280700.

2)

Abellaneda-Pérez K, Delgado-Martínez I, Salgado P, Ginés JM, Guardiola R, Vaqué-Alcázar L, Roca-Ventura A, Molist-Puigdomènech R, Manero RM, Viles-García M, Medrano-Martorell S, Bartrés-Faz D, Pascual-Leone A, Pérez-Solà V, Villalba-Martínez G. Structural connectivity modifications following deep brain stimulation of the subcallosal cingulate and nucleus accumbens in severe anorexia nervosa. *Acta Neurochir (Wien)*. 2024 Sep 12;166(1):364. doi: 10.1007/s00701-024-06258-w. PMID: 39261306.

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