Cingulate gyrus glioma clinical features

- Role of the parietooccipital fissure and its implications in the pathophysiology of posterior medial temporal gliomas
- Image Analysis Reveals Microstructural and Volumetric Differences in Glioblastoma Patients with and without Preoperative Seizures
- Autosomal dominant temporal lobe epilepsy associated with heterozygous reelin mutation: 3 T brain MRI study with advanced neuroimaging methods
- Right frontal lobe glioma presenting as anorexia nervosa: further evidence implicating dorsal anterior cingulate as an area of dysfunction
- Akinetic mutism associated with bicingular lesions: clinicopathological and functional anatomical correlates

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The clinical features of cingulate gyrus gliomas can vary depending on the size, location, and type of tumor, as well as the age and overall health of the patient.

Some common clinical features of cingulate gyrus gliomas may include:

Headaches: Patients with cingulate gyrus gliomas may experience frequent headaches that are often severe and may worsen over time.

Seizures: Seizures are a common symptom of gliomas in general, and cingulate gyrus gliomas are no exception. The type and severity of seizures can vary, and may be a clue to the location of the tumor.

Changes in behavior or personality: Because the cingulate gyrus is involved in emotional regulation, patients with cingulate gyrus gliomas may experience changes in their behavior or personality, including mood swings, apathy, or disinhibition.

Cognitive impairment: The cingulate gyrus is also involved in various cognitive processes, and patients with cingulate gyrus gliomas may experience cognitive impairments such as memory loss, difficulty with concentration, or problems with decision-making.

Weakness or numbness: Depending on the location of the tumor, patients may experience weakness or numbness on one side of the body.

Vision or speech problems: Cingulate gyrus gliomas that grow towards the back of the brain may cause vision problems or difficulty with speech.

It is important to note that these clinical features are not specific to cingulate gyrus gliomas and can be present in other brain tumors or neurological conditions.

Most cases (23 [61%]) had seizures as the presenting symptom, 8 patients (24%) suffered from a hemiparesis/hemihypesthesia, and 4 patients (12%) had aphasic symptoms [1].

1)

von Lehe M, Schramm J. Gliomas of the cingulate gyrus: surgical management and functional

outcome. Neurosurg Focus. 2009 Aug;27(2):E9. doi: 10.3171/2009.6.FOCUS09104. PubMed PMID: 19645564.