



Teaching NeuroImages: Gerstmann Syndrome in a Pediatric Patient with a Dominant Parietal Pleomorphic Xanthroastrocytoma

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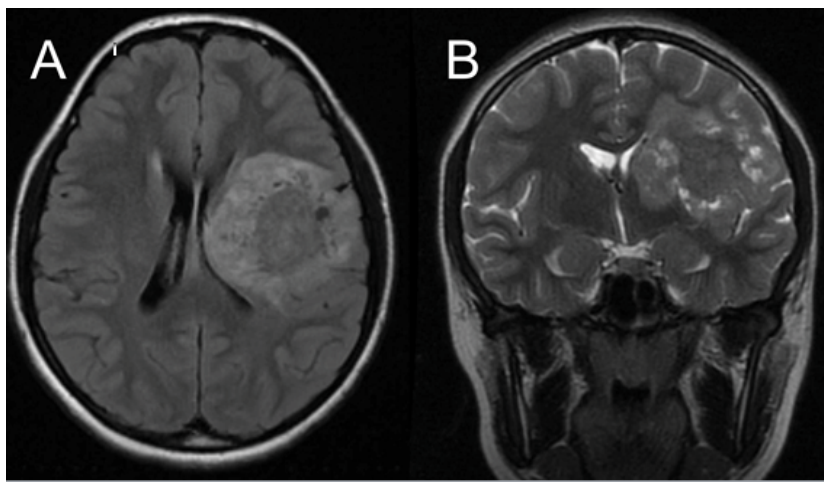
Legend

MRI showing the 5.8 x 5.8 x 5.2 cm calcified mass in the left frontoparietal region, causing mild mass effect on the left lateral ventricle, on axial T2 FLAIR (A) and coronal T2-weighted (B) sequences.

Case

A 13-year-old right-handed girl presented with a 2 year history of worsening headaches and 1 year history of focal seizures. Her mother also reported new difficulties in math class at school, as well as worsening handwriting. On examination, when asked to show her raise her left thumb, she raised her right thumb. She was unable to perform serial 7's, and when asked to write her name, her handwriting was unreadable. Brain MRI was significant for a large left frontoparietal calcified mass. Pathology revealed a diagnosis of pleomorphic xanthoastrocytoma.

The patient's left-right confusion, acalculia and agraphia appear consistent with a partial Gerstmann syndrome [1], seen with dominant parietal lesions and may be seen as an ictal phenomenon [2].



Contributions

Chattip Prueksapraopong: Drafting/revision of the manuscript for content, including medical writing for content; Major role in the acquisition of data

Angeline Zhou: Major role in the acquisition of data Bryant Yu: Major role in the acquisition of data Carrie Ip: Major role in the acquisition of data

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2. Khoo HM, Fujita Y, Tani N, et al. Mystery Case: Parietal lobe epilepsy with ictal manifestation of Gerstmann syndrome. *Neurology* 94 (2020): e430-e433.