Case report: Syndrome of the disconnection of the callus body in a patient with extensive injury - Mellitus Diabetes and malnutrition - Marchiafava-Bignami disease

Relato de caso: Síndrome da desconexão do corpo calo num doente com lesões extensas - Diabetes Mellitus e má nutrição - doença Marchiafava-Bignami

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1 INTRODUCTION

MFL, 51 years old, female, right-handed, diabetic and previous stroke. Non alcoholic, and report of malnutrition. On neurological examination, he presented tactile anomy, visual agnosia, bucovisual apraxia, left hand agraphia, normal graphia right hand with Alexia, and bilateral crossed optical ataxia. Magnetic resonance imaging (MRI) showed extensive lesion with a swollen aspect in commissural fibers of the corpus callosum, notably in the right body and splenium, and corona radiata with hypersignal in T2 / FLAIR, suggesting demyelinating noninflammatory lesion or subacute vascular lesion.

Systemic vasculitis was suggested for vascular injury, multiple sclerosis and vitamin B12 deficiency for demyelinating injuries. Inflammatory, rheumatological and serological tests were performed, all of them normal. Intracranial and cervical arterial angiotomography and echocardiogram without changes, in addition to ophthalmological evaluation with bilateral diabetic retinopathy. In CSF, increased protein and glucose. In other tests, vitamin B12 deficiency (value 99) was evidenced, favoring the diagnosis of Marchiafava-Bignami disease, and glycosylated hemoglobin of 8.8%, the deficiency being probably associated with poorly controlled DM and malnutrition. MRI of the cervical spine without injures.

After normalization of vitamin B12 (value 430), the patient was discharged with some improvement.

2 DISCUSSION

The corpus callosum is a strip of white substance disposed transversely, connecting the cerebral hemispheres, promoting cortical integration. Thus, injuries compromise language and motor areas, comprehension and execution of orders, in addition to visual or sensitive information, generating syndromes of disconnection of the corpus callosum.

Infarctions in the corpus callosum are rare and generally associated with systemic vasculitis. In the spectrum of demyelinating diseases, multiple sclerosis is the most common.
There is also Marchiafava-Bignami disease, which progresses with demyelination after vitamin B12 deficiency. Most patients are alcoholics, less than 10% are non-alcoholics, with chronic or acute malnutrition and / or DM, as reported above.

3 CONCLUSION

Lesions of the corpus callosum are rare. Due to the complexity and possibility of treatment, the ability to identify them and the knowledge of their etiologies is essential within neurology.

**Keywords:** Corpus callosum, Malnutrition, Marchiafava-Bignami

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REFERENCES

