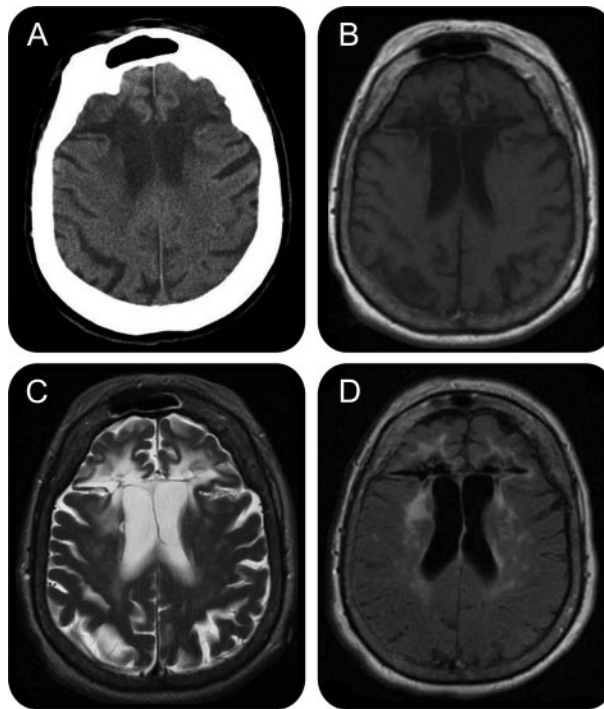


Frontal lobotomy

Figure Axial CT (A), T1-weighted MRI (B), T2-weighted MRI (C), and fluid-attenuated inversion recovery MRI (D) show well-defined transverse linear defects in the bilateral frontal lobe white matter with surrounding gliosis



An 86-year-old woman with history of generalized tonic-clonic seizures and syncopal episodes presented after a fall. She was awake, alert, and oriented to location, but not date, which was typical; she was abulic with no spontaneous speech output. Language and comprehension were intact. Eye movements were full with minimal nystagmus on right and end gaze. CT and MRI (figure) showed changes related to transcranial frontal lobotomy performed in the 1950s for unspecified “psychiatric reasons.” This case is of historical interest and practical importance: patients with frontal lobotomies require clinical attention, so the sequelae of this procedure should be recognized.

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