described in which the neuropathy preceded the abdominal clinical manifestations by years. In our patient, the clinical picture of polyneuropathy began two years before the abdominal manifestations and no nutritional deficiency was indicated. Various forms of peripheral neuropathy have been reported in other chronic inflammatory intestinal diseases, with an unclear relation to hypo-absorption.

Presentations

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Klüver-Bucy syndrome secondary to medulloblastoma metastasis

Síndrome de Klüver-Bucy secundario a metástasis de meduloblastoma

Dear Editor:

We describe the case of a 33-year-old male with a history of medulloblastoma diagnosed at age 29, treated at the time with surgical resection, cranial and neuraxis radiation therapy and chemotherapy. Four years later, he began to manifest a hypersexual behaviour, hyperorality, disinhibition and placidity; he was taken to the emergency department for impaired alertness. On admission, he was sleepy, with abulia and psychomotor agitation, uninhibited, with delusional and manic ideas and bilateral papilledema; the remainder without alterations. The imaging study showed two symmetrical lesions in the anterior temporal pole, with uptake of contrast medium. They were removed in two surgical procedures; the histopathological study led to the diagnosis of temporal metastases of medulloblastoma (fig. 1). He suffered a remission of neuropsychiatric symptoms.

Heinrich Klüver and Paul Bucy described behavioural changes that could be generated in monkeys by performing bilateral temporal lobectomy. The first case of Klüver-Bucy syndrome (KBS) in humans was published in 1947[1,2]. The most important symptoms of human KBS are visual agnosia, placidity, emotional numbing, increased sexual activity, hyper-metamorphopsia, increased oral behaviour and bulimia.

Numerous causes of KBS have been described. The most frequently associated causes are traumatic injuries, epilepsy and infections of the central nervous system, especially with temporal lobe involvement[3], although there are cases of degenerative, vascular and metabolic lesions. A rare manifestation of tumour lesions, there are only two cases documented in the literature, one with bilateral temporal oligodendroglioma[4] and another with bitemporal arachnoid cyst[5]. To our knowledge, there is no other case of KBS caused by bitemporal metastases of medulloblastoma in the literature.

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Figure 1 Bilateral metastases of medulloblastoma.

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Demyelinating encephalomyelitis associated with treatment with adalimumab

Encefalomielitis desmielinizante asociada al tratamiento con adalimumab

Dear Editor:

Tumour necrosis factor alpha (TNFα) inhibitors, among them adalimumab, are drugs used as immunosuppressive agents in various chronic inflammatory diseases, including rheumatoid arthritis (RA). They have shown that they significantly decrease the progression of joint damage and ensure long-lasting relief of RA symptoms[1]. They present a superior therapeutic effectiveness and increased patient survival compared to traditional drugs. In addition to RA, their use has spread to other chronic inflammatory diseases such as Crohn's disease, ankylosing spondylitis, psoriasis and psoriatic arthritis[2].

We present the case of a 55-year-old woman, diagnosed with RA in 1989, who presented a 2-month history of gait disturbance. The patient was following treatment with oral methotrexate and adalimumab was added at a dose of 40 mg every 2 weeks in November 2008, due to clinical worsening. On examination, we objectified gait ataxia with instability in turns, inability to perform tandem and Romberg with multidirectional fall; the remainder of the examination