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on September 02, 11:00 AM

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Abstract Proof**CONTROL ID:** 111464**CONTACT (NAME ONLY):** Jordi Bernabeu**PRESENTER:** Jordi Bernabeu**Abstract Details****PRESENTATION TYPE:** Paper or Poster**CATEGORY:** Child - Acquired disorder: other**"Other" Category:** Pediatric neuro-oncology**KEYWORDS:** brain tumor , cerebellum, language.**Abstract****TITLE:**

Aphonic palilalia after transient mutism following cerebellar medulloblastoma resection in a child.

AUTHORS (ALL): Bernabeu, Jordi; Canete, Adela; Fournier, Concepcion; Noe, Enrique; Menor, Francisco; Castel, Victoria.**ABSTRACT BODY:**

Objective: Transient mutism is a well documented phenomenon following medulloblastoma resection in children. Recovery often presents language disorders such as dysarthria but secondary palilalia has been not reported yet.

Participants and Methods: Here we report a case of palilalia in a 7 year-old-boy who was diagnosed with a vermian medulloblastoma (5 x 5 x 4.5 cm). He underwent surgery, radio- and chemotherapy according to recently opened SIOP study. Neuropsychological and neurological assessments were performed. CT, PET and MR imaging was done.

Results: He became mute from 5 hours to 13 days after recovering from surgery. After the mutism episode he presented temporary dysprosody, and diminished verbal fluency which continues to date. Furthermore, we observed the well known Mutism and Subsequent Dysarthria (MSD) as well as Cognitive-Affective Cerebellar Syndrome. He was apathetic, indifferent and unable or unwilling to begin verbal and non-verbal interactions up to two months after surgery.

Six months after diagnosis, aphonic palilalia appeared (he repeats the last spoken words with tongue and lip movements, but without sound)

PET imaging revealed bilateral temporo-occipital, cerebellar and left temporal hypometabolism. Recent standard MRI shows no pathological signs.

Conclusions: We present a previously non-described case of palilalia following medulloblastoma resection in a child. Palilalia has been reported in certain pathologies, such as Tourette and Alzheimer's disease, associated with damage to the cortico-subcortical and corticocerebellar circuitry. Although the neural mechanisms underlying aphonic palilalia remain uncertain, we suggest a corticocerebellar implication affecting posterior cortical areas in the appearance of this rare symptom.

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