

05 - Parietal lobe lesions

Parietal lobe lesions

© SPMM Course B. Lobar lesions Frontal lobe lesions

Parietal lobe lesions

Unilateral lesions Bilateral lesions Contralateral spastic hemiplegia Bilateral hemiplegia Slight elevation of mood, increased talkativeness, tendency to joke inappropriately (Witzelsucht) Spastic bulbar (pseudo bulbar) palsy Frontal release signs (grasp and suck reflexes) Abulia (indecisiveness, lack of drive) Anosmia Decomposition of gait and sphincter incontinence Motor speech disorder with agraphia, with or without oro-buccal apraxia (left) Varying combinations of grasping, sucking, oblige imitative movements, utilization behavior. Loss of verbal fluency with perseveration (left)

Specific frontal syndromes (pseudo depressive, dysexecutive and pseudo psychopathic) Unilateral lesions Bilateral lesions Corticosensory syndrome and sensory extinction Spatial disorientation & visual spatial defects Mild hemiparesis Bilateral ideomotor and ideational apraxia (more prominent with left-sided lesions) Homonymous hemianopia or inferior quadrantanopia (incongruent or congruent) Tactile agnosia (bimanual astereognosis) (more prominent with left sided lesions) Neglect of the opposite side of external space (right parietal lesions)

Anosognosia, dressing and constructional apraxias (may occur with lesions of either hemisphere are more frequent and severe with nondominant right lesions) Gerstmann syndrome (dysgraphia, dyscalculia, finger agnosia, right-left confusion) (left) Balint syndrome GELASTIC SEIZURE

An epileptic fit of incessant 'laughter', not necessarily euphoria, is called gelastic seizure. This occurs with left prefrontal seizures.

Revision #1

Created 2026-01-04 20:03:49 UTC by Omar Ayman

Updated 2026-01-04 20:03:49 UTC by Omar Ayman