

# 06 - Temporal lobe lesions

## Temporal lobe lesions

© SPMM Course Temporal lobe lesions

Unilateral lesions Bilateral lesions Homonymous upper quadrantanopia Auditory, visual, olfactory, and gustatory hallucinations Wernicke's aphasia Dreamy states with uncinate seizures Varying degrees of amusia and/or visual agnosia Emotional and behavioural changes Impairment auditory verbal learning Disturbances of time perception Dysnomia Korsakoff amnesic defect (hippocampal formations)

Apathy and placidity

Hypermetamorphopsia (compulsion to attend to all visual stimuli), hyperorality, hypersexuality, blunted emotional reactivity (KluverBucy syndrome; the full syndrome is rarely seen) •most common of auras, causing epigastric aura, salivation, sometimes vertigo etc. Autonomic sensations Autonomic sensations •The individual has a compulsion to think on a certain restricted topic. Forced thinking Forced thinking • Intrusion of stereotyped words or thoughts. Evocation of thought Evocation of thought •Similar to schizophrenic thought block is also reported. Sudden obstruction to thought flow Sudden obstruction to thought flow •Recall of expansive memories in incredible detail, as if running a video show of past. Panoramic memory Panoramic memory •Isolated auras with hallucinations, depersonalisations, micropsia or macropsia, déjà vu or jamais vu (especially if right sided origin) Psychic seizures Psychic seizures •Hallucinations of taste and smell associated with dream like reminiscence and altered consciousness. Uncinate crises Uncinate crises • Points to left hemisphere origin. Transient dysphasia Transient dysphasia •Fear and anxiety very common. Strong affective experiences Strong affective experiences •Ecstatic content in epileptic aura. Dostoevsky's epilepsy Dostoevsky's epilepsy GESCHWIND SYNDROME This is an uncommon type of personality change reported in epilepsy patients (esp. TLE). Symptoms include hypergraphia, circumstantiality, interpersonal viscosity, hyperreligiosity, and hyposexuality. It is thought to be result of lost connectivity among cerebral areas. This may also explain the personality features Psychopathology of the auras of Temporal lobe epilepsy

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