Kluver-Bucy Syndrome

Kluver-Bucy syndrome occurs from bilateral amygdala lesions. Patients with this syndrome may present with hyperphagia, hyperorality, hypersexuality and disinhibited behavior. Other symptoms which may or may not be present include amnesia, docility, and visual agnosia. Development of all of these symptoms is extremely rare, and the presence of three or more is required for diagnosis.



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Bilateral Amygdala Lesion
Bi-ladder Armed Amiga-doll with Leeches
This syndrome occurs when there are bilateral amygdala lesions. Patients who have had lobectomies, tumors, traumatic brain injury or meningoencephalitis can develop this disorder.

Associated with HSV-1
Herpes-harp Virus (1) Wand
Kluver-Bucy is associated with herpes simplex virus type 1 (HSV-1) as patients with acute herpes simplex encephalitis can develop this syndrome.

Hyperorality
Hiker-orality
Patients display hyperorality with this disorder. This is characterized by the urge to examine objects orally as well as the insertion of inappropriate objects into the mouth. This can also manifest as hyperphagia, or excessive hunger.

Hypersexuality
Hiker-sex-symbols
Patients with Kluver-Bucy syndrome often exhibit hypersexuality, defined as excessively frequent or increased sex drive. They are prone to inappropriate sexual compulsions and frequently seeking sexual satisfaction from inappropriate objects.

Disinhibited Behavior
Animal with broken inhibiting chains
In this syndrome, patients can have an irresistible impulse to interact and comment on anything they notice. This can lead to inappropriate actions and statements, and even diminished fear response.

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