

## A patient with subarachnoid hemorrhage whose food preference changed

Mitsuru Doi<sup>1)\*</sup>, Akane Goto<sup>1)</sup>, Emi Fusayasu<sup>1)</sup>, Daizou Kaneto<sup>1)</sup>, Yoshihiro Konishi<sup>1)</sup>, Hiroshi Takahashi<sup>1)</sup>,  
Jun Saito<sup>1)</sup>, Kazuhiko Inoue<sup>1)</sup>, Kotaro Shimoda<sup>1)</sup>

1) Department of Neurology, National Hospital Organization Tottori Medical Center  
(876 Mitsu, Tottori 689-0203, Japan)

\*Correspondence: mdoi@tottori-iryu.hosp.go.jp

### Abstract

The patient was a 59-year-old male who developed subarachnoid hemorrhage (SAH) and underwent surgical clipping for an aneurysm of the left middle cerebral artery (MCA). Angiospasm occurred after surgery, and cerebral infarcts were noted in the left frontal and temporal lobes and right corpus callosum on head X-ray computed tomography (CT). His food preference changed thereafter. He no longer wanted his previously favorite food, and ate noodles every day. This may be a valuable case suggesting that lesions in the left cerebral hemisphere are involved in changes in food preference. Tottori J. Clin. Res. 6(1), 35-38, 2014

Key Words: food preference, left cerebral hemisphere, subarachnoid hemorrhage (SAH)

### Introduction

Subarachnoid hemorrhage may cause various symptoms through intracranial hemorrhage and cerebral infarction induced by angiospasm. We encountered a patient with subarachnoid hemorrhage in whom angiospasm caused infarction in the left cerebral hemisphere and his food preference changed thereafter. Changes in food preference are often noted in patients with neurodegenerative disease, such as frontotemporal lobar degeneration (FTLD), but its occurrence in other organic disease cases has been rarely reported. We report this case because it may be valuable to consider lesions causing changes in food preference.

### Case presentation

Patient: Fifty-nine-year-old male, right-handed

Chief complaint: Changes in food preference

Past medical history: Urinary tract stone, left knee trauma

Social history: Cigarette smoking 40-60 cigarettes/day

History of alcohol drinking: 200 mL of shochu

(distiller liquor)/day, 500 mL of beer/day

History of present illness: The patient fell in the entrance hall of his house in December 2007, and was transported in a state of stertorous breathing to a hospital by ambulance. He was diagnosed as having subarachnoid hemorrhage based on head X-ray CT, and treated with surgical clipping for an aneurysm of the left MCA on the same day. Later, angiospasm induced cerebral infarction in the right corpus callosum and left frontal and temporal lobes. VP shunt was performed for normal pressure hydrocephalus (NPH) in January 2008. The Hasegawa Dementia Rating Scale (HDS-R) score was 20, and disturbances of memory and verbal recall were observed. The patient was discharged home in January 2008. The following changes were noted early after discharge: He could not recognize his family, remember how to cook or names of dishes, memorize 4-digit numbers, recall memories before February 2007, or understand words, and irritability decreased. He initially visited Hospital A in March 2008.

Status on initial examination: Height, 170 cm; body