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Commentary

Certainly pathological laughter has previously been reported in association with different types of tumors in the posterior fossa. However, pseudobulbar palsy (PBP) associated with posterior fossa tumors as the initial manifestation is very rare. PBP tends to be associated with neurodegenerative and demyelinating disorders, which are mostly irreversible pathological processes.

If diagnosed properly, PBP associated with resectable tumors of the posterior fossa is reversible. This potential emphasizes the importance of imaging studies in patients with PBP. However, new posterior fossa lesions in patients already diag-

nosed with neurodegenerative or demyelinating disorders cannot be excluded. In such cases, the appearance of new PBP symptoms warrants reimaging. This caveat is especially important for neurologists, who usually follow these patients.

Typically, petroclival meningiomas manifest with symptoms related to the trigeminal, vestibulocochlear, and glossopharyngeal nerves and with gait ataxia and dementia due to hydrocephalus. PBP and hemiparesis are late symptoms, associated with large or giant tumors. If a patient has no cranial nerve symptoms, PBP may be the initial symptom, especially in patients in rural areas or otherwise stoic individuals.

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Commentary

Well-articulated and referenced, this case report presents a rare and seldom recognized system complex associated with petroclival meningiomas. The authors are to be commended for their excellent presentation.

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