

Persistent Diurnal Bruxism And Pathological Oral Behaviors In Advanced Early-onset Alzheimer’s Disease: A Case Report

P3-08

Sheila Castro-Suarez'<, Jonathan Adrian Zegarra-Valdivia?, Maria Meza-Vega'1 Behavioral Neurology, CBI en Demencia y Enfermedades Desmielinizantes del Sistema Nervioso del intend CenNergic, Lima, Peru, -Department of psychology, Universidad Científica del Sur, Lima, Peru.



Persistent diurnal bruxism and pathological oral behaviors can occur in advanced early-onset Alzheimer's disease and should not be considered exclusive indicators of bvFTD.

• INTRODUCTION	• METHODS	• RESULTS	• RESULTS	• CONCLUSIONS
Bruxism and pathological oral behaviors are uncommon in Alzheimer’s disease and are more frequently associated with Behavioral variant of frontotemporal dementia Distinguishing between these entities is critical, especially in early-onset cases. Our aim is to describe late-emerging behavioral and oral motor manifestations in a patient with early-onset Alzheimer’s disease.	This is a longitudinal case report based on serial clinical evaluations, caregiver interviews, neuropsychological assessments, and neuroimaging over nine years at a national neurology referral center. The temporal sequence of cognitive, behavioral, functional, and motor symptoms was carefully reconstructed.	Hoarding behaviors emerged approximately five years after onset, followed by progressive neuropsychiatric symptoms. Neuroimaging demonstrated predominant temporoparietal atrophy with marked hippocampal involvement, supporting a diagnosis of early-onset AD. In 2022, functional decline progressed to dependence in basic ADL. In advanced stages (around age 69), the patient developed repetitive motor behaviors and persistent diurnal bruxism, which diminished during sleep and transiently when spoken to. She also exhibited pathological oral behaviors, including constant chewing, placing objects in her mouth, and severe self-injurious behavior.	She also exhibited pathological oral behaviors, including constant chewing, placing objects in her mouth, and severe self-injurious behavior. Notably, following an unnoticed ischemic injury caused by a tight ligature on a finger, she bit off the necrotic distal phalanx. 	Advanced EOAD may present with frontal-like behavioral features, including persistent diurnal bruxism and pathological oral behaviors, despite an initially typical amnesic phenotype. Careful assessment of symptom chronology is crucial to differentiate EOAD from bvFTD and may reflect progressive involvement of frontal neural networks.
• METHODS	• RESULTS			• REFERENCES
This is a longitudinal case report based on serial clinical evaluations, caregiver interviews, neuropsychological assessments, and neuroimaging over 9 years at a national neurology referral center.	A 72-year-old bilingual (Quechua–Spanish) woman with low educational level developed symptom onset at age 60, characterized predominantly by episodic memory impairment. At age 64, progressive forgetfulness was evident, while she remained independent in basic activities of daily living (ADLs).		Language output markedly decreased, with loss of Spanish speech but preservation of single-word responses in Quechua.	Kwak YT, Han IW, Lee PH, Yoon JK, Suk SH. Associated conditions and clinical significance of awake bruxism. Geriatr Gerontol Int. 2009 Dec;9(4):382-90. doi: 10.1111/j.1447-0594.2009.00538.x Mathew T, Venkatesh S, Srinivas M. The approach and management of bruxism in Alzheimer's disease: An under-recognized habit that concerns caregivers (innovative practice). Dementia (London). 2020 Feb;19(2):461-463. doi: 10.1177/1471301217694249..
				• CONTACT
				sheila.castro-suarez@gbhi.org  AAIC 26