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Out-of-body experience as a manifestation of migraine with aura: report of two cases

Francisca Natiele Silva Cavalcante[1], Renato Arruda[2], Carlos Alberto Bordini[3]

[1]Franca Municipal School of Medicine, Franca, São Paulo, Brazil
[2]Glia Institute, Ribeirão Preto, São Paulo, Brazil
[3]Batatais Neurology Clinic, Batatais, São Paulo, Brazil

Carlos Alberto Bordini
cabord@com4.com.br

Introduction
Migraine is a common disabling primary headache; in about one third of patients it is preceded by aura, fully reversible focal neurological symptoms, most often visual, attributed to cortical spreading depression. Migraine with brainstem aura adds vertigo, dysarthria, diplopia or reduced consciousness, linked to the basilar/posterior cerebral territory. An out-of-body experience (OBE) is perception of the centre of consciousness outside the body; seeing one's own body from that point is autoscopy. OBEs occur in about 10% of the population and implicate the temporoparietal junction through failed multisensory bodily integration, predominantly on the right. OBE has been reported as a migraine aura symptom, but to our knowledge no Brazilian case has been described.

Case presentation
Case 1: a 47-year-old woman with childhood migraine and adolescent migraine with visual and sensory aura, on amitriptyline, atenolol and flunarizine. She woke with right-arm numbness and intense headache; the numbness resolved in minutes. Hours later, while showering, she suddenly saw herself bathing from a point above the shower, a vivid perception lasting about 10 min, followed by a typical migraine headache. CT and stroke work-up were normal; over six years she remained well, without recurrence. Case 2: a man first seen at 27 with sudden confusion, dysarthria and brief loss of consciousness, then vertigo and migraine headache; CT and examination normal. In childhood he had episodes of speech arrest and fainting in which he saw himself talking to a dark figure, attributed to a spiritual cause. At 59, with foreboding, faintness and vertigo, he saw himself to his left conversing with a dark silhouette; the image faded in 5-10 min, leaving vertigo and headache. No recurrence at 8 months.

Discussion
In both patients the OBE was brief and temporally bound to the attack, fulfilling criteria for aura. Case 2, with brainstem symptoms, fits migraine with brainstem aura and a basilar/posterior cerebral origin. The leftward image in Case 2 is noteworthy: lateralized autoscopic phenomena in focal seizures are strongly associated with a contralateral focus, and OBE is preferentially generated in the right, non-dominant hemisphere, consistent with a left-sided percept, although stimulation of the left temporoparietal junction has also induced OBE. Recognizing OBE as a neurological event avoids excessive testing, reduces stigma and removes the need for supernatural explanations, as the spiritual treatment Case 2 received illustrates; patients often conceal it, so active questioning is essential.

Conclusion
Two cases of OBE in migraine with aura are reported, likely the first from Brazil. The temporal link, brief duration and phenomenology support OBE as an aura symptom arising at the temporoparietal junction; the leftward image suggests non-dominant right-hemisphere involvement. Awareness improves diagnosis and avoids unnecessary work-up and supernatural framing.

Keywords:
Migraine with aura
Brainstem aura
Out-of-body experience
Autoscopy

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