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Case Report

Logopenic variant of primary progressive aphasia – Case report



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ABSTRACT

Introduction: Speech disorders are often first symptoms of dementias with neurodegenerative basis. Differences in the clinical picture and different types of the speech difficulties may make diagnosis of this degenerative process easier.

Aim: To present an example of clinical evaluation of the patient with primary progressive aphasia (PPA) according to the newest diagnostic criteria. To shortly revise current knowledge about logopenic variant and its association with Alzheimer disease.

Case study: We present a case of a 75-year-old man suffering from progressive language difficulties, who was finally diagnosed as having primary progressive aphasia – logopenic variant. Clinical data, neuroimaging, psychological test batteries and speech therapist's examination based on the Boston Aphasia Test were used.

Results and discussion: In the first part we revise evolution of primary progressive aphasia diagnostic criteria and nomenclature, and focus on current approach to the patient with isolated, progressive speech difficulties. In the second part we attempt to summarize linguistic, neuropsychological and pathological findings that one may encounter in the case of logopenic variant of PPA.

Conclusions: Diagnosis of primary progressive aphasia requires a close cooperation between neurologist, speech therapists and psychologists. Clinical presentation, due to various level of cognitive decline at first stages of the disease and individualization of the clinical picture, is nonuniform. Recently created diagnostic criteria make both basic diagnosis and diagnosis of the primary progressive aphasia variants easier. This may lead choosing the rehabilitation methods easier in case of disordered language functions and other cognitive domains.

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1. Introduction

Speech disorders are often first symptoms of dementias with neurodegenerative basis.

Differences in the clinical picture and different types of the speech difficulties may make diagnosis of this degenerative process easier.

In the article we present a case description of a patient suffering from speech difficulties characteristic for logopenic variant of the primary progressive aphasia (PPA). Clinical data, neuroimaging, psychological test batteries and speech therapist's examination based on the Boston Aphasia Test were used. This test is mainly utilized in the examination of aphasia after the ischemic stroke, but it may be used, as it contains elements required in the comprehensive assessment of the language deficiencies.

2. Aim

To present example of clinical evaluation of the patient with PPA according to the newest diagnostic criteria. To shortly revise current knowledge about logopenic variant and its association with Alzheimer disease.

3. Case report

The patient, 75-year-old male, retired warehouse-keeper (educational background: vocational school), with history of chronic obstructive pulmonary disease, arterial hypertension and slight prostate hyperplasia, was admitted to the Neurology Clinic in order to diagnose his language disorders, which has been persisting for about six years, connected with difficulties in the pronunciation of the words. Patient's wife describes them as: stumbling/faltering, losing appropriate words and searching for them. Difficulties connected with the beginning of the pronouncement. At the same time understanding of the

language was relatively well kept. Firstly, language disorders were small and they did not affect daily activities. After, two years, the symptoms got stronger and became significant enough to limit patient's verbal contact with the others. Moreover, reading and writing difficulties occurred.

During the neurological examination, no sensory deficiencies, muscular strength deficiencies or pyramidal symptoms were revealed. There were no features of ataxia.

Head MRI (Fig. 1) revealed: widened lateral ventricle on the left, Sylvius sulci, widened sulci and narrowed gyri in the lower part of the parietal lobe and upper portion of the temporal lobe and also disseminated small vascular lesions.

Speech therapist's examination was conducted based on the Boston Aphasia Test, examining spontaneous speech, understanding of the language, oral expression, reading and writing. It revealed: word fluency disorders, difficulties in finding appropriate words both during the spontaneous speech and calling; handicapped repeating of sentences and words. In the spontaneous language and during calling there occurred many phonologic paraphasias. Deficits in executive functions such as writing are concerned, elements of dyscalculia and dyslexia occur.

Psychiatric examination, which was conducted four years after occurrence of first symptoms revealed some undefined organic personality and behavior disorders caused by the dysfunction of the brain. The patient did not display any positive symptoms, but during the examination he revealed increased level of anxiety; he was clearly excited, and actively aggressive. Psychological research conducted using Mini Mental State Examination (MMSE; 27 points) did not reveal any symptoms of dementia. In the AVLT tests, decreased quickness of memorizing and the ability of recalling based on the reconstructing and recognizing language material were assessed. In the BVRT test, the presence of the slight visual-spatial functions' disorders was noticed. Lower efficiency of the executive functions was assessed using CTT-1 and CTT-2 tests (<10 centiles). During the next examination, conducted two years later, speech disorders were still predominant. Psychological research showed that recent memory disorders

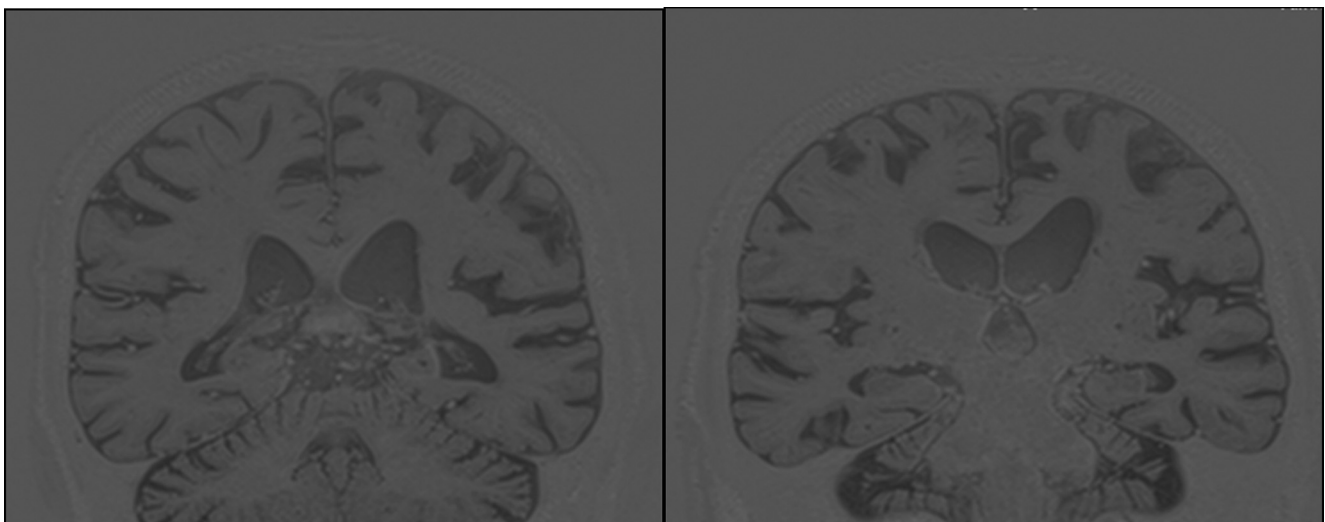


Fig. 1 – The MRI revealed entities: widened lateral ventricle on the left, Sylvius sulci, widened sulci and narrowed gyri in the lower part of the parietal lobe and upper portion of the temporal lobe and also disseminated small vascular lesions.

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