Peter’s Post on a Neurological Disorders Case Study

This case is a 65-year-old married female with 16 years of education. She works full-time as an elementary school teacher. Her symptoms began suddenly one evening; her husband noted she referred to the dog food as “Jell-O” and called the television remote a “fork.” She appears to understand conversational language and can read and write normally, but is unaware of her paraphasic errors in speech.

Symptoms:

The patient’s symptoms are comprised of a verbal deficit, specifically relating to the correct usage of words. It is reported by the husband that symptoms appeared suddenly one evening with the patient replacing common, well-known words with other words that indicate verbal confusion, but seemingly appropriate to the patient.

Demographics:

The patient is a 65-year old woman, married, and a full-time elementary school teacher. No other demographic information is available.

Differential diagnosis:

Under the general category of paraphasia, the patient appears to be suffering either with verbal paraphasia, possibly the result of a stroke or Alzheimer’s which could be another possibility, although with the symptoms exhibiting suddenly, Alzheimer’s is unlikely. The possibility of verbal aphasia seems most likely; especially as from the example there appears to be no semantic relationship in the words reported to have been spoken, and the target words that were intended. Gagnon et al. (1997) asserted that phonological paraphasias occurred far more than by chance with patients attempting to produce target words, and more frequently appeared as nouns rather than other words (as cited by Hudspeth Dalton et al., 2018, p. 337). From the available information, there appear to be no phonetic errors, but the errors in speech are more related to meaning, such as with semantic paraphasia.

Rohrer et al. (2018) stated, that misstatements in meaning, such as semantic errors can be seen as incorrect or inappropriate words might be spoken, for example; the word horse may be spoken when the cow was the meaning. Similarly, superordinate words might be utilized such as ‘I see the animal’ rather than something more specific like ‘I see the cat’ and frequently utilizes this form to make up for a lack of retrievable vocabulary (p. 17).

Testing:

In this case, if aphasia was suspected, and I believe it would be, then MRI or CT scanning would be appropriate to determine any damage in the brain or possible lesions caused by a stroke. Or other underlying disorders.

Considering the sudden onset of symptoms, a stroke would be a strong suspect as one reason for the symptoms. Examination of family history, as well as behavioral testing, would be recommended to pinpoint the type and cause of the communication/language deficit. I would include progressive aphasia, however, the symptoms presenting as an immediate onset seem to rule that out. Kurowski and Blumstein (2016) claim that patients diagnosed with Broca’s or Wernicke’s aphasia, with anterior or posterior lesions exhibit similar patterns of language deficiencies, and commonly adding, omitting, or utilizing alternate phoneme’s in speech error (par. 3). Given the physical likelihood of lesion or occurring from stroke, testing through imaging is appropriate.

Recommendations:

Speech and language therapy is recommended primarily to treat the symptoms and to assist in maintaining fluency of speech. The primary objective of speech therapy with aphasia is the restoration of language to whatever possible degree. Therapy and training can assist either in retrieving lost communication skills or learning alternate methods of communication in severe cases where a substantial degree of language/communication ability has been lost.

References

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