ICCAP_POSTER_S005

HYPOPHONIA SECONDARY TO THALAMIC LESION: A SINGLE CASE STUDY

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INTRODUCTION

- Hypophonia is an unusual symptom of stroke and it is defined as the reduction in speech volume.
- Lesions in the ventral thalamus, a crucial node in the neurological control of phonation, can cause hypophonia (Prabhakar et al., 2018).
- This paper illustrates a case of hypophonia secondary to acute hematoma in the right thalamocapsular region. After a careful search of other potential causes of this deficit, the underlying neuroanatomical circuits are discussed.

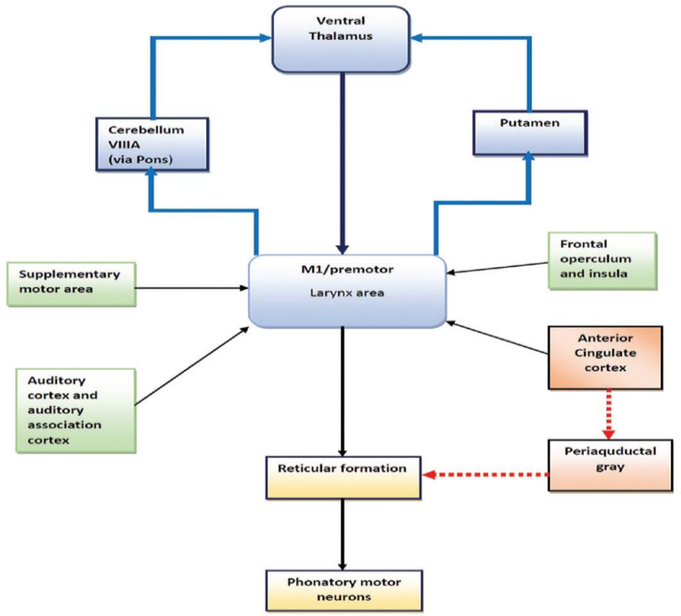

Figure 1. Networks of phonation with reference to Prabhakar et al. (2018)

NEED OF THE STUDY

- Less attention has been given to the recognizable features of hypophonia
- Understanding the anatomy, symptoms, and diseases of the brain can assist in determining whether further testing is necessary.

AIM AND OBJECTIVES

Aim

- To conduct a speech & language assessment in individual with thalamic hematoma

Objectives

- To profile the speech and language issues and to emphasize the need for health care professionals to refer patients with thalamic hematoma to an SLP

METHOD

- 63 year old female; K/C/O seizure disorder,
- Right thalamic hematoma
- CT, Digital EEG; CAPE-V, GRBASI, BST-M, M-ACE

RESULTS AND DISCUSSION

GRBASI, G-2, R-1, B-2, A-2, S-1, I-2
Moderate breathy voice quality

CAPE-V: Moderate to severely deviant loudness parameters

BST-M : Normal language skills
M-ACE: (?) Mild cognitive impairment

Findings were correlated with the neurological investigations: the thalamic lesion in the individual affected the voice parameters and resulted in hypophonia.

SUMMARY AND CONCLUSION

- Provides insight into thalamus damage
- Hypophonia is a recognizable sign of thalamus lesion
- Emphasize the importance of multidisciplinary health care professionals

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