



# Aphasia

## Aphasia

disordered language  
impaired comprehension and  
expression  
associated with other impaired  
language functions

Communication  
impairments

Etiology: stroke  
or brain injury

## Dysarthria

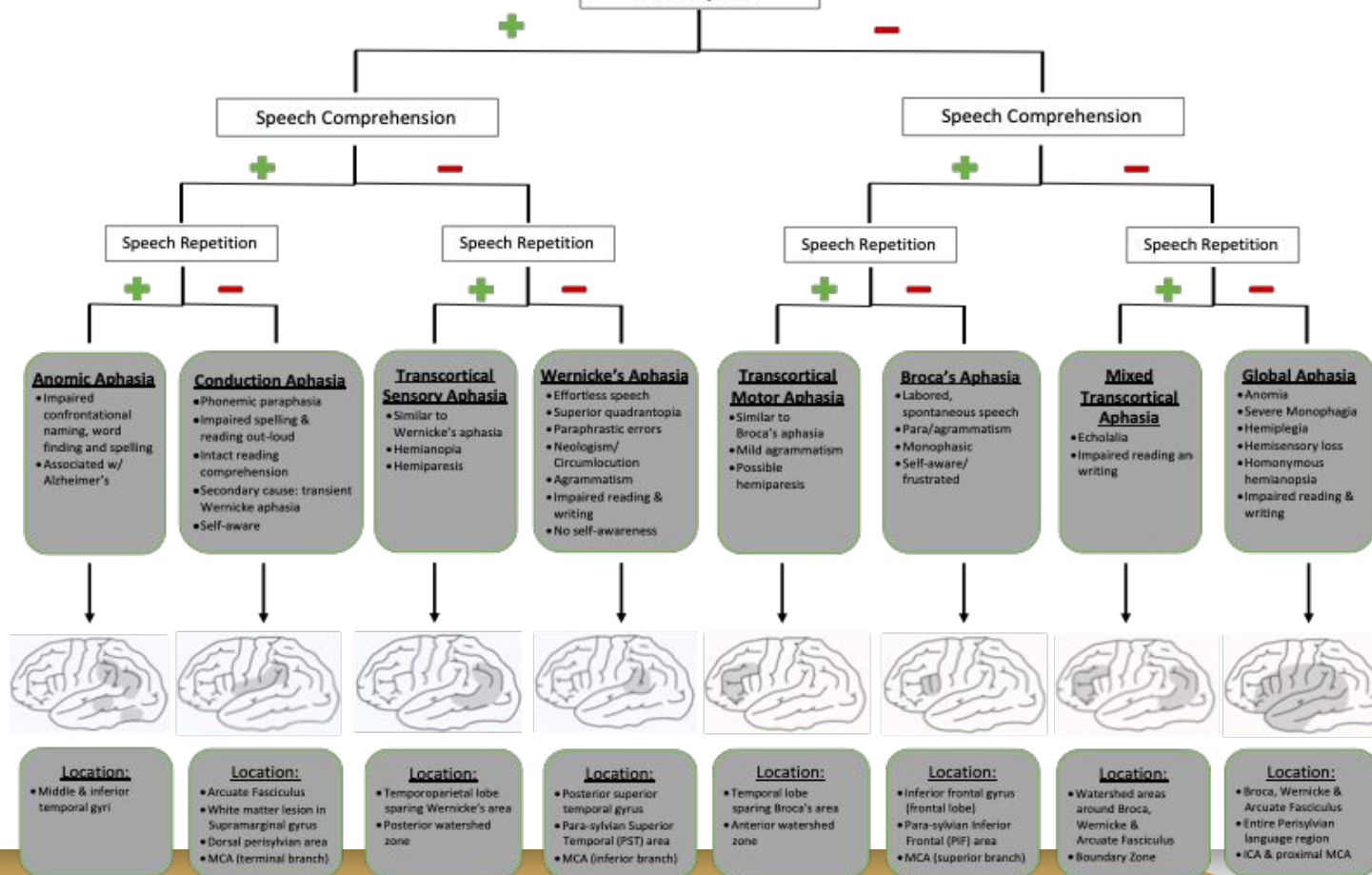
slurred speech  
normal language  
no motor production or articulation  
no speech muscle coordination  
associated with other bulbar  
abnormalities  
other etiologies

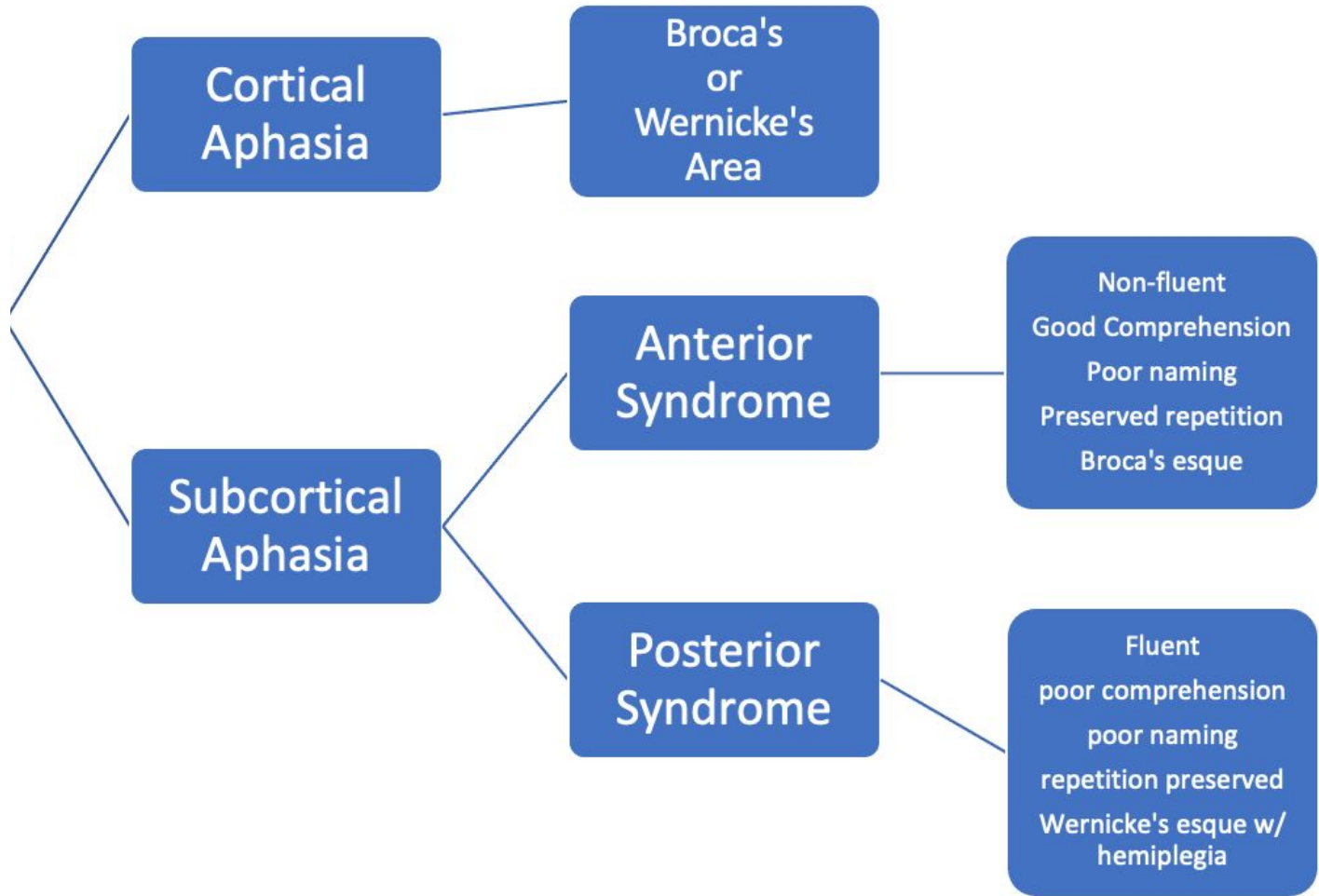
# Speech Pathway



# APHASIA

Fluent Speech





## Case Question - Which aphasia?

A 52-year-old male with no significant past medical history presents to the clinic with difficulties forming sentences for four days. The patient denied numbness, weakness or paresthesia. Physical examination revealed intact CN II-XII with full extraocular muscle movement, symmetric facial appearance, without tongue deviation. Absent motor focal deficits. Intact gross peripheral and cortical sensations. Patient was able to follow simple commands, answer simple questions and read and write as instructed. MRI reveals ischemic infarct of the left centrum semiovale, caudate and lentiform nucleus. Non-contrast CT reveals infarct to basal ganglia without signs of hemorrhage.

# Transcortical Motor Aphasia

# References

1. Kang EK, Sohn HM, Han MK, Paik NJ. Subcortical Aphasia After Stroke. *Ann Rehabil Med*. 2017 Oct;41(5):725-733. doi: 10.5535/arm.2017.41.5.725. Epub 2017 Oct 31. PMID: 29201810; PMCID: PMC5698658.
2. M.T. Sarno, in [Reference Module in Neuroscience and Biobehavioral Psychology](#), 2017
3. **Harrison's** Principles of Internal Medicine. New York :McGraw-Hill, Health Professions Division, 1998.