

Research Article

“WHY I HAVE A MYSTERIOUS ACCENT” - A RARE CASE REPORT OF FOREIGN ACCENT SYNDROME AS A SEQUELAE OF ISCHEMIC STROKE

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ABSTRACT

Foreign accent syndrome [FAS] is a speech disorder in which listeners or the patient themselves or both perceive the affected individual as speaking with a foreign or different regional accent that is not their habitual accent. Although considered to be due to psychogenic in most of the reported cases, the pathophysiology behind the disorder involves the complex speech and language functional network. This article reports a case of FAS as a sequelae of ischemic stroke.

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INTRODUCTION

Foreign accent syndrome is a disorder of speech in which listeners or the patient themselves or both perceive the affected individual as speaking with a foreign or different regional accent that is not their habitual accent. Although many number of reported cases so far have a functional component [1], FAS is an unusual consequence of stroke or other lesions within speech and motor networks.

Here we report a case of a curious female with an insight of her ailment who wanted to know the mystery of her foreign accent syndrome which we attribute to the sequelae of ischemic stroke.

Case Scenario

A 53 year old female who studied upto 8th standard, Tamil speaking right handed individual, a known case of hypertension and diabetes mellitus who had a history of acute onset right hemiparesis with right UMN facial palsy and language deficit in the form of inability to speak with communication through gestures only on the day of admission later spoke in telegraphic manner with relatively preserved comprehension discharged after one week and during third week of acute event presented with complaints of speaking in an accent different from her normal habitual dialect, which she and her relatives assumes as a srilankan tamil accent.

Her detailed speech and language analysis showed normal articulation with a changed accent, spontaneous speech output is good with occasional tip of tongue phenomenon, normal comprehension, repetition and naming with some difficulty in reading and writing, right subtle hemiparesis and mild facial asymmetry with normal sensory and autonomic examination.

Psychiatric assessment is not conclusive of any mood abnormalities. Her metabolic and haematologic parameters are within normal range.

MRI brain showed subacute infarct in left inferior frontal, perisylvian area, pre central gyrus and posterior watershed area. Patient is managed conservatively with anti platelets and speech therapy.

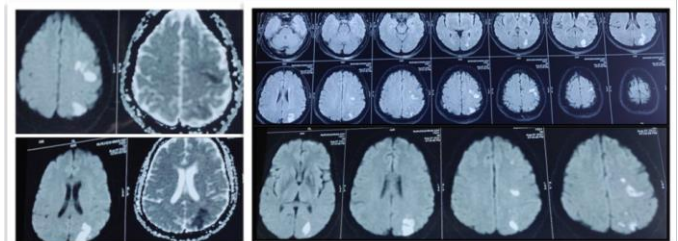


Figure 1 Showing T2 Flair, DWI And ADC Imaging Showing Hyperintensity In Left Inferior Frontal, Perisylvian And Posterior Watershed Area With Diffusion Restriction With Low ADC

DISCUSSION

Foreign accent syndrome is a rare acquired motor speech disorder wherein an individual’s spoken accent is perceived as “foreign”. The lesions are anatomically heterogeneous sharing a common functional network located in the bilateral posterior region of the frontal lobe.[2] Accent change is thought to result from a combination of segmental deficits, i.e., phonetic distortions and phonemic paraphasias and dysprosody [3,4].Graff-Radford NR, Cooper WE et al., propped that these speech distortions might be due to the role of frontal lobe in motor speech planning.[5]

In our patient, there is a change in her accent with stress on few syllables, like srilankan tamil, but she never visited the

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place, neither have any access to related literature nor has acquaintances who speak in that accent.

During analysis of her speech we compared a native srilankan tamil accent with our patient's accent which is more of having phonemic distortions and dysprosody with many similarities between our patient and native accent. Her comprehension and fluency is normal with intact repetition reading writing and naming.

Hence we attribute her neurologic deficit to motor speech network lesion i.e in frontal and perisylvian area. We treated her conservatively, initiated early prompt speech therapy which included communication drills, group conversations, electronic device based tasks, constraint induced training and has been on followup.

CONCLUSION

Foreign accent syndrome is a rare motor speech disorder with an interesting temporal evolution, most commonly mistaken as psychogenic but in fact has a neurologic mystery which needs to be unfolded. There is no specific management. Early rehabilitation and speech therapy improves the outcome.

Conflict of Interest

No conflicts of interest

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