

뇌신경재활

게시일시 및 장소 : 10 월 19 일(토) 08:30-12:30 Room G(3F)

질의응답 일시 및 장소 : 10 월 19 일(토) 11:00-11:30 Room G(3F)

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Oral apraxia due to injury of the corticofugal tract from the secondary motor area in stroke patient

Jeong Pyo Seo ¹⁺, Sung Ho Jang ¹⁺, Dong Gyu Kwak^{1*}

College of Medicine, Yeungnam University, Department of Rehabilitation Medicine¹

Objectives

No previous study has reported on the relationship between oral apraxia (OA) and injury of the corticofugal tracts (CFTs) in stroke patients by using diffusion tensor tractography (DTT). Herein, we report on a stroke patient who showed OA due to injury of the CFT from the secondary motor area.

Methods

A 56-year-old male patient presented with severe dysarthria at the onset of a striatocapsular infarct in the left hemisphere. He showed right face paralysis, reduced range of motion of the jaw, reduced range of motion and weakness of lips, as well as weakness and motion limitation of the tongue. Diffusion tensor imaging data were acquired at one week after onset. On subsequent DTT, the integrity of the corticobulbar tract (CBT) and CFT from the supplementary motor area was well-preserved in both hemispheres, however tearing and narrowing of the CFT from the dorsal premotor cortex at the subcortical white matter were observed in the left hemisphere.

Conclusions

By using DTT, we were able to visualize injury of the CFT from the secondary motor area in a stroke patient with OA. Our results suggest the necessity of evaluating the CBTs and CFTs from the secondary motor area in stroke patients with dysarthria.

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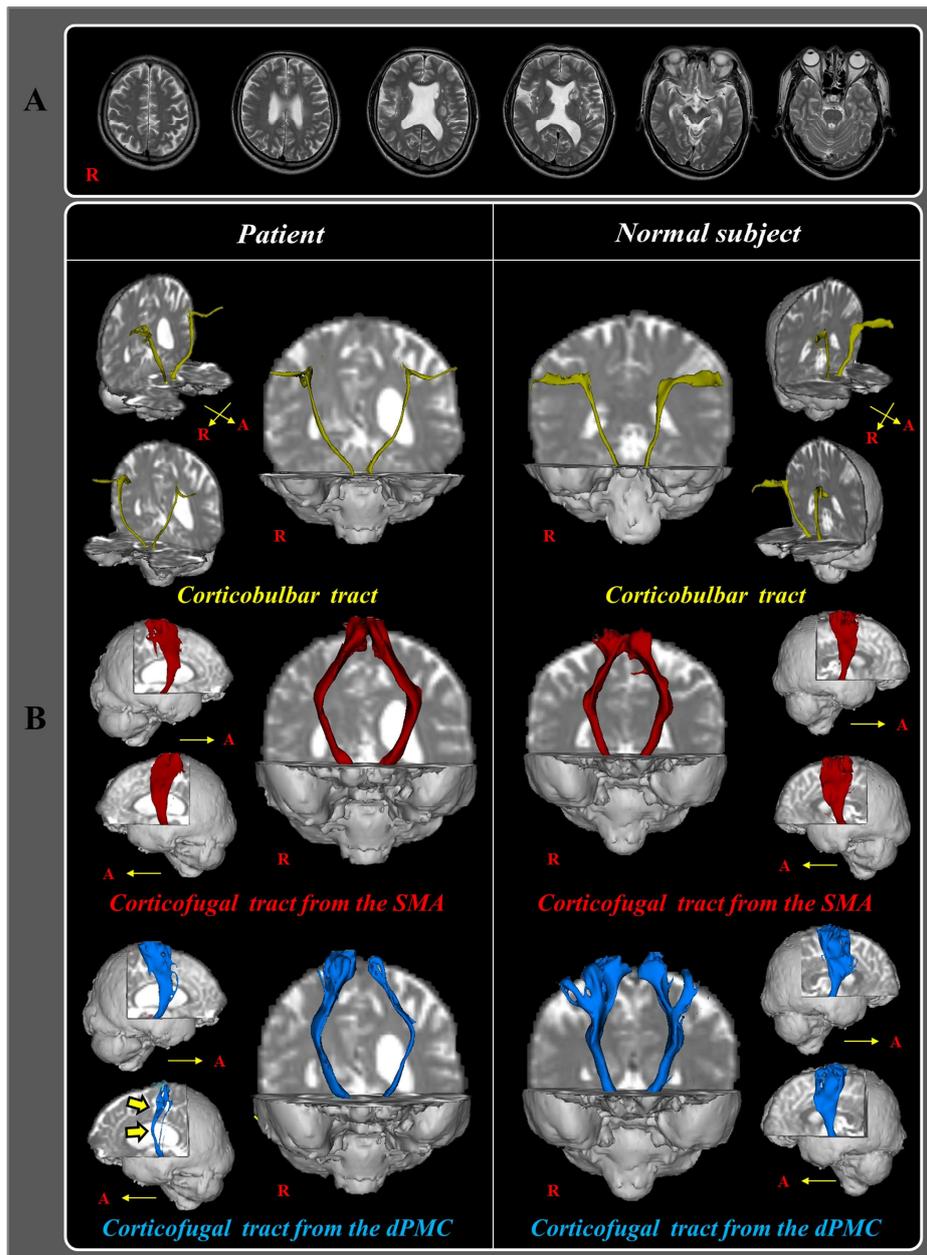


Fig. A. T2-weighted brain magnetic resonance images at one week after infarct onset show leukomalactic lesions in the left striatocapsular region.