뇌신경재활

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

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

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Disturbed Perception of Limb Ownership in Stroke: A Case Series

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Somatoparaphrenia (SP) is characterized by delusions concerning the contralesional paralyzed body parts, including feelings of non-belonging and the tendency to attribute parts of the own body to someone else. Anawareness of ownership of one's arm (asomatognosia) and misunderstanding that there is one more arm (supernumerary hand) are known to be associated with somatoparaphrenia. We studied six patients with disturbed perception of limb ownership to find common disease entities.

Patient #1 was a 73-year-old man with intracranial hemorrhage involving the right basal ganglia, thalamus and intraventricular hemorrhage. He had a left side weakness with motor power grade 1 and a severe neglect, and MMSE score was 21. He believed that he had a additional left arm, and it is the other people's arm. This patient showed a particularly supernumerary hand phenomenon. Patient #2 was a 59-year-old man with subarachnoid hemorrhage and intraventricular hemorrhage. He had a decrease in ovarall motor power both sides, and MMSE score was 16. He believed that his limbs were his wife's. Patient #3 was a 81-year-old man with cerebral infarction involving right thalamus. He had a left side weakness with motor power grade 3 and somatosensory loss, and MMSE score was 30. He said that his left arm is the other's, and this belief disappeared after 3 months. Patient #4 was a 70-year-old man with cerbral infarction involving right parietal lobe. His left motor power was close to normal and MMSE score was 25, but he had somatosensory loss and impaired proprioception. He said that his left arm is other people's arm and moves by itself, and this symptom disappeared after 7 months. Patient #5 was a 57-year-old man with intracranial hemorrhage involving basal ganglia. He had a left side weakness with motor power grade 2 and somatosensory loss, impaired proprioception, and MMSE score was 26. He had the belief that his left limbs are someone else's. Patient #6 was a 47-year-old man with intracranial hemorrhage involving left parietal and occipital lobe. He had a right side weakness with motor power grade 3 and impaired proprioception, and MMSE score was 23. He believed he had no right arm, and he was able to recognize his right arm only by pulling right arm with left arm, and this phenomenon could be called asomatognosia. These symptoms were controlled by drugs such as pregabalin, quetiapine, along with rehabilitation cognitive exercise. However, with the exception of the two cases, symptoms persisted for months or more.

In our cases, most patients had lesions on the right hemisphere. Damaged lesion were right parietal lobe, basal ganglia, and thalamus, and it is similar to known to affect somatoparaphrenia in previous studies. Nevertheless, we have observed cases of disturbed perception of limb ownership in subarachonid hemorrhage and intraventricular hemorrhage and left-brain-damage patients. Treatments for symptom control and localization should be further discussed.