AUCTORES
Globalize your Research

Journal of Clinical Research and Reports
Deepadyuti Bhattacharya

Open Access

Opinion Article

Sudden Onset Mutism in an Elderly Women

Deepanjan Bhattacharya[1*], Deepadyuti Bhattacharya[2]
[1]Medical College, Resident Doctor Medical College Kolkata 88, College Street Kolkata – 700073.
[2]Mata Gujri Memorial Medical College, Kishanganj
***Corresponding author:** Deepanjan Bhattacharya, Medical College, Resident Doctor Medical College Kolkata 88, College Street Kolkata – 700073.

Received date: July 16, 2020; Accepted date: July 28, 2020; published date: August 03, 2020
Citation: Deepanjan Bhattacharya, Deepadyuti Bhattacharya. Sudden Onset Mutism in an Elderly Women. J Clinical Research and Reports, 5(2); DOI:10.31579/2690-1919/109

An elderly hypertensive woman presented with sudden onset mutism, and neuroimaging showed acute ischemic infarct of the Broca's area

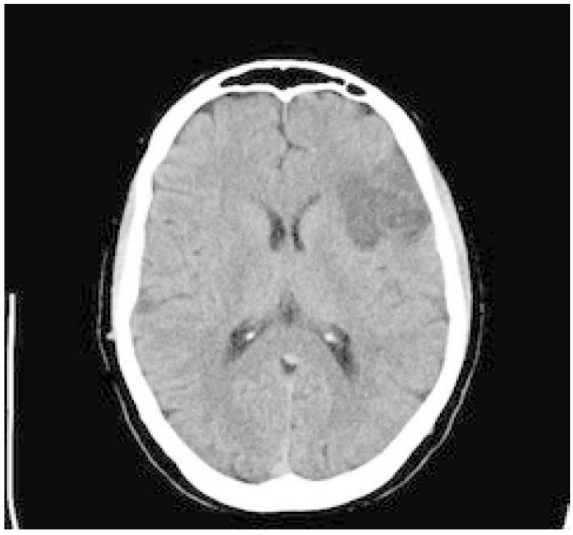

Fig 1: Non contrasted computed tomography of the brain (axial section) showing hypodensity of the Broca's area

Text

A 70 year old right-handed female was brought to the emergency in view of sudden onset inability to speak. She was a known hypertensive for past ten years on oral medications, with no other known co-morbidities.

On examination, she was hemodynamically stable with a blood pressure of 130/80 mm Hg. Systemic examination was unremarkable; there was no focal neurological deficit except for impaired speech output, while comprehension and writing skills were intact.

Non-contrast computed tomogram of the brain showed a hypodensity in the left frontoparietal zone, corresponding to acute ischemic infarct of the Broca's area [Fig 1]. Electrocardiogram showed normal sinus rhythm and echocardiogram showed structurally normal heart with no evidence of thrombus.

She was started on oral aspirin, clopidogrel and atorvastatin, and advised comprehensive rehabilitation. On followup, she slowly regained her ability to speak and regained complete expressive speech by two weeks.

Around one-third of acute middle cerebral artery stroke patients have associated aphasia, and is mostly attributed to cardioembolism rather than atherosclerosis [1]. Mohr et al classified isolated Broca's aphasia as "little" where mutism rapidly improves to effortful articulation with little residual speech disturbance, and "big", which is accompanied by hemiparesis and other neurological deficits [2].

Levine et al studied 34 patients with isolated Broca's aphasia, out of whom 53% were cardioembolic secondary to atrial fibrillation, with a clear male preponderance [3].

In conclusion, isolated infarct of Broca's area is a rare occurrence and should be suspected in all patients who present with mutism.

References

1. Marsh EE, Biller J, Tranel D, et al (1991) Etiology of stroke in Broca's aphasia. J Stroke Cerebrovasc Dis;1:57-60
2. Mohr JP, Pessin MS, Finkelstein S, et al (1978) Broca aphasia: pathologic and clinical.Neurology; 28:311-324. 5.
3. Levine RL, Dulli DA, Dixit S, Hafeez F, Khasru M (2003) Isolated Broca's area aphasia and ischemic stroke mechanism. *J Stroke Cerebrovasc Dis*. 12(3):127-131.