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Clinical Image

Anarthria vs Malingering: An Unusual Case

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Case

A 64-year-old incarcerated African American male suddenly lost the ability to speak. The isolated nature of his symptoms raised the question of malingering [1]. Past medical history included asthma, hyperlipidemia, hypertension, a gunshot wound to the right foot, and polysubstance and tobacco abuse. Physical examination was normal. Affect was pleasant without spontaneous laughing or crying. On neurological examination, he grunted but was unable to articulate. He could mouth words, write, and understand. Cranial nerves, including tongue movements, were normal. He had mild appendicular dysmetria. Psychiatric evaluation did not suggest psychopathology. Cognitive Assessment for Stroke Patients (CASP) score was 28/30.

Brain MRI revealed punctate areas of acute diffusion restriction in the left corona radiata and right centrum semiovale consistent

with acute ischemic strokes (Figure 1). Global atrophy, cortical and subcortical microhemorrhages were also present (Figure 2). Brain and neck CTA did not reveal significant stenosis or vasculitis. Transthoracic and transesophageal echocardiograms were unremarkable. Bedside fiberoptic swallow examination demonstrated moderate oropharyngeal phase dysphagia with intermittent laryngotracheal aspiration with thin liquids, loss of control of bolus prior to swallow, and laryngeal penetration variably cleared during swallow.

We concluded that the patient's acute bilateral strokes superimposed on his high burden of microvascular ischemic and hemorrhagic lesions resulted in physiologic anarthria with mild dysphagia rather than functional illness [2]. Over the next month he received speech therapy and gradually recovered the ability to vocalize his name and simple words.



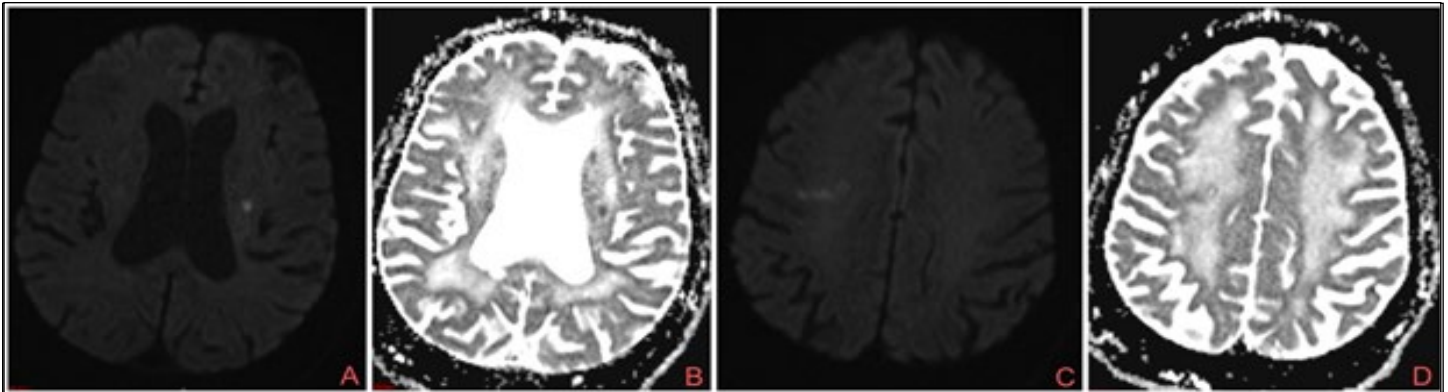


Figure 1: MRI brain diffusion and ADC images demonstrating bilateral acute strokes in the left corona radiata (A and B) and right centrum semiovale (C and D).

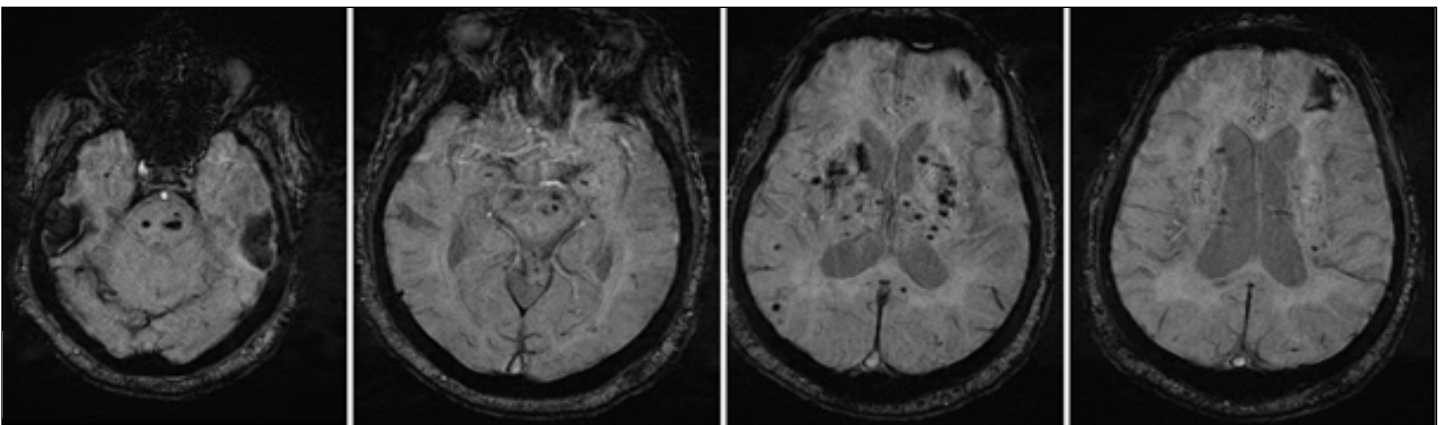


Figure 2: MRI brain SWI images revealing widespread subcortical microhemorrhages suggestive of ischemic hypertensive lesions and/or cerebral amyloid angiopathy.

References

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2. Helgason, C., Wilbur, A., Weiss, A., Redmond, KJ., Kingsbury, NA. (1988) Acute pseudobulbar mutism due to discrete bilateral capsular infarction in the territory of the anterior choroidal artery. *Brain*, 111: 507-524.