Global aphasia in a case of bilateral frontal lobe infarcts involving both caudate nuclei

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DESCRIPTION
We report a 50-year-old man with history of systemic hypertension, nicotine addiction and a folk singer by profession was brought to the hospital with history of abrupt onset of speech arrest at the peak of a high note during his stage performance. His co-performer friend noticed that he was unable to restart his song performance despite back stage prompting. He appeared clueless and unresponsive with expressionless face all of a sudden. His relatives were certain that there was a dramatic change in patient’s personality (from an extrovert to an introvert). The patient seemed disinterested in his surroundings. He seemed to have a ‘vacant stare’. On examination, his blood pressure was 170/100 mm Hg. He was conscious, alert, but unresponsive to simple verbal commands. There was no speech output. Fundus examination showed grade 1 hypertensive retinopathy, no papilloedema. Motor functions were preserved. MRI of brain with magnetic resonance angiography (MRA) was done in view of strong possibility of cerebrovascular accident.

The diffusion-weighted imaging and apparent diffusion coefficient sequences of MRI brain axial view shows bilateral caudate, bihemispherical (left→right) cortical frontal, genu of corpus callosum diffusion restriction. MRI, magnetic resonance imaging.

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At 6-month follow-up, the patient seemed to have had very minimal improvement in his cognitive functions.
symptoms despite good compliance to antiplatelet and antihypertensive medications.

Global aphasia is a non-fluent aphasia, which impairs both expressive and receptive language skills. It leads to severe impairment of production, comprehension and repetition of language.\(^1\)

Caudate lesions (unilateral or bilateral) can rarely manifest as global aphasia.\(^2\,3\)

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**REFERENCES**