

Communication Ability and Swallowing Function of Two Patients with Foix Chavany Marie Syndrome

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Abstract

The Foix Chavany Marie Syndrome is a relatively rare disease in which intentional movement of the speech organs is impaired due to region of the pars opercularis of the frontal lobe. Swallowing function was observed by intervention of rehabilitation. dysphagia and dysarthria, and in unintended exercise. It is said that it is a pathological condition different from pseudobulbar paralysis in that there is no hindrance to exercise, and in previous studies the disorder is said to remain until the chronic phase. In two cases experienced this time, a lesion in the area including the frontal lobe valve lid on both sides, and swallowing disorder and dysarthria were recognized due to significant voluntary movement disorder in the oral structures such as jaw, tongue, lip. This study was approved by the ethics committee of Nittai University. Others, derived from lesions, also called anterior operculum syndrome. According to Foix et al., in the case of facial muscles leading to facial muscles, speech utterance organs, and mastication muscles, cases were limited by severe voluntary movement due to pseudobulbar paralysis, but automatic movements such as laughter and crying. It is said that the movement by automatic movement and reflexion was relatively kept. In Weller's review [2] article, 62 cases allowed the differentiation of five clinical types: (A) the classical and most common form associated with cerebro-vascular disease; (B) a subacute form caused by central nervous system infections; (C) a developmental form probably most of ten related to neuronal migration disorders; (D) a reversible form in children with epilepsy; and (E) a rare type as associated with neurodegenerative disorders. Symptoms of FCMS are articulation disorder, masticatory muscle paralysis, dysphagia, bilateral lower face paralysis. Although intentional exercise is severely impaired, the part where unintended exercise such as laughter, crying is relatively kept is different from pseudobulbar paralysis [3]. A particular functional deficit to be addressed in rehabilitation includes impairments to communication secondary to dysarthria and dysphagia, both of which are obstacles to activities of daily living (ADL). There have been reported rehabilitative interventions focused on impairments of vocalization in previous studies from overseas [2], whereas in recent years in Japan there have been reports of rehabilitative measures for dysphagia [4]. Although it is a relatively rare syndrome, there are differences in progress, pathology and prognosis, but in the E t h i c s c o m m i t t e e o f N i t t a i

Mandibular (lower jaw) reflex	negative (absent)	positive (present)	hyperactive	positive (present)	not described	not described
RSST	not possible	not possible	once	not possible	once	once
WST	swallowing present, choking present	swallowing present, choking present	swallowing present, choking present	swallowing present, absence of choking, food remnants within the oral cavity	swallowing present, choking present	swallowing present, choking absent, food remnants within the oral cavity
Profile	3b	3b	3b	5	3b	5
Findings swallowing angiography	of severe impairment in the oral phase, moderate impairment observed in the pharyngeal stage, small amount of aspiration, reflex choking was absent, no effect on posture, no effect of thickener	severe impairment in the oral phase, moderate impairment in the pharyngeal phase, error in swallowing of jelly when reclined at 30°-45°, increase in pharyngeal remains of food, choking condition with increased food remains	poor closing of the lips, poor delivery of food bolus to the oral cavity, in a reclining position at 45° pharyngeal influx with swallowing reflex, presence of choking with swallowing reflex	high level impairment was moderate, pharyngeal function was maintained	pharyngeal function was maintained, transfer of bolus formation not required	bolus formation, poor bolus transfer, slight delay in swallowing reflex with pear shaped bolus, small amounts of food residue, difficulty with self-expectorant function
residue, difficulty with self-expectorant function						

