

## od prakti kata za prakti kata

**PRI KAZ NA SLU^AJ NA DE TE  
SO STEKNATA AFAZI JA**

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**Rezi me**

Steknate jazi ~ni naru{ uvawa kaj de-  
cata se mani festiraat na opredel en ste-  
pen vo razvojot na jazi kot od tretata do  
dvanaesettata godina voзраст. Dodeka ja-  
zi ~ni te naru{ uvawa kaj decata me|u prva-  
ta i tretata godina imaat karakteristi ka  
kako razvojni, a i kako steknati. Kaj stek-  
natata afazi ja ili disfazija to~no se  
znae koga do{ lo do o{ tetuvawe i zo{ to.

Kaj dete so steknata afazi ja ili disfazija  
{ to go sledi ranoto o{ tetuvawe na mo-  
zokot so pomo{ na pravilno lekuvawe i  
navremen rehabilitaci ski tretman ima  
relati vno podobruvawe. Toa e poo~i gled-  
no otkol ku kaj voзрастni te.

Ova pobrzo kompletno zakrepuvawe se  
dol`i na plasti ~nosta na detski ot mozok  
i na mo`nosta za intrahemi svernata i in-  
terhemi svernata reorganizacija na jazi ~-  
ni te funkci i vo detstvoto.

**Klu-ni zborovi:** steknat a afazi ja, eks-  
presi ven govor, recept i ven govor, verbal-  
na komuni kacija

**Voved**

*Naru{ uvawet o na jazi kot kaj decat a  
se klasificiraat kako razvojni i  
steknati, vo zavisnost od vremet o  
koga nast anal e (Ludlow, 1980).*

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## from practice to practice

**REVIEW OF A CASE OF CHILD  
WITH ACQUIRED APHASIA**

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**Abstract**

Achieved children speech disabilities are mani-  
fested at certain level of development of speech  
from the age of 3 to 12 years. The speech dis-  
abilities with children from the age of one to  
three years have developmental and acquired  
characteristics. It is well-known when and why  
the disabilities occur at acquired aphasia or  
disphasia.

The child with acquired aphasia or disphasia has  
early brain impairments and a relative im-  
provement happens with adequate treatment and  
prompt rehabilitation treatment. It is more obvi-  
ous with children than with adults.

This fast and complete rehabilitation happens  
due to the plastic character of child's brain and  
the possibilities for intro-hemisphere and inter-  
hemisphere reorganization of speech functions  
in childhood.

**Key words:** acquiring aphasia, expressive  
speech, receptive speech, verbal communication

**Introduction**

The speech disabilities with children are classi-  
fied as developmental and acquired ones, de-  
pending on time they occurred (Ludlow, 1980).

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Razvojni te jazi ~ki naru{ uvawa se oni e { to nastanal e pred po~etokot na jazi ~ki - ot razvoj (od ra|aweto do prvata godi na), i ako si mptomi te se javuvaat mnogu podocna. Steknati te jazi ~ki naru{ uvawa kaj decata se pojavuvaat po pojavata na jazi kot od 3-12 godi ni ; dodeka jazi ~ki te naru{ uvawa kaj decata me|u prvata i tretata godi na, i maat karakteristi ka kako razvojni i kako steknati. (1)

Vo steknati te jazi ~ki naru{ uvawa se vbrojuva sekundarnata steknata af azija ili di sf azija, koja se javuva po lezija na mozokot i toa po tretata godi na od `ivotot, koga bazata na govorot e gotova, koga deteto ve}e po~nal o da se izrazuva so re~enci i koga po~nuva da gi upotrebuva si te vidovi zborovi. Kaj steknatata af azija ili di sf azija to~no se znae koga do{ - lo do o{ tetuvawe i zo{ to. (2)

Ovoj vid naru{ uvavawe se pojavuva od tretata do desetata godi na od `ivotot, vo vremeto koga deteto intenzi vno go u~i govorot i koga govorot po~nuva da se avtomatizira. Avtomatizacijata na govorot nastanuva koga vo mozokot se formira zoni za razbi rawe i za produkcija na govorot. Vo niv se skladi raat si te podatoci za glasot, gramatikata, re~enicata, izgovorot i si te dvi `ewa na govornata muskulatura preku koi jazi ~noto znaewe se pretvoruva vo govor. Kaj decata kaj koi sekundarnata steknata af azija ili di sf azija nastapila podocna, razbi raweto mo`e da bide poo{ teteno otkolku govorot (senzorna), taka { to govorot mo`e da bide te~en so dobra mel odija i ritami so pravilna gramatika, a razbi raweto da bide namaleno. Dokolku o{ tetuvaweto nastanalo porano, mo`e da bide pove}e i zrazena motornata komponenta i razbi raweto ne e ili e mo{ ne malku o{ teteno. Toga{ vo govorot e o{ tetena re~enicata, koja se sveduva na imenka, glagol i pokazna zamenka. Artikulacijata e te{ ka neve{ ta, se skratuvaat zborovi te i doa|a do zamena na glasovite. Ovie dve relativno ~isti formi se mnogu retki. Naj~esto imame me{ ani senzomotorni vidovi, kade { to e o{ teteno i razbi raweto i govorot vo pomal

The developmental speech disabilities are those that happened before the beginning of speech development (from birth to the first year of age) although the symptoms occur much later. The acquired speech disabilities with children occur after the appearance of speech at the age of 3 to 12 years; while speech disabilities with children from the age of one to three years are characterized as developmental and acquired ones. (1)

The acquired speech disabilities include secondary acquired aphasia or dysphasia that occurs after brain lesia after the third year of age when the speech basis is complete, when the children start expressing themselves with clauses and when they start using all kind of words. It is well-known when and why the disabilities occurred at acquired aphasia or dysphasia. (2)

This kind of disabilities happens from the age of 3 to 10 years, the time when children intensively learn the language and when the language becomes automatic. The automatic language appears when zones for understanding and speech production are formed in the brain. They store all data for voice, grammar, clauses, pronunciation and all movements of speech muscles that enable the speech knowledge to transfer into speech. Children with later secondary acquired aphasia or dysphasia occurred later, understanding can be more general than speech (sensory) and speech can be fluent with good melody and rhythm, correct grammar and with normal understanding. If the impairment occurred earlier, the motor component can be more explicit, while understanding is not or slightly impaired. In that case, the clause is damaged and it is reduced to noun, verb and demonstrative pronoun. The articulation is heavy, unskilled, the words are shortened and replacement of voices occurs. These two relatively clear forms are very rare. In most cases, we have a mixture of senso-motor types where the damage occurs in understanding and language at less

ili pogolem stepen. Zabele`ani se i amnesti~ki vidovi { to se manifestiraat kako zaboravawe na zborovite, i toa glavno na imenki te, dodeka razbi raweto i site drugi modaliteti na govorot se vorad. Deteto }e ja opi { uva f unkcijata na predmetot-zo { to slu`i, a dodeka za imetone mo`e da se seti. Osven razbi raweto i govorot, ovie deca imaat te { kotii so ~itaweto, pi { uwaweto i smetaweto. (3)

### ***Prikaz na slu-ajot***

Ma { ko dete B. T. rodeno vo 1990 godina, upateno e na lekuwawe na Klinika za Nevrologija.

### ***Familijarna anamneza***

B.T. e vtoro dete od vtoro uredna i redovno kontrolirana bremenost. Peri i posnatalen period ureden. Dosega deteto psihomotorno dobro se razvivalo, ne bol eduvalo od nekoj poseri ozni bolesti, osven od respiratorni infekcii koi bile ambulantski tretirani.

**Status:** Deteto e somnolentno, af ebrilno, eukogdi~no, eufori~no. OMG i PMT sredno izrazeni, ko`ata bleada so za~uvan turgor i elasticitet. Glava so normalna konf i guracija. Pulmo et cor so ureden naod. Ekstremiteti pravilni, so desnostrana hemipareza. Babinski obostrano pozitivni, tetivne refleksi se zajaknati. Abdominalni refleksi atenuirani i vidli v desnostran f acijalis.

Sega { nata bolest po~nala dva dena pred priem koga deteto po~nalo da se `ali na glavobolki od levata strana, za sledni ot den da ja izgubi svesta, so pojava na f iksiran uko~en pogled i uko~eni ekstremiteti so ni vno tresewe.

EEG: 1: levostran { ilecbranfokus.

2: osnovna aktivnost nestabilna so izoliran delta fokus levostrano.

KTM: nehomogena ekspanzivna tvorba vo levata cerebralna hemisfera. MR-angiografija na karotidite i na mozokot.

or larger level. The amnesic types are indicated, manifested with forgetting words, mainly nouns, while understanding and all other speech modalities are correct. Children will describe the function of the object – its purpose, but cannot remember the name. Besides understanding and speech, these children have difficulties with reading, writing and calculating. (3)

### ***Review of the case***

Boy B.T. born in 1990, sent for treatment at Neurology Clinic.

### ***Family anamnesis***

B.T. is the second child of the second, regular and controlled pregnancy. Perinatal and postnatal periods are regular. The child has good psycho-motor development, he was not ill of any serious diseases except some respiratory infections, treated at First Aid Station.

**Status:** The child is somnolent, afebrile, eucogdic, euphoric. OMG and PMT are mean expressed, pale skin with preserved turgor and elasticity. The head is with normal configuration. Pulmo et cor with regular finding. Correct extremities, with chemi-paresis on the right side. Babinski positive on both sides, tendon reflexes strengthened. The abdominal reflexes attenuated and noticed facialis on the right side.

The present illness started two days before the admission when the child started to complain of headaches in the left side. The next day he lost his conscious, with fixed and stiff vision, stiff and shaking extremities.

EEG: 1: Left sided pick wave focus.

2: Basic activity unstable with isolated left sided delta focus.

KTM: non-homogeneous and expansive appearance in left cerebral hemisphere. MR-angiography of carotides and brain.

MR-naodot zboruva za tromboti~ni masi vo levata arterija, cerebri anterior i mediya.

Najverojatno se raboti za celosna okluzija na spomenati ot segment, koja sega postepeno se rekonalizira.

Po priemot deteto e postaveno na anti-edematозна terapija. Sostojbata na deteto postepeno se podobruva, muskularnata sila se zajaknuva. Parezata na facijalis postepeno se povlekuva, a uftemafazija (gubewe na govorot) i desnostrana hemipareza.

Po tretmanot koga sostojbata se podobruva, deteto e upateno na fizikalna terapija i logopedski tretman.

### **Logopedski tretman-status**

Na logopedski ot tretman deteto doaja po eden mesec od pojava na prvite simptomi.

Oralnata praksija poradi delumnata vidljivost na parezata na n. facialis e slaba.

**Artikulacija** Poedine~no glasovite gi izgovara so ~esto zamenuvawe na glasovite { to se sli~ni po zvuk ili po mesto na formirawe. Artikulacijata e te{ka i nevelta.

**Povtoruvawe:** Povtoruva poedine~ni slogovi; ne e vo sostojba da povtorni dvo~slo~en zbor. Pri povtoruvawe na zborovite doaja do isprevtuvawe na slogovite vo zborot ili na zamenuvawe i nediskriminirawe na glasovite sli~ni po zvuk.

**^itawe:** Bukvite gi prepoznava, ne e vo sostojba da gi povrze vo zbor. Prvot slog vo zborot go ~ita pravilno, a ve}evtoriot go zamenuva so slog sli~en po izgovor so prvot.

**Pi{uvawe:** Poedine~ni slogovi e vo sostojba da gi napi{e, dodeka ni za od slogovite ne mo`e da gi napi{e. Primer: Na barawe da napi{e "Nata{a#pi{eva "Natata#.

**Nabrojuvawe:** Vo sostojba e da izbroi do deset, a denovite vo nedelata ne mo`e da gi nabroi.

**Razbirawe:** Gi razbira postavenite pra-

MR-finding states trombone masses in the left artery, cerebral anterior and media.

The most probably, this is the case of complete occlusion of the mentioned segment, which now gradually revascularizes.

After the admission, the child was under anti-edematosis therapy. The child's condition gradually improves and the muscle structure strengthens. The paresis facialis gradually retreats with still present aphasia (lost of speech) and right-sided hemiparesis.

After the treatment, when the condition improves, the child is sent to physical therapy and speech therapeutics.

### **Speech Therapeutics – Status**

The child comes for speech therapeutics after one month since the first symptoms occurred.

Oral practice, due to partial presence of paresis on n. facialis, is weak.

**Articulation:** He pronounces separate voices with often replacement of voices similar in sound or place of their shaping. The articulation is heavy and clumsy.

**Repetition:** He repeats single syllables; he is not able to repeat two-syllable words. While repetition of words, the syllables in the word become mixed or replaced and non-discriminated of voices with similar sounds.

**Reading:** He recognizes the letters but is unable to compose the word. He correctly reads the first syllable in the word and replaces the second syllable with a syllable similar to the first one.

**Writing:** He is able to write down separate syllables and is unable to write down line of syllables.

Example: Asked to write down "Natasha", he writes "Natata".

**Listing:** He is able to count to ten, but unable to count the days of the week.

**Understanding:** He understands the questions.

{ awa. Receptivna komponenta na govorot ne e o{ tetena.

Na tretman doa|a sekoj dnevno. Logopedski ot tretman go po~nuvame so ve`bi za podobruvawe na motori kata na govorni te organi { to gi izveduvame pred ogledalo. Potoa ve`bi te gi pro{ i ruvame so ve`ba we na poedi ne~ni te glasovi vo slogovi so samoglaski vo razni pozicii (inicijalna, medijalna, finalna) vku~uvame i ve`bi za diskriminacija na glasovite. Vedna{ po~nuvame so preve`buwawe na rakata, so cel da postigneme introhemisferna i intrehemisferna reorganizacija na jaziki te funkcii. Sostojbata na pacientot od den-naden se podobruva. Oralnata praksija, kako rezultat na podobrenata motorika na govorni te organi, stanuva s{ podobra. Artikulacijata stanuva se podobra i pol esna.

Po tretmanot od okolu dva meseca pacientot e vo sostojba da povtore i pove}eslo`ni zborovi. Artikulacijata e se podobra i posigurana. Grafomotorikata e postabilna. Vo sostojba e da prepise i podolg tekst. Diktatu{ te ne e vo sostojba da pisuva. Pisuweto so desnata raka mu e pol esna otkol ku so levata.

**^itawe:** Vo sostojba e da pro~ita pokusi zborovi, a podolgi te mo`e da gi pro~ita bukva po bukva.

**Spontan govor:** Vo govorot spontano ne se vku~uva. Na ve`bite e mirn i ne postavuva pra{ awa. So roditelite vo doma{ na sredi na komunicira, no re~enicata mu e nekompletna i gramati~ki nepravilna.

**Dijalog** Odgovara na postaveni te pra{ awa kuso, so kusi re~enici, gramati~ki nepravilni. Govorot e bradilaliten so bavno tempo i melaholiten.

Po tretmanot po~nuva da doa|a triпати nedelno. Ve`bite se svrteni kon kompletirawe na re~enicata. Po tretmanot od 4 meseci, govorot se pove}e se podobruva.

Povtoruweto na slogovi i zborovi e dobro i bez artikulatorni gre{ki. Vo sostojba e da povtore i prosta re~enica.

The receptive component of the speech is not damaged.

He regularly comes for treatment. We start the speech therapeutics with exercises for motor improvement of speech organs in front of the mirror. Later, we broadened the exercises with separate voices in syllables consisted of vowels in various positions (initial, medial, final ones), as well as exercises for voice discrimination. We immediately start with repeated exercise of hand in order to achieve intro-hemisphere and inter-hemisphere reorganization of speech functions. The patient's condition improves day by day. The oral practice, as a result of improved motor of speech organ becomes better. The articulation is better and easier.

After 2-month treatment, the patient is able to repeat words with more syllables. The articulation is better and surer. The graph-motor is more stable. He is able to rewrite longer text. He is unable to write a dictation. He uses right hand more than left for writing.

**Reading:** He is able to read shorter words and reads longer words letter by letter.

**Spontaneous speech:** His speech is not spontaneous. He is quiet at exercises and does not put questions. He communicates with parents at home, but his sentence is incomplete and grammatically incorrect.

**Dialogue:** He briefly replies all questions with short sentences, but grammatically incorrect. His speech is bradilalic with slow tempo and melancholic.

He comes for treatment three times a week. The exercises are focused on sentence completion.

After a 4-month treatment, his speech is obviously improved.

The repetition of syllables and words is better and without mistakes in the articulation. He is able to repeat a simple sentence.

**Dijalog** Na pravi način daje to što mu odgovori, no rečenica je kusa i sastavljena od imenka, glagola i ponekad predloška.

**Spontan govor:** U stvari ima teškoća u spontanom govoru. Bradilalija nije toliko upadljiva.

**Opis na sliku:** Pri opisu na sliku nabrojava predmete što ga gleda. Na potražnju, što će mu pomoći, daje početni odgovor.

### **Logopedski tretman**

Logopedski tretman koji izvedujemo s pomoćnicima:

- oralna praksa,
- poboljšanje artikulacije,
- zahtjevi na glasonosne,
- zborovi s ponavljanjem na dani slika,
- imenovanje na slikama,
- boje, prepisivanje teksta (doma), levanje,
- formiranje kusa rečenica,
- dijalog,
- opis na sliku.

### **Zaključak**

Od dani prikaz na dete s stečnom afazijom ili disfazijom što slijedi ranoto oštećenje mozga, s pomoćnicima pravilno liječenje i istovremeno rehabilitacijski tretman, ima relativno poboljšanje, koje je podjednako u svim dobnim skupinama.

Ova poboljšanja potpuno oporavak se dolazi na plastičnost dječjeg mozga i njegovu sposobnost da se reorganizira i nadokompenzira funkcije u djetinjstvu.

Deteto nastavlja u prvom odjeljenju i nepovratno: s pomoćnicima u nastavi nastavljaju se i gubici nastavnog materijala.

### **Literatura / References**

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**Dialogue:** He gives correct answers, but the sentence is short and composed of noun, verb and some preposition.

**Spontaneous speech:** He still has difficulties in spontaneous speech. The bradylalia is not so noticeable.

**Description of pictures:** While describing pictures, he counts the objects he sees. He gives complete answer when being asked in order to help him.

### **Speech therapeutics**

We carry out speech therapeutics with exercises for:

- oral practice,
- articulation improvement,
- voice discrimination,
- words with repetitions on given picture,
- naming flash cards,
- colors, rewriting of short text (at home), left hand,
- forming short sentence,
- dialogue,
- description of a picture.

### **Conclusion**

The given review of a child with acquired aphasia or dysphasia, which resulted in brain damage in early childhood, assisted by correct treatment and prompt rehabilitation treatment, shows relative improvement that is more obvious than with adults.

This fast and complete rehabilitation occurs due to the plastic character of child's brain and the possibilities for intra-hemisphere and inter-hemisphere reorganization of speech functions in childhood.

The child keeps on attending the first grade of elementary school and does not repeat it: he compensates the lost teaching material assisted by his teacher.

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