Abstract
A 55-year-old male patient with a known medical history of diabetes mellitus type 2 and treated lymphoma was first admitted with a sudden left-sided facial asymmetry and mouth deviation to the left side with no other neurological symptoms. A Computerized Tomography (CT) scan of the brain showed acute infarct and small left basal ganglia old lacunar infarction. He was discharged on a dual antiplatelet. One week later, the patient’s condition had worsened and, therefore, was admitted with an impression of ischemic stroke. A bedside swallowing assessment, VFSS, and FEES study were conducted to diagnose this case. The bedside assessment did not reveal any sensory or motor deficits in his oral cavity and the FEES examination was also unable to rule out pharyngeal dysphagia. However, a videofluoroscopic swallowing study (VFSS) revealed a significant dysfunction of oral preparation and oral phases and presented difficulty initiating the pharyngeal phase. Given these features, we believe that this swallowing difficulty is caused by swallowing apraxia. This case provides additional information and understanding on management from the swallowing side.

Biography:
Nisreen Naser Al Awaji
Assistant Professor, Speech and Swallowing Disorders, Princess Nourah Bint Abdulrahman University, Riyadh Saudi Arabia.
Head of Health Communication Sciences Department, Princess Nourah Bint Abdulrahman University.
Senior Specialist, Speech and Language therapist at King Abdullah Bin Abdulaziz University Hospital, Riyadh, Saudi Arabia.
Published studies:


