Rehabilitation of phonological and semantic control in aphasia: an fMRI case study

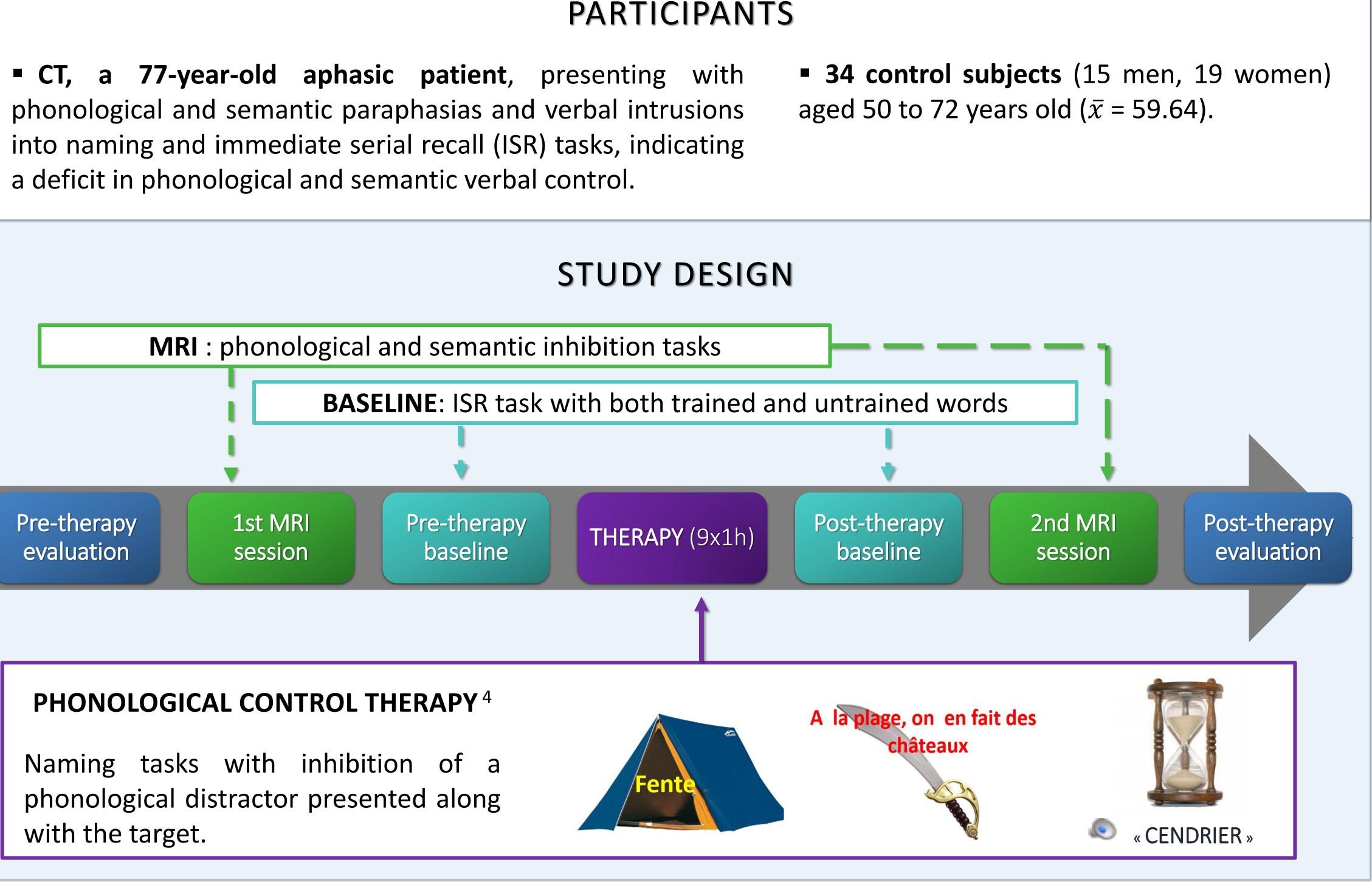


QUERELLA Pauline^a, ATTOUT Lucie^a, WIOT Nathalie^c, GEORGE Mercedes^c, MAJERUS Steve^{a, b}

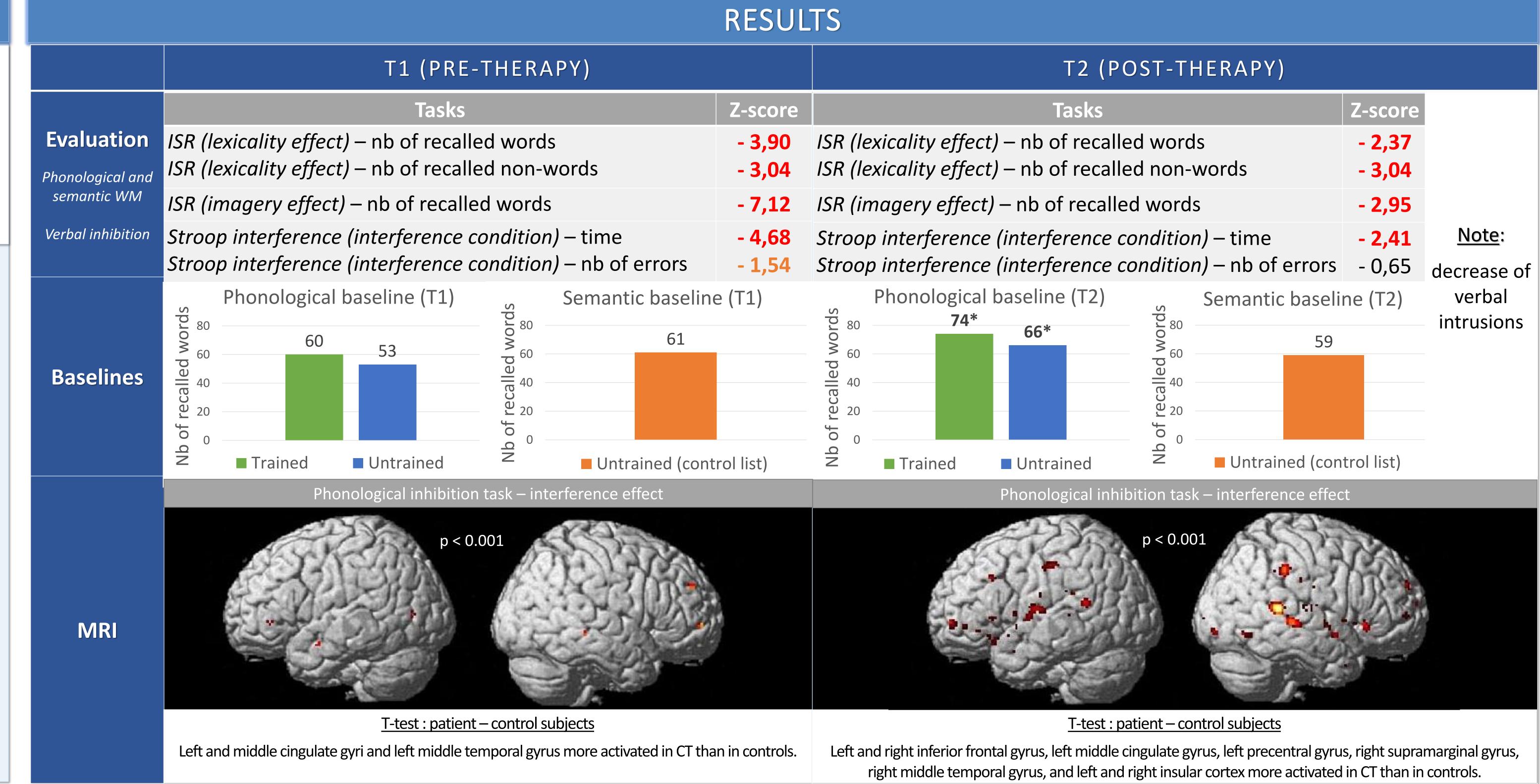
- ^a Psychology and Neuroscience of Cognition RU, University of Liège, Belgium
- ^b National Fund for Scientific Research, Belgium
- ^C University Hospital of Liège, Lucien Brull Polyclinic

i pquerella@uliege.be

Aphasic patients may suffer from phonological or semantic inhibitory control deficits which are characterized by difficulties at the level of verbal inhibition and working memory (WM) ^{1,2,3}. Very few treatment methods are available for this type of deficit, and few studies have investigated the potential post-therapy brain reorganization that can be observed with fMRI. **AIM** of this case study: to examine the feasibility of a phonological control treatment program in an aphasic patient, at both behavioural and neural levels.



METHODOLOGY



DISCUSSION

CT's phonological WM capacities seem to have improved overall but remain deficient following the phonological control therapy. On the other hand, CT significantly improves its performance on the two phonological baseline lists (efficacy and transfer effect of phonological inhibitory training), without making any progress in the control words list (specificity effect). In addition, following therapy, compared to controls, CT activates more regions involved in inhibitory control processing (inferior frontal gyrus, middle cingulate gyrus) and phonological processing (precentral gyrus, supramarginal gyrus). These results highlight the specificity of treatment programs of verbal inhibition, and by extension, of verbal language control by distinguishing between phonological and semantic inhibitory processes.

³ Hoffman, P., Jefferies, E., Ehsan, S., Hopper, S., & Ralph, M.A. (2009). The impact of semantic impairment on verbal short-term memory in stroke aphasia and semantic dementia: A comparative study. Journal of Memory and Language, 58(1), 66–87.

⁴ Van der Kaa et al. (en préparation). Centre Hospitalier Universitaire de Liège, Polyclinique Lucien Brull.