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Detect relation of brain lesions and presence of dysphagia in acute conscious stroke patients

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Background: Our incomplete understanding of spatial and temporal features of cortical processing during swallowing has led to limited insight into the mechanisms explaining dysphagia after brain damage. Therefore, it is hard to predict which cases are likely to develop swallowing dysfunction based on their neuroimaging.

Aims: The aim of this research was to detect relation of brain lesions and presence of dysphagia in acute conscious stroke patients.

Methods: 136 acute conscious stroke patients who had hospitalized in internal neurology units of two educational hospitals of Isfahan University of medical Sciences participated in this study. To localize brain lesions, computed tomography and Magnetic Resonance Imaging have been employed. Swallowing function was assessed clinically, using The MASA, by a speech pathologist expert in dysphagia. Logistic regression analysis have been used to compute relation of brain locations and dysphagia.

Results: Mean MASA score for the dysphagia group was 138.88 (SD: 29.77) the relation of lesion in insula and primary sensory cortex in right hemisphere and left occipital lobe and dysphagiawas significant.

Conclusions: Improved the feeding and respiration of acute stroke patients needs to predict which cases are likely to develop swallowing dysfunction based on their neuroimaging. Also utilizing new rehabilitative techniques such as transcranial magnetic stimulation (TMS) for dysphagia is much dependent on knowledge about specific areas of the motor cortex supportive of swallowing functions.

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