Short report

Aphasia with elation, hypermusia, musicophilia and compulsive whistling

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SUMMARY A musically naive patient with dominant fronto-temporal and anterior parietal infarct developed transcortical mixed aphasia. From early convalescence, he exhibited elated mood with hyperprosody and repetitive, spontaneous whistling and whistling in response to questions. He often spontaneously sang without error in pitch, melody, rhythm and lyrics, and spent long periods of time listening to music. His behaviour progressively improved in parallel with very good recovery of verbal skills. Musicality and singing are rarely tested at the bedside. Preservation of these abilities in aphasics might portend eventual recovery.

Preservation of singing and of musical abilities in musically educated or naive patients suffering from aphasia has been known for over a century. Many reports therefore exist of cases of aphasia with and without amusia which include transcortical aphasia. This patient is unusual because he developed exaggerated behaviour of repetitive singing and whistling useless in terms of meaningful substitution communication. He also exhibited a non-fluctuating elated mood and musicophilia.

Case report. This 57-year-old right-handed Latin man was admitted to the hospital because of acute onset of severe headache, nausea, slurred speech and vertigo. His past medical history was unremarkable and he had never had visual or hearing difficulties. He enjoyed music and dancing but could not read or write music or play a musical instrument. On admission, blood pressure was 200/102 mm Hg, pulse was regular at 76 per minute and he was afebrile. Routine laboratory studies, EEG, CT and radioisotopic brain scans, and complete neurological examination were normal. Spinal fluid was bloody. Cerebral arteriography disclosed a 1.6 cm diameter aneurysm arising from the origin of the left posterior communicating artery. Surgical muscle wrapping of the aneurysm was performed. One day after operation, the patient developed right horizontal gaze paresis without hemianopsia, right hemiplegia and transcortical mixed aphasia. Babinski sign was positive on the right; Gerstmann’s syndrome was not present. Cerebral arteriography revealed severe spasm of the left middle and anterior cerebral arteries with early vascular changes suggestive of an infarct. CT scan 2 weeks after operation showed a large area of low attenuation involving the anterolateral aspect of the left frontal lobe, the left anterior temporal lobe, and the left anterior parietal lobe. A few days after the onset of aphasia, he began spontaneously to sing Spanish songs; he often whistled spontaneously or in response to spoken or written questions. Detailed communication assessment was performed several weeks after surgery. By this time, right horizontal gaze paresis was still present but the hemiplegia had improved and he remained with right-handed preference. His mood and affect were elated without evidence of crying or laughing outbursts. Auditory comprehension of spoken words was poor. There were marked delays in identifying objects by function and name. Monaural and binaural hearing was preserved with good recognition of familiar sounds. There was no evidence of auditory hallucinations. Visual perception was normal. No hemianopsia was present. Reading was moderately impaired with no consistent comprehension of prepositions or object-function phrases. In verbal output examination, he had word-finding difficulties, dysfluency and phonemic errors. He very frequently whistled instead of attempting to answer with phonemes, but he could not whistle familiar songs to command and could not communicate by means of whistling familiar songs. He did poorly in sentence completion testing. Repetition was excellent. He spontaneously sang Spanish songs without prompting with excellent pitch.

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6. Botetz MI, Wertheim N. Expressive aphasia and amusia following right frontal lesion in a right-handed man.

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