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Poster presentation

A case of strategic infarct dementia in left caudate nucleus

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Background

The caudate nuclei have a primary role in behavior and cognitive function.

We report a patient with infarction in the territory of left lateral lenticulostriate artery which present with verbal amnesia, frontal lobe dysfunction, dysarthria and abulia.

A 63-year-old previous healthy man visited our memory clinic because of slurred speech, naming difficulty and decreased spontaneous activities. These symptoms developed suddenly 10 days ago.

In past medical history, she was diagnosed as diabetes mellitus 30 years ago and hypertension 3 years ago. Neurologic findings revealed normal except mild dysarthria.

According to neuropsychological test, the result showed verbal amnesia due to retrieval problem accompanied by severe anomia and frontal executive dysfunction. There are marked impairment in semantic and phonemic word fluency test and decreased inhibition ability in stroop test. He had also abnormal body part identification.

Brain MRI showed high signal intensities in left caudate nucleus and adjacent white matters on T2WI, DWI and low signal intensities on ADC map.

Cerebral perfusion SPECT revealed perfusion defect in left frontal and basal ganglia.

Conclusion

This patient showed typical clinical presentation and neuroimaging findings on left caudate infarction. The neuropsychological result suggest a close relationship between the prefrontal cortex and caudate neuclei.

References

1. Mendaz MF: **Neurobehavioral changes associated with caudate lesion.** *Neurology* 1989, **39:**349-354.
2. Kumral E, Evyapan D: **Acute caudate vascular lesions.** *Stroke* 1999, **30:**100-108.