VISUAL AGNOSIA IN ISCHEMIC STROKE–A LATE RECOVERY PREDICTOR

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Background: There are many arrays of impaired abilities and deficits associated with individuals diagnosed with visual agnosia.
Material and Method: The study comprises 12 right-handed patients with a mean age of 62±9 yrs. with left hemiplegia and visual agnosia after acute right hemisphere stroke. Patients were assessed using MRI analysis and NIHSS scores and these results were correlated with visual agnosia scores and visual field defects. Tests are performed at interview, 30 days, and 3 months. Patients were evaluated after 3 months of cognitive-behavioral therapy (CBT). Visual agnosia was evaluated with the BORB battery (Humphreys and Riddoch).
Results: At 3 months post-stroke, about 80% of patients are estimated to suffer from major or residual deficits of visual agnosia, 1 patient for color and picture due to right temporooccipital lobe infarction, 1 for prosopagnosia, 1 for pure alexia, 3 for apperceptive and 2 for associative visual agnosia. They present cortical posterior infarcts.
Discussions: Agnostic deficits are difficult to demonstrate in the acute phase due to the importance of visual field defects and to the presence of other perceptive–cognitive symptoms. The major causes of neuropsychological fluctuations are the evolution of the ischemic penumbra in the surrounding territories and the regression of the cerebral diaschisis that may involve areas distant from the infarct.
Conclusions: Visual agnosia is a very rare syndrome; cognitive–behavioral assessment in the acute phase is a predictor of functional outcome in stroke. It is speculated therefore that CBT could be presently considered a remedy for these severely disabling disorders.