Progressive non fluent aphasia: two different clinical cases

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Introduction: Progressive non fluent aphasia (PNFA) is a common variant of Frontotemporal Dementia (FTD). It is well known the overlap of FTD symptoms and Motor Neuron Disease (MND) or Parkinsonism. We present two clinical cases, with symptoms of PNFA, with a more progressive clinical deterioration, associated to MND and Parkinsonism. Case 1: A 64 ys old, male, presented with a 2 years history of PNFA with lately gait disturbances, difficulty in swallowing and pseudo-bulbar affect. The patient had a family history of an autosomal dominant (AD) pattern. A physical exam revealed pyramidal signs as well as fasciculations and atrophy in limb muscles and low score MMSE and MOCA. EMG confirmed the diagnosis of MND. Brain MRI showed atrophy of bilateral frontal and temporal lobes. Diagnosis: FTD-MND. He passed away 6 months after. Case 2: A 61 ys old, male, with 18 months history of PNFA with lately difficulty in managing the left hand and slow movements. Positive family history of AD inheritance. Bilateral rigidity and apraxia, bradykinesia, more prominent on the left arm, low score MMSE and MOCA, signs of depression. No signs of autonomic dysfunction. Normal EMG. Brain MRI revealed brain atrophy, prominently on the frontotemporal areas. Non responsive to L-Dopa. Diagnosis: FTD and Cortico Basal Degeneration. Discussion: The overlap of MND symptoms and Parkinsonism in FTD can lead to a more rapid clinical deterioration and a poor outcome, compared to other FTD variants. Genetic tests, neuroimaging and neuropathology may bring further insights in understanding these complex pathologies.