

What do we know about Foreign Accent Syndrome? – Letter to the Editor

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Foreign accent syndrome (FAS) is a speech disorder with sudden changes in speech patterns resulting in affected people perceived to have a new non-native accent. Characteristic changes in language concluded in interviews provide some initial insight into the syndrome.¹ The control group (without disorders) had normal speech and grammar, patients with language-speech disorders faced difficulty in speaking whereas FAS patients were labelled 'foreign' due to frequent hesitation, slow speech, inappropriate grammar and word selection.¹ A great deal of time has been dedicated to understanding FAS, however, a varied patient presentation and underlying pathophysiology has led to difficulties in diagnosing the disorder and evaluating its true epidemiology.

Around 100 cases have been confirmed since the first clinical picture of FAS presented by Pierre Marie et al (1907). The most common neurogenic variant is predominantly associated with trauma or stroke-related lesions of the frontal cortex including Broca's area. However, ischaemic lesions in the posterior fossa of brain have also been associated with the onset of FAS.² This unusual phenomenon was explained by associating these lesions with cerebral hypoperfusion following disruption of cerebellar-cerebral connections.²

In the testimony by a disabled person Jasvinder,³ he mentions how he developed FAS following aphasia post-cerebral haemorrhage. With no speech therapy in his native language Punjabi but in English, he spoke Punjabi hesitantly and in a British accent; perceived foreign by his native Punjabi-speaking relatives. Furthermore, occasional encounters solely with Pakistani Punjabis who spoke a different version of the language were non-significant and did not hold up the development of FAS.³ Besides trauma or stroke-afflicted acquired subtype, neurogenic FAS is rarely described in the context of developmental speech disorder as well.⁴ Up till now, only three cases have reportedly developed FAS solely due to the underdevelopment of visuospatial skills and memory and in the absence of any signs of trauma or neuropsychological symptoms.⁴

In addition, a psychogenic variant has also been supported in a study which presents the case of a French-speaking

Belgian lady who developed FAS and adopted a Dutch accent two years following a car accident.⁵ She had normal results on brain imaging however, neuropsychological tests were conclusive of borderline personality disorder. It is rather interesting to note that underlying psychiatric factors and not trauma, predisposed this patient to FAS. She also developed an indifferent attitude towards her condition indicating that contrary to neurogenic subtype, psychogenic FAS patients are emotionally satisfied with the impression of getting a new accent.⁵

Despite worldwide prevalence, it is unusual that FAS has not been diagnosed in Pakistan. This could be attributed to the little awareness as only a few cases have been reported by Pakistani newspapers diagnosed elsewhere. To our knowledge, this is the first article from Pakistan summarizing the current knowledge about FAS and highlighting the need to keep an eye out for such cases as timely diagnosis and therapy can potentially treat or even reverse the condition, which would otherwise become permanent and affect the quality of one's life. Furthermore, in the light of limited overall understanding of the disorder, there is a notable need for further research to identify the effects of this syndrome, both at the personal and inter-personal levels to allow for full rehabilitation of affectee's speech profile and psychological well-being.

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