

**COMMENT**

Once past the oesophagus, most ingested foreign bodies pass through the gastrointestinal tract without any adverse sequelae. However, long sharp objects have the potential to cause intestinal perforation, abscesses or bleeding and may even result in death.<sup>1</sup> In the present case the composition of the object made it invisible to usual imaging.

There are several published cases of intestinal perforation by sharp ingested objects, which may penetrate into surrounding structures including the vena cava.<sup>2</sup> Perforation may be symptomless and the offending item found on radiological investigation or at laparotomy for other reasons.<sup>3</sup>

Reduced palatal sensation from wearing dentures, the consumption of very hot or cold drinks, excess alcohol and rapid eating are all associated with the ingestion of foreign bodies in adults, as is the habitual 'chewing' of toothpicks.<sup>2</sup> Endoscopic management is preferable to laparotomy if the diagnosis is made at the time of ingestion and should be performed early to prevent perforation or bleeding. Delay in diagnosis may result in an inflammatory mass or diffuse peritonitis.<sup>4</sup>

**REFERENCES**

- 1 Kasthuri N, Savage A. Cocktail stick injury: a fatal outcome. *BMJ (Clin Res Ed)* 1988;**296**:498
- 2 Cockerill FR, 3rd, Wilson WR, Van Scoy RE. Travelling toothpicks. *Mayo Clin Proc* 1983;**58**:613-16
- 3 Porcu A, Dessanti A, Feo CF, Dettori G. Asymptomatic perforation by a toothpick. *Dig Surg* 1999;**16**:437-8
- 4 Mohr HH, Dierkes-Globisch A. Endoscopic removal of a perforating toothpick. *Endoscopy* 2001;**33**:295

## French without tears? Foreign accent syndrome

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In old age, development of a foreign accent can represent regression to an earlier mode of speech. In a younger person, the cause is more complex.

**CASE HISTORY**

A woman of 39 was referred with sudden onset of dense right hemiparesis, right facial weakness, dysphasia, dysphagia and dysarthria. CT of the brain showed an infarct in the area of the left internal capsule. She had a history of biatrial cardiomyopathy, persistent left atrial thrombus and paroxysmal atrial fibrillation/flutter, and the stroke had occurred despite adequate anticoagulation with warfarin. Carotid dopplers and thrombophilia screen were normal.

Speech and language therapy concentrated on communication, since her dysphagia resolved spontaneously. After two weeks of intensive therapy she regained some fluidity of speech with minimal dysarthria, although she still experienced frustration with word-finding. In the third week her speech improved quickly. During routine questioning a distinct change in accent was noted. This was particularly apparent during protracted answers: she sounded like a French person speaking English. All the listeners who characterized her accent as French-sounding were Irish nationals with English as their first language. She had never resided outside Ireland and English was her native language. She was fully aware of her speech production difficulties. Her spontaneous speech was characterized by altered rhythm, stress patterns and prosodic features considered atypical for her accent. An equalization of stress across her sentences created an impression of syllable-timed speech. This explains why listeners perceived her accent as French. There was no evidence of reduced articulatory agility: rather, she was making adaptations/alterations to her native phonological system. Foreign accent syndrome (FAS) was therefore diagnosed. Her accent became more pronounced as the

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fluidity of speech improved and persisted beyond discharge, at which time she was independent in daily living despite a residual hemiparesis.

### COMMENT

FAS is an acquired inability to make normal phonemic and phonetic contrasts of native dialect, distinct from the typical dysarthrias or apraxias of speech following cerebral damage.<sup>1</sup> Most cases are due to stroke but some have followed trauma. The rapidity of emergence of the foreign accent after speech return suggests that it is more than a simple compensatory phenomenon. In patients whose details have been reported the lesions have usually been small and in the region typically damaged in Broca's aphasia; yet the speech patterns of FAS and Broca's aphasia are not similar, nor do they seem to represent differences in severity along a continuum.<sup>2</sup> There has been considerable variation in associated symptoms and the range of accents. The accent in FAS is generic rather than specific to any particular language. Speech in this syndrome is characterized by both prosodic and segmental defects, anomalous features reflecting patterns found in the normal sound structures of language though not necessarily of the patient's native language. The new speech pattern therefore does not violate the phonetic rules of natural language as do the other aphasias. The features may be abnormal

for English but normal characteristics of natural language.<sup>3</sup>

This case underlines not only the very complex mechanisms involved in speech production: accent is a potent marker of personality, origin, culture, class and identity.<sup>4</sup> Although the patient reported here was little concerned by the foreign accent, in an early report, just after the end of the German occupation a Norwegian woman suffered ostracism when she developed an apparent German accent from this cause.<sup>5</sup> Speech and language therapy and counselling can help patients and their social circle cope with the phenomenon.

### REFERENCES

- 1 Blumstein SE, Alexander MP, Ryalls JH, Katz W, Dworetzky B. On the nature of foreign accent syndrome: a case study. *Brain Lang* 1927;**31**:215–44
- 2 Kurowski KM, Blumstein SE, Alexander M. The foreign accent syndrome: a reconsideration. *Brain Lang* 1996;**54**:1–25
- 3 Gurd JM, Bessell NJ, Bladon RAW, Bamford JM. A case of foreign accent syndrome, with follow-up clinical, neuropsychological and phonetic descriptions. *Neuropsychologia* 1988;**26**:237–51
- 4 Lippi-Green R. Accent, standard language ideology and discriminatory pretexts in the courts. *Language in Society* 1994;**23**:163–98
- 5 Monrad-Krohn GH. Dysprosody or altered melody of language. *Brain* 1947;**70**:405–15