

Lesion Location Predicts Transient and Extended Risk of Aspiration After Supratentorial Ischemic Stroke

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versus transient risk of aspiration, combined lesions of the frontal operculum and insular cortex was the only significant independent predictor of poor recovery (adjusted odds ratio, 33.8; $P < 0.008$).

Conclusions—Lesions of the insular cortex and the internal capsule are significantly associated with acute risk of aspiration after stroke. Combined ischemic infarctions of the frontal operculum and the insular cortex are likely to cause extended risk of aspiration in stroke patients, whereas risk of aspiration tends to be transient in subcortical stroke. (*Stroke*. 2013;44:2760-2767.)

発声障害, 構音障害, 咽頭反射異常, 随意的咳異常, 嚥下後咳嗽, 嚥下後呼吸音変化のうち2つ以上陽性で誤嚥ハイリスクと定義, 48時間後と7-9日後に評価

前頭弁蓋部+島皮質病変が遷延性誤嚥ハイリスクに独立して関連(オッズ比 33.8)