OBJECTIVE
Many cases of isolated aphemia without aphasia or other motor/sensory symptoms have been described with strokes or as a ictal manifestation of some seizures associated with Rolandic & Occipital epilepsies. We believe this is the first reported case of ‘Postictal Aphemia’.

INTRODUCTION
Pure word mutism or Aphemia causes the patient to be mute but other language functions like writing, understanding spoken words and reading silently with comprehension remain intact. It was first described by Broca in 1861. Anatomically, it is believed to be a disconnection of the Broca’s area from subcortical centers. And multiple localizations have been suggested, mostly in pre motor region.

RESULTS
Patient was a 52 y/o male with seizures for past 2 years. He had a left frontal lobe neoplasm and was admitted for epilepsy monitoring. Seizures had right head turning and right gaze deviation. After one seizure, the patient suddenly became mute for 3 hours, though he could follow commands. He was able to communicate by writing with intact comprehension and naming. Detailed history revealed that he had a similar event a few months before when he was diagnosed with TIA. EEG showed two electrographic seizures from the left paracentral region just prior to the onset of aphemia. The patient also had a brain MRI before the surgical resection of this lesion, and there were no new changes. Patient had a surgical resection later and was seizure free on follow-up.

CONCLUSION
Aphemia may occur as a postictal deficit. This has not been reported previously to our knowledge in peer reviewed articles using our search criteria. When a patient has postictal mutism, it may be worthwhile testing writing and comprehension skills for the presence of aphemia. Presumably, this is a language-dominant hemisphere finding with localization in the premotor area.

REFERENCES
1. The neuroanatomy of pure apraxia of speech in stroke. Graff-Redford 2014