

Type of Aphasia	Fluent or Nonfluent	Conversational Speech	Auditory comprehension	Repetition	Naming	Lesion Location
Anomic Aphasia	fluent	Fluent, normal utterance length and well-formed sentences	Good for everyday conversation, difficulty with complex syntax	preserved	<b>Impairment is hallmark</b>	Acute – outside perisylvian zona (angular gyrus or inferior temporal region), chronic- perisylvian area, posterior tempolateral region
Conduction Aphasia	fluent	Fluent with normal utterance length but has <b>paraphasias</b>	Good for casual conversation, difficult with complex syntax	<b>Impairment is hallmark</b> , good spontaneous speech, paraphasias during repetition	Always impaired	Posterior perisylvian lesions affecting supramarginal gyrus in parietal lobe and arcuate fasciculus
Transcortical sensory aphasia (TcSA)	fluent	Fluent with normal utterance length, but semantic paraphasias, anomia	<b>Significantly impaired</b>	Preserved	Severely impaired	Extrasylvian regions involving POT junction region; posterior and deep to Wernicke's area; sensory info doesn't reach language areas
Wernicke's aphasia	Fluent	Fluent, easily articulated speech of normal utterance length, semantic and phonemic paraphasias, verbal output excessive and rapid but empty	<b>Severely impaired</b> at single-word level, difficulty with complex syntax and multi-step commands, unaware of inability to produce coherent speech	Significantly defective, cannot even repeat single words	Paraphasic and severe anomia	Large posterior perisylvian lesions encompassing Wernicke's area and extending superiorly into inferior parietal region
Transcortical motor aphasia (TcMA)	Nonfluent	Little attempt to produce spontaneous speech, mute, speech is reduced in length	Good for most conversational interaction, difficulty with complex syntax	Preserved, but absence of spontaneous speech	Relatively preserved	Extrasylvian regions of left frontal lobe; dorsolateral frontal lesions located anterior or superior to Broca's area, supplementary motor areas, cingulate gyrus
Broca's aphasia	Nonfluent	Slow, halting speech production, utterances are of reduced length with simple grammar	Good for conversational speech, difficulty with complex syntax	Limited to single words and short phrases	Impaired to some degree, especially for low frequency words	Broca's area causes transient disruption of speech production and fluency; persistent Broca's aphasia from larger perisylvian lesions encompassing more of the left frontal lobe

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Mixed transcortical aphasia (MTcA), isolation syndrome → perisylvian zone disconnected from extrasylvian regions	nonfluent	Meaningful verbal expression is severely limited or absent, inappropriate repetition of what other say	Markedly impaired at single-word level	Preserved, although repetition occurs without comprehension	Significantly impaired	Diffuse/multifocal lesions resulting in anatomic isolation of perisylvian language from surrounding cortical areas (periphery of middle cerebral artery distribution)
Global aphasia	Nonfluent	Slow, halting speech production, single words	Reduced to the extent that single-word comprehension is impaired	Defective and single words may not be repeated accurately	Severely impaired	Extensive and involve the entire left perisylvian language zone; common cause is embolic occlusion of the main stem of the middle cerebral artery

### Other Aphasias

- **subcortical regions** include thalamic aphasia, basal ganglia aphasia, surrounding white matter aphasia
- associated with **dementia; Alzheimer's disease** → language deterioration follows progressive course beginning with anomia → transcortical sensory aphasia → Wernicke's aphasia → global aphasia
- **primary progressive aphasia (PPA)** → progressive language deterioration without significant dementia

Source: <http://www.u.arizona.edu/~ajgulbis/MedLinks/Neuroscience/NeuroscienceType/Aphasia%20Table.doc>