



BULBAR DYSARTHRIA

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ABSTRACT: Bulbar dysarthria is a severe speech disorder resulting from damage to the bulbar centers located at the brainstem level, specifically the nuclear complexes of the IX, X, XII cranial nerves and their associated neural pathways. In this condition, the processes of articulation, phonation, respiratory-speech coordination, and swallowing are severely impaired. This study examines the etiology, pathogenesis, clinical signs, diagnostic approaches, and speech therapy rehabilitation strategies for bulbar dysarthria. It provides an in-depth analysis of the consequences of peripheral damage to the speech motor system and highlights modern assessment techniques (acoustic analysis, articulatory monitoring, clinical screening) and corrective programs used in patient treatment. The material systematically compiles the theoretical foundations of bulbar dysarthria and describes effective methods employed in practical speech therapy.

KEYWORDS: Bulbar dysarthria; cranial nerves; IX-X-XII nerve nuclei; articulation disorder; phonation deficiency; speech motor system; swallowing dysfunction; neurological speech disorders; speech therapy rehabilitation; acoustic analysis.

Bulbar dysarthria is a severe speech disorder caused by damage to the lower motor neurons (bulbar centers) that control the speech apparatus. It is associated with a disruption of the activity of the IX, X, and XII cranial nerves located at the level of the medulla oblongata. The symptoms of the bulbar form are very pronounced due to damage at the nuclear level.

The main features of bulbar dysarthria are as follows:

1. Articulation disorders
2. Sounds are unclear, "muffled."
3. Tongue movements are slow, imprecise.
4. It is difficult to close the lips.



5. Speech is unintelligible, sounds "slurred."

Voice control problems in dysarthric speech disorders:

1. Voice is low, hoarse, muffled.
2. Sometimes there is no voice (cases of aphonia).

Breathing and phonation disorders in dysarthria speech deficiency:

1. Shortening of speech breath.
2. Frequent pausing while speaking.

Problems of swallowing and salivation in dysarthria with speech impairment:

1. Swallowing becomes difficult (dysphagia).
2. Inability to swallow water or food.
3. Excessive salivation.
4. Impaired gag reflex.

Changes in reflexes in dysarthria speech deficiency:

1. The soft palate reflex is weakened.
2. Atrophies are observed in the tongue muscles.
3. The nasolabial folds may become flattened.

Diseases causing bulbar dysarthria are as follows:

1. Strokes of the brainstem and bulbar region.
2. Poliomyelitis.
3. Bulbar paralysis.
4. Oncological processes.

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