

DOMANDE INGLESE LOGOPEDISTI

- 1) Neurogenic dysphagia worsens quality of life and prognosis of patients with different neurological disorders.
- 2) Management of neurogenic dysphagia can be challenging. Some studies have shown a comprehensive overview of current evidence on screening, diagnosis, and treatment of neurogenic dysphagia in stroke and Parkinson's disease, suggesting clues for clinical practice.
- 3) Screening tests and clinical swallow examination should be routinely performed in neurological patients at risk for dysphagia.
- 4) In patients testing positive for dysphagia, first-line instrumental investigations, represented by fiberoptic endoscopic evaluation of swallowing or videofluoroscopic swallow study, should be performed to confirm the presence of dysphagia.
- 5) Dysphagia treatment strategies should be individualized and combining traditional dysphagia therapy with innovative therapeutic approaches may increase the chances of restoring effective and safe swallowing.
- 6) Dysphagia: difficulty eating because of swallowing problems is a symptom that affects 15% of hospital inpatients, older people, people with neurological disease, cancers of the head and neck and people with severe reflux.
- 7) Effective dysphagia management requires an interdisciplinary approach and can make a huge difference to the quality of life experienced by the person with dysphagia.
- 8) Esophageal atresia is a rare congenital malformation occurring in 1 : 3000/1 : 4000 neonates. Surgical correction is always required. Perioperative management of esophageal atresia depends on the type of malformation.
- 9) Postoperative outcomes of esophageal atresia are closely related to postoperative complications. Interdisciplinary management should extend from prenatal diagnosis, birth and perinatal care to neonatal intensive care and pediatric surgical therapy with specialized pediatric anesthesia.
- 10) This study examined the linguistic and cognitive characteristics of two groups of Italian preschoolers with developmental language disorder (DLD):

one group of monolingual Italian speakers and another of Italian-Slovenian bilinguals.

- 11) The bilingual group outperformed the monolingual group on tasks measuring EFs. While the two groups showed similar performance across several linguistic measures, the bilingual children demonstrated superior grammatical comprehension, albeit with high variability. A similar level of variability was observed in the bilingual group's phonological discrimination abilities.
- 12) Both grammatical comprehension and phonological discrimination were significantly correlated with EFs. These findings are discussed in the context of current theories of linguistic development in bilingual children with DLD.
- 13) Language is a complex cognitive skill that is usually acquired with apparent ease and naturalness. Nevertheless, some children may experience difficulties in language development even without hearing loss, intellectual disability, brain injuries or genetic syndromes.
- 14) Most studies investigating language characteristics in bilingual children with DLD have unfortunately not provided all the necessary information to properly interpret their linguistic performance.
- 15) The linguistic assessment was conducted in both languages using equivalent forms of the same test battery: the Italian and German versions of the Battery for Language Assessment in Children aged 4 to 12.
- 16) Bilingual children with typical development tend to show an advantage over monolinguals on tests of attention, EFs and working memory . However, the few studies exploring these skills in bilingual children with DLD have reported mixed findings.
- 17) The results of this very interesting study suggest that, although bilingual children with DLD do not show clear signs of difficulty, they may lack the same attentional and executive advantages observed in bilinguals with typical development on tasks assessing inhibitory control.
- 18) Among the bilinguals, seven had a diagnosis of DLD with primarily expressive language impairment, and eight had a diagnosis involving both receptive and expressive language impairments.

- 19) Bilinguals were exposed to Slovenian because they used this language at home with at least one parent and attended schools in Italy where Slovenian is the primary language of instruction.
- 20) Nonetheless, Italian is also taught as a subject, ensuring that students develop proficiency in both languages, fostering a bilingual environment where children can communicate in both Italian and Slovenian.
- 21) This study focused on the linguistic and cognitive characteristics of two groups of Italian preschoolers with a diagnosis of DLD: a group of monolingual native speakers of Italian and a group of simultaneous bilinguals exposed to Italian (L1) and Slovenian (L2).
- 22) Regarding the second research question (“How are the two languages impacted in bilinguals with DLD?”), we hypothesized that the linguistic abilities of bilinguals would be similar across their two languages.
- 23) The first research question focused on analyzing the linguistic performance of bilingual children with DLD on tasks assessing expressive and receptive phonological, lexical, grammatical and discourse skills in their L1, compared to a cohort of monolingual peers with DLD.
- 24) The second research question examined the linguistic performance of bilingual children with DLD in both languages. On measures assessing expressive and receptive phonological skills (i.e., % phonological errors and phonological discrimination), participants showed similar performance in both languages.
- 25) For children with esophageal atresia (EA) or tracheoesophageal fistula (TEF), the first years of life can be associated with many problems. Little is known about the long-term function of children who underwent repair as neonates.
- 26) Although the long-term outcome of EA-TEF patients seems to be favorable, respiratory and gastrointestinal symptoms as well as functional abnormalities remain frequent. Gastric metaplasia in the esophagus and the high rate of tracheal, esophageal, and gastric inflammation indicate a need for long-term follow-up.
- 27) Advantages compared to total laryngectomy are absence of a permanent tracheostoma and retention of physiological voice and swallowing.

Oncological results are encouraging, with an average overall survival around 80%.

- 28) Under the conditions of the present study, partial supracricoid laryngectomy remains an option in patients with laryngeal tumors, especially in the most advanced ones (70% of the patients in the study were T3), with survival rates around 90%. Quality of life is impacted after surgery, but with few symptoms.
- 29) SCPL has good rehabilitation and disease-free survival rates. It's important that complete rehabilitation could be evaluated using already established parameters, but also through complementary exams, such as nasofibroscopy, when available.
- 30) Surgical and non-surgical treatments for laryngeal cancer can lead to voice impairment, with a severe impact on oral communication. This impairment can play a critical role affecting communication-related quality of life (QOL).
- 31) According to the OPHL classification system, three types of OPHLs can be described: Type I (formerly defined horizontal supraglottic laryngectomy), Type II (previously called supracricoid laryngectomy), and Type III (also named supratracheal laryngectomy)
- 32) The Proprioceptive Elastic Method (PROEL) is a multidimensional approach to voice and dysphonia developed by Alfonso Borrigan . The method uses pressure, vibration, temperature, and stretching sensory stimuli in order to communicate with the phonatory organ in an intuitive and easy way.
- 33) Long-term functional outcomes after OPHLs – in particular, type II OPHLs – have been investigated widely. In this surgery, both vocal folds are sacrificed and the voice is produced by the vibration of the arytenoid mucosa against the epiglottis/tongue base. The site of the mucosal wave is normally observed between the anterior part of the body of one or both arytenoids and the tongue base or epiglottis