

# Corpus callosum involvement in language ability after left-hemispheric stroke

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## INTRODUCTION

After left-hemispheric stroke, right hemisphere (RH) can be recruited for language (1). This makes interhemispheric communication a good candidate through which language abilities may recover. The Corpus Callosum (CC) could be involved in the transfer of (linguistic) information to the RH (2).

## RESEARCH QUESTIONS

**RQ** - Is CC structural integrity associated with a better language outcome after stroke?

**H1** - Properties of the anterior CC (genu) are associated with functional communication after stroke. (3)

**H2** - Properties of the posterior CC (splenium) and anterior CC (genu and anterior midbody) are associated with semantic interference. (4,5)

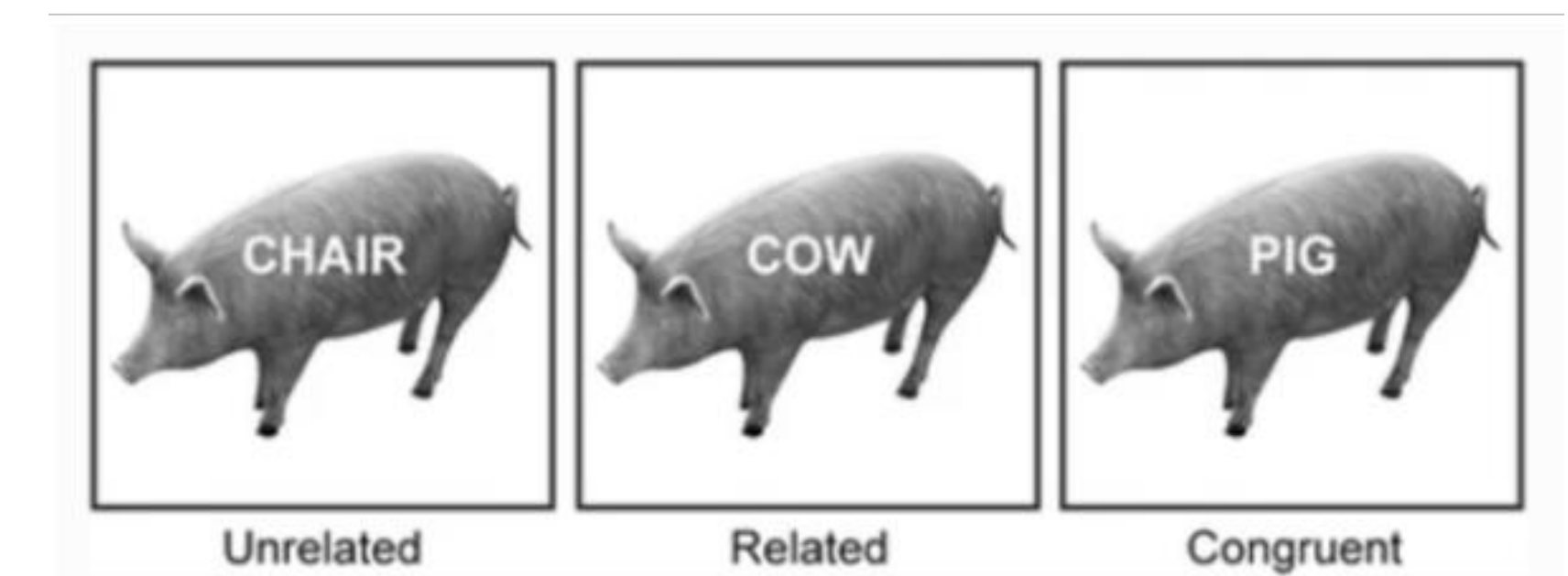
## METHODS AND MATERIALS

**Sample:** 19 left-hemisphere post-stroke individuals (with and without aphasia) and 23 healthy controls

**Structural data:** Three portions of the CC: genu, anterior midbody and splenium were defined using probabilistic tractography (FSL Probtrackx) on high-resolution Diffusion Weighted Imaging (DWI) data using a region of interest approach with a set of waypoints and exclusions. These tracts were used to extract fractional anisotropy (FA) and volume values from each portion separately

Two **language tests** were used to assess language ability:

- **ANELT** (6)- efficiency and effectiveness in language
- **Picture Word Interference** (PWI)

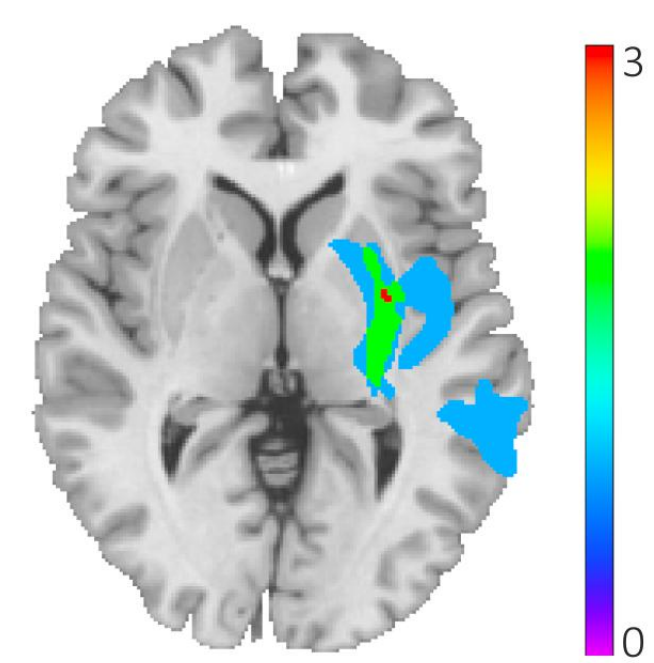


Reaction times (RT) were used to compute a measure of **semantic interference effect** = RT related – RT unrelated  
Further corrected for overall naming speed

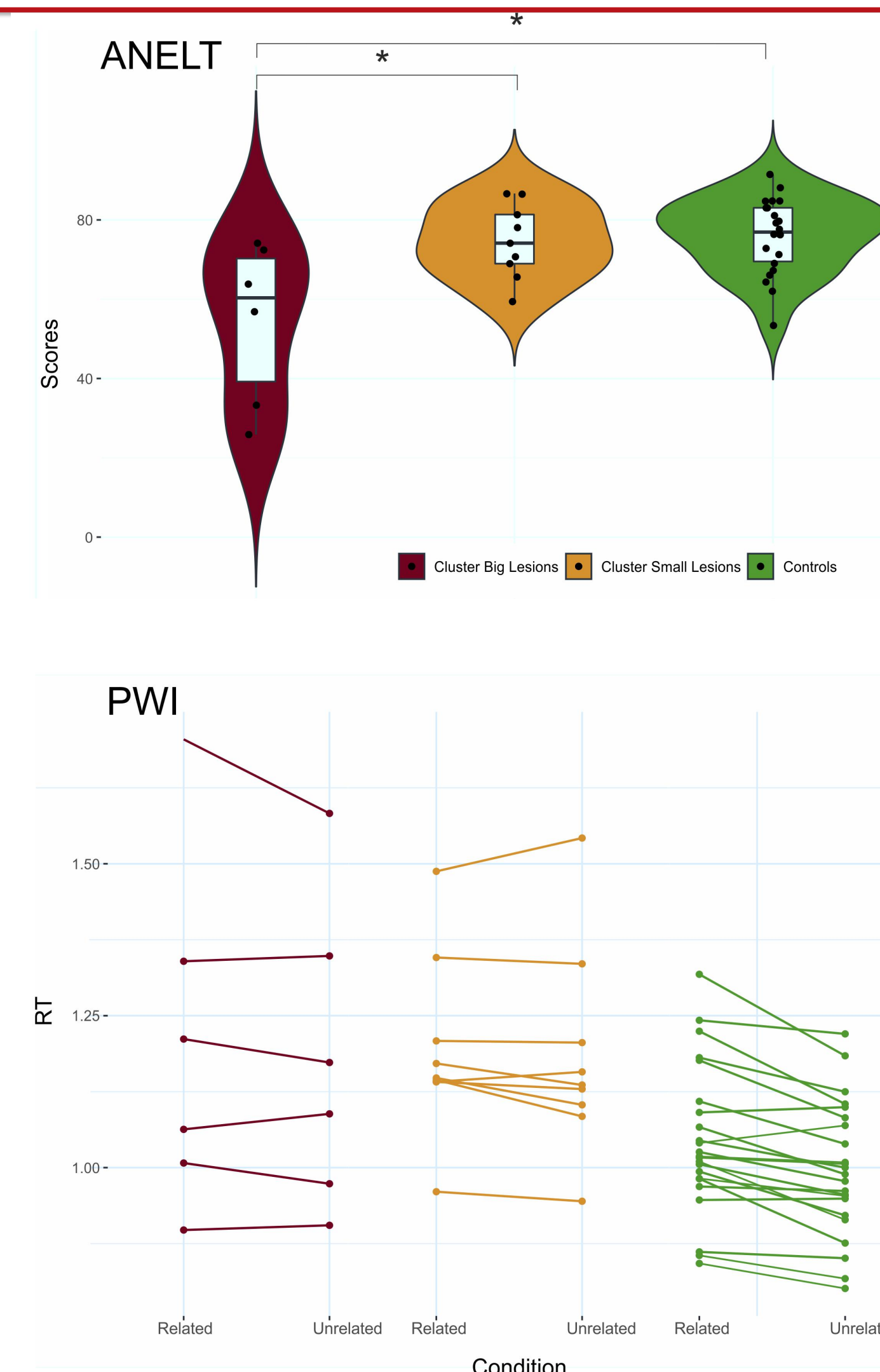
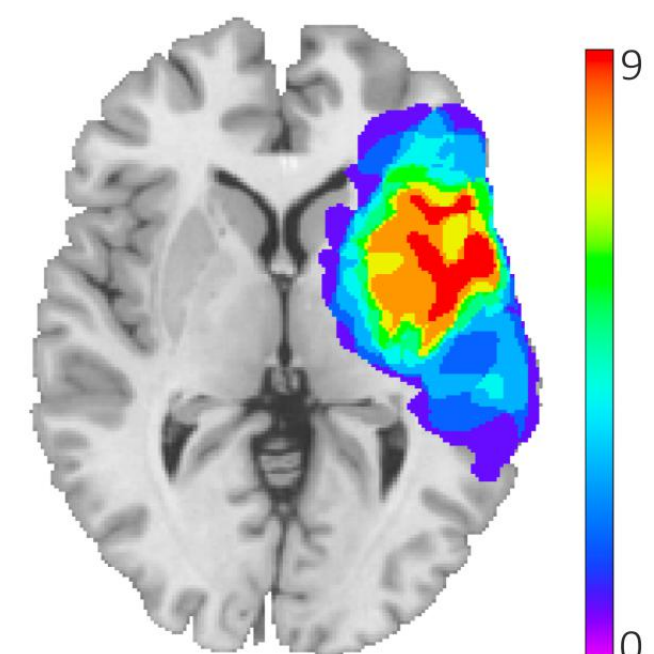
## RESULTS

### HIERARCHICAL CLUSTERING

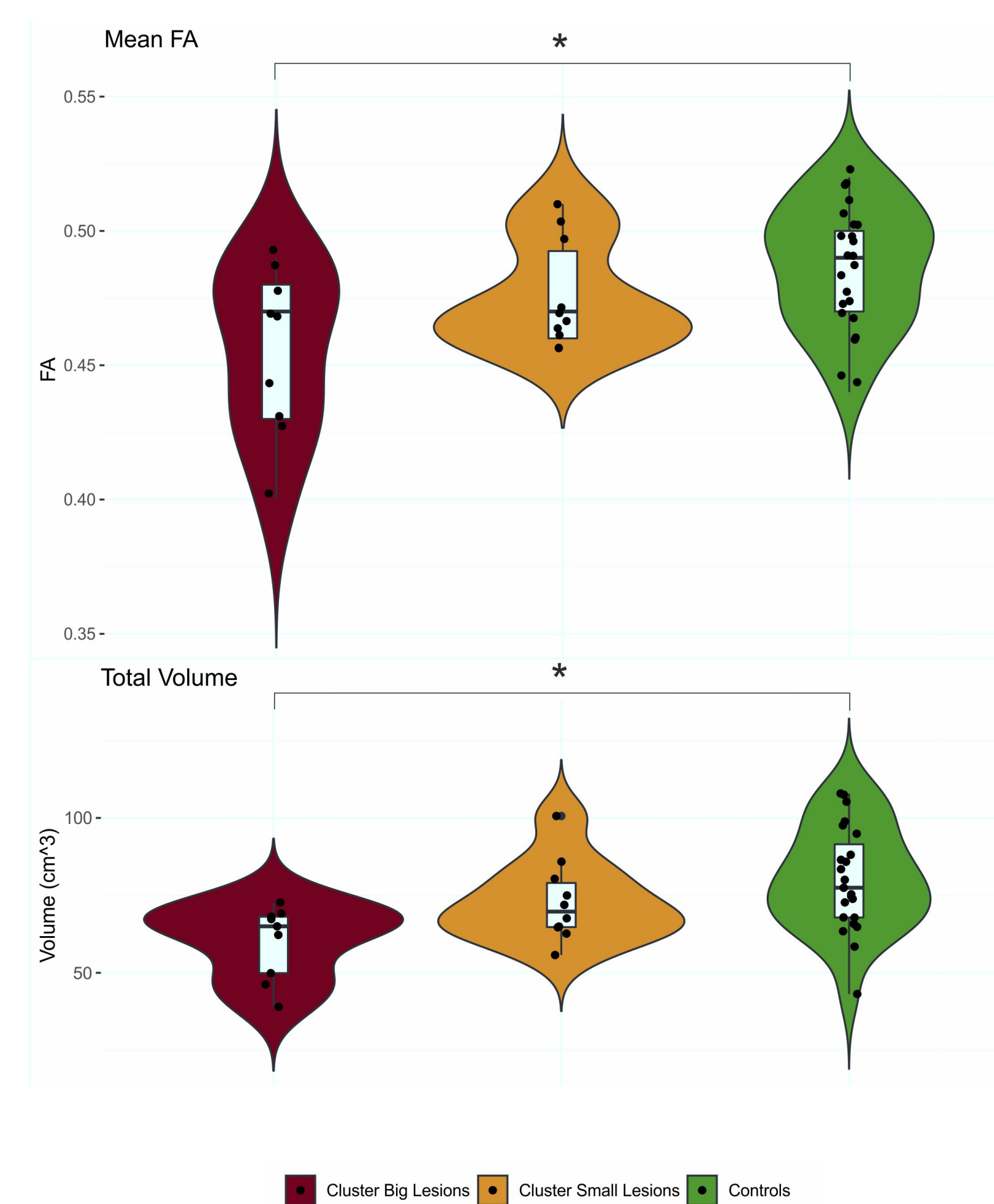
SMALL LESIONS CLUSTER  
N=10



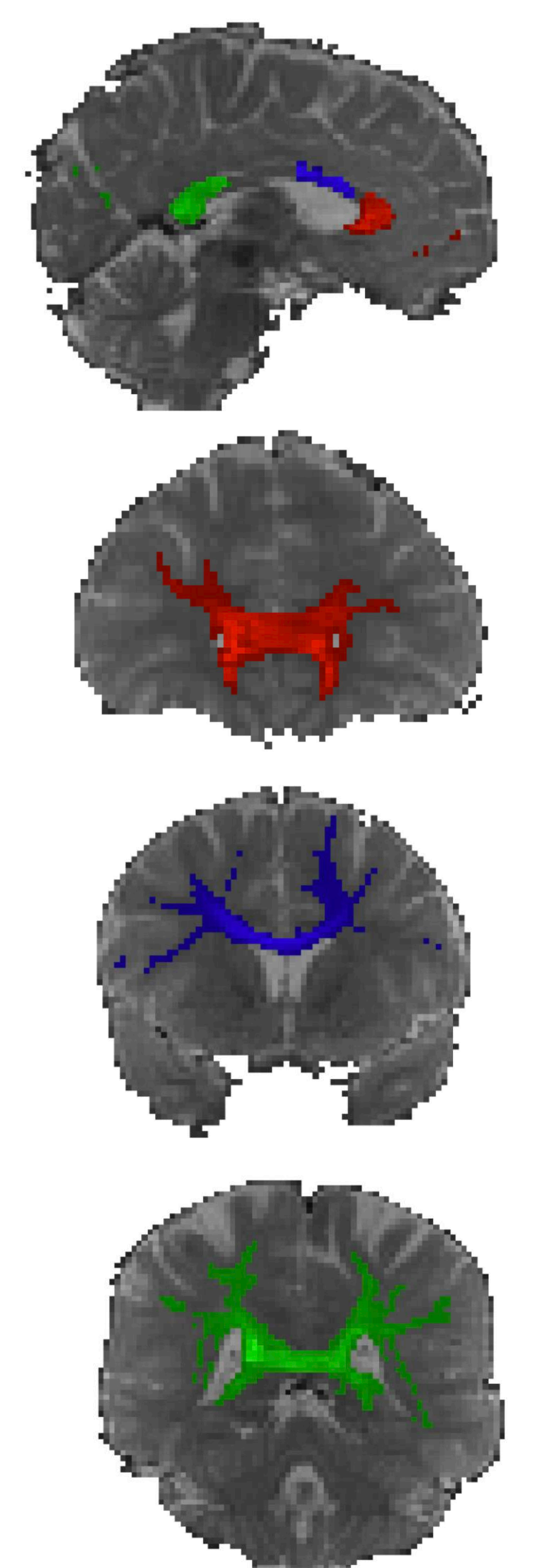
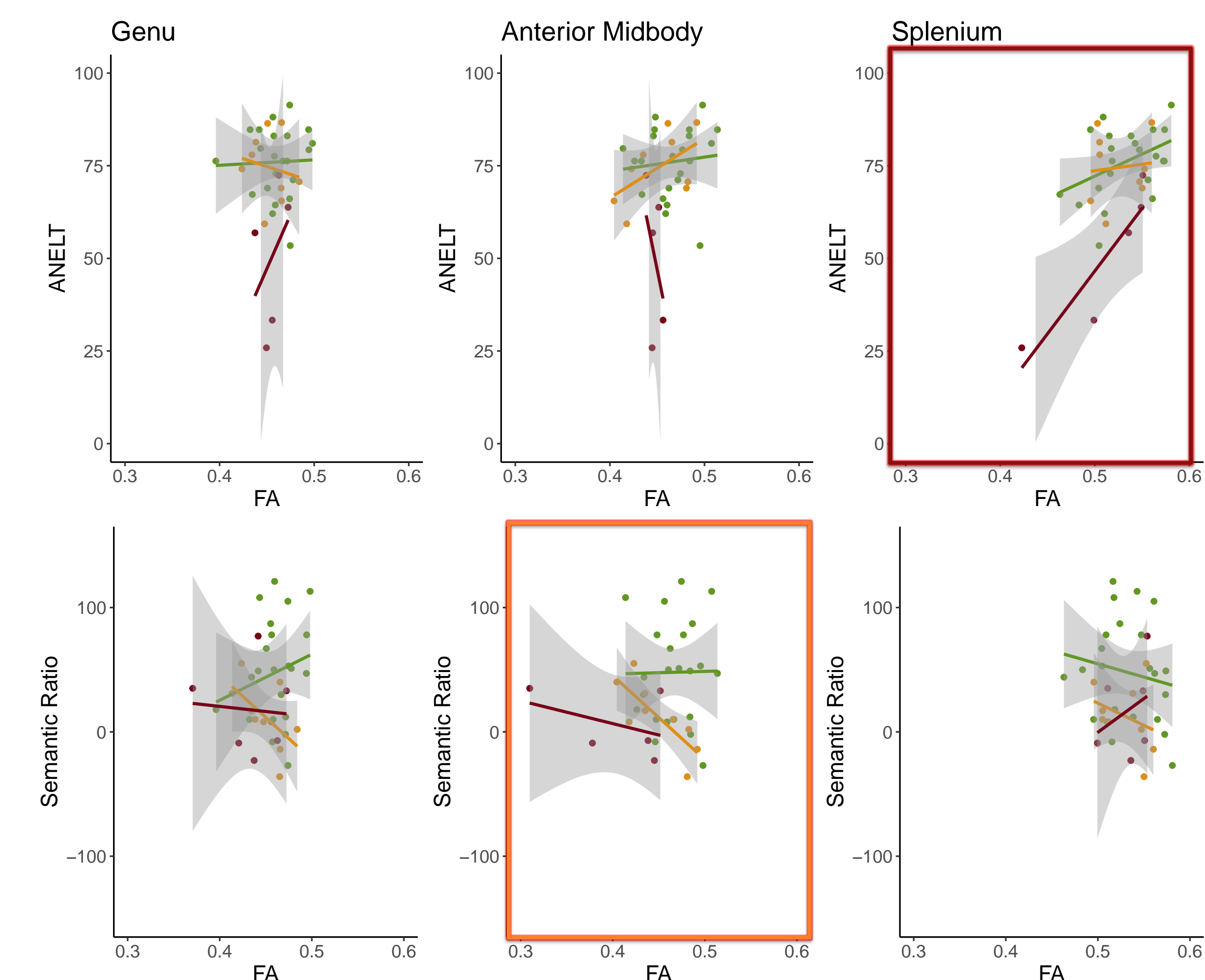
BIG LESIONS CLUSTER  
N=9



### CC STRUCTURE



### STRUCTURE TO FUNCTION RELATIONSHIPS



## CONCLUSIONS

**H1** - No associations with the genu, but positive correlation with splenium FA for people with big lesions

**H2** - Higher integrity of anterior midbody in the patients associated with smaller semantic interference (which sometimes tended towards semantic facilitation) corrected for overall naming speed

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