**Reply to the Letter by Verhoeven and Mariën:
Change of Dialect after Stroke:
A Variant of Foreign Accent Syndrome**

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We appreciate Drs. Verhoeven and Mariën's comments on previous reports of patients who showed accent change from Parisian French to Alsatian or from British English to Welsh. As far as we know, however, the languages used in these regions are quite different, even though they are used in the same country. For this reason, previous authors used the term 'bilingual' in describing a patient who used two dialects from different parts of Italy [1]. On the contrary, Koreans, who are ethnically homogeneous and have lived within the Korean peninsula for thousands of years, have relatively uniform language patterns, although several dialects have been developed, prosodic patterns being the most prominent difference. Therefore, we believe that reporting our case as a variant of foreign accent syndrome (FAS) is valuable. Our case, together with the cases commented on by Verhoeven and Mariën,

suggests that the concept of FAS should be broadened to encompass the alteration of accent rather than to specifically indicate a 'foreign' accent.

Regarding the lesion location for FAS, the patient reported by Roth et al. [2] had a hemorrhage in the posteriorly located region. As mentioned in our paper, however, this patient was different from ours in that he had nonfluent, Broca's aphasia, while our patient had fluent aphasia. We are not sure whether clinical-imaging correlation was sufficiently reliable in cases of traumatic brain injury or perfusion abnormality. Thus, we think that our case provides a unique opportunity to observe a variant form of FAS with fluent aphasia due to a temporoparietal lesion.

References

- 1 Aglioti S, Beltramello A, Girardi F, Fabbro F: Neurolinguistic and follow-up study of an unusual pattern of recovery from bilingual subcortical aphasia. *Brain* 1996;119:1551-1564.
- 2 Roth EJ, Fink K, Cherney LR, Hall KD: Reversion to a previously learned foreign accent after stroke. *Arch Phys Med Rehabil* 1997;78:550-552.

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Erratum

There was a typesetting error in the paper by Lee et al. 'First-Ever Ischemic Stroke in Very Old Asians: Clinical Features, Stroke Subtypes, Risk Factors and Outcome' (*Eur Neurol* 2007;58:44-48). Mean length of acute ward stay for the age group <80 years old is 13.7 ± 11.1 days, not 3.7 ± 11.1 days.