



Editorial on Case Studies

Betty L McMicken*

Associate Professor, Communicative Disorders Department CSU Long Beach, CA, USA

The value of a well-designed, evidence-based, carefully documented report of assessment and treatment cannot be overestimated, as case studies teach what was done and can be done, individually, to augment the rehabilitation process. As an active researcher, I have recently published 5 research papers [1-5] using the format of case histories. It has been an invaluable process, documenting unique cases in unique settings or a rare case in a surprising setting. The rare case [4-5] will be addressed in the following discussion to intrigue and interest researchers in presenting case studies for publication.

One of my co-authors, my research assistant, my friend, and a future speech-language pathologist is Kelly Rogers. Kelly was born with congenital aglossia and micronathia. She has undergone no rehabilitation treatment or surgical intervention. Kelly grew up as a healthy, well rounded child and became a successful adult. To the general public, she demonstrates no obvious speech or swallowing problem.

Kelly was referred to me in 1986 by her ENT. The purpose of the referral was to determine if a mandibular advancement for cosmetic purposes would interfere with her speech. After extensive cineradiographic studies and audio-visual recordings, it was determined that surgical intervention would indeed compromise her speech. The data was literally put on the shelf for another 26 years until I needed to do research for my tenure track position. I began to look at the recordings and to do a literature search, only to find there were only 10 cases of isolated congenital aglossia reported since 1718 and none in which an acoustic, physiologic and perceptual analysis had been performed. I had no idea where Kelly lived, medical records had been purged, and I had no way of contacting her for follow-up. So I began to research the data I had obtained 26 years previously. I approached several potential co-authors: for the perceptual study Dr. Shelley Von Berg, California State University, Chico, for the acoustics Khalil Ischarous, University of Southern California, for the video/cine analysis, FotoKem Studios, Burbank, California. Our ground breaking work led to our first publication [4], several newspaper articles, and

surprisingly, contact with Kelly Rogers whom I had not seen in 26 years. This surprise reunion opened the door to further research into the speech and swallowing science in congenital aglossia. Contact was made with the few current authors in the area and subsequently, plans were made for the first international conference on congenital aglossia in Brasilia, Brazil earlier this year. Both Kelly Rogers and I were invited speakers at the conference which was a first indeed, in this very puzzling but fascinating syndrome. The publicity surrounding the conference brought contact from other individuals with congenital aglossia and literally, worldwide attention. The result has been collaboration among current authors on cases in multiple countries.

The science behind the ability to speak and swallow without a tongue will be studied for decades in the hope of assisting individuals with congenital and acquired aglossia, hypoglossia and glossectomy. Already, the collaboration between me as a researcher and my patient as my research assistant has provided a platform for instruction and education in this very unique specialty.

This all began with a case study. There are no limits to where the data we investigate and pursue will lead. But the bottom line is with greater understanding there will be evidence-based and unique treatment for cases with oral-mandibular syndromes.

References

1. McMicken B, Vento-Wilson M (2012) Speech Remediation of Long-Term Stuttering: A Case History. *SAGE Open* 2: 1-8.
2. McMicken B, Ostergren J, Vento-Wilson M (2011) Therapeutic Intervention in a Case of Ataxic Dysarthria Associated with a History of Amateur Boxing. *Communication Disorders Quarterly* 33: 55-64.
3. McMicken B, Ostergren J, Vento-Wilson M (2010) Hyperkinetic dysarthria post cocaine abuse: A case study. *Communication Disorders Quarterly* 31: 223-230.
4. McMicken B, VonBerg S, Iskarous, K (2012) Congenital aglossia: Perceptual and acoustic analysis of vowels. *Communication Disorders Quarterly* 34:38-46.
5. McMicken B, VonBerg S, Iskarous, Vento-Wilson M, et.al. (2013) Semantic and phonemic confusions in isolated congenital aglossia accepted for publication, Aug. 2013 *Communication Disorders Quarterly*.

*Corresponding author: Betty L McMicken, Ph.D. Associate Professor, Communicative Disorders Department CSU Long Beach, CA Betty, USA, E-mail: betty.mcmicken@csulb.edu

Received July 06, 2013; Accepted July 09, 2013; Published July 11, 2013

Citation: McMicken BL (2013) Editorial on Case Studies. *Commun Disord Deaf Stud Hearing Aids* 1: e106. doi: [10.4172/2375-4427.1000e106](http://dx.doi.org/10.4172/2375-4427.1000e106)

Copyright: © 2013 McMicken BL. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.