

TYPICAL ARTICULATION DISORDERS**Shashiitharan Paramanatham,****Wayan Westa, Nyoman Ratep**

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Abstract

Typical developmental disorder in which the use of sound to speak of children, are below the level corresponding to the mental age, while the corresponding rate of the normal level of language skills. Age mastery of voice to speak, and the order in which these sounds evolve show individual variation is large enough. The diagnosis is made only if the severity of articulation disorder beyond the limits of normal variation for normal mental age; intelligence

(intelligence) nonverbal within normal limits; expressive and receptive language skills within normal limits; articulation disorder is not directly caused by something sensory abnormalities, structural or neurological; and one said definitely not normal in colloquial usage a day in the life of a child.

Keywords: *Articulation, sensory abnormalities, language skills*

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Introduction

Articulation disorders are known at first as to include difficulty in sound production and the motor component of speaking. Phonology disorders are said to have difficulty in understanding and grasping the rules of the sound system of the language. The examples of phonation disorders are when substituting one sound for the another, omitting sounds or distorting sounds. Articulation errors and phonological process are typical process in a child development process. Most of the errors are eliminated as the child starts to grow older.

This disorders is said to be common in boys. The cause of phonological in children in unknown. It say that relatives or close relation may have speech and language problems. Other risk factors maybe include children that come from poverty or coming from a large family. Phonological disorders may be caused problems in shape of muscles or structural in bones that used to make sound. The structures that may be involved include the cleft palate and problem with the teeth. The other structure that may be involve are damaged to the parts or the nerves that control the muscles that used to create speech.

The goal for this report is to realize the danger of this illness and its impact on children and the cause it may

have on the development of the child. We report here a case of a boy who suffered from typical articulation disorder. The boy is said to be 2 years old.

Case Presentation

Boy 2 year old came to the clinic and I start interviewing the patient's mother in Indonesian. The patient's mother says patients can not talk since the age of 2 years. Mother patients think there is something not normal in patients feel when patients aged 2 years (January 2014). No patient sister. Mom says brother patient can talk before the age of 2 years. Mother patients wait 5 months of January in the hope patients can talk but not still talk and eventually his mother brought the patient to the clinic Sanglah on June 27, 2014 at 10:10 o'clock pm where I met the patient and the patient's mother. Now patients can not express the word "mama", "dada", "popo", "bobo" and brother. If patients mahu food from his mother, the patient's mother and attractive clothing mention the word "maaam". Prior to this, he never mentions the word "breast" (waving hand) but now there is still mentioned. Now he just says "tatata" and "Bababa" which has no meaning.

If at home, patients sometimes follow the direction of the mother, such as "unfortunately not there" to play here "and turned to her mother, but everyone else in

the house that my brother and grandfather of patients do not want to hear and looked at them. Patients only heard and turned to the mother and father of the patient. Patients look was always active as checked the walls, jumping on the bed and disturb her when cooking and washing clothes and play with fathers in the garage. The patient's mother says fear that the patient is not monitored kerana patients tend to fall out of play or skipping of the mattress. The patient's mother told the patient had fallen completely out of the mattress and the patient's head hit the floor hentaman but found no injury to the head and other body parts. If patients mahu urinate, then peed on the floor and did not call his mother. Patients still wearing diapers. If the patient's home rarely wear pampers, wearing only shorts sake only. If mahu defecation, patients will pull her clothes and her mother will ask the patient "mahu diapers" and the patient will call "eheheh" and screaming and her mother would bring the toilet to help patients defecation. His mother told the patient understands what his mother asked, but the patient can not respond and express. When bathing, keep the patient and not disturb her mother when her mother washed patients. When cold, her mother prepare for the hot water to bathe the patient. Eating and drinking is quite good. Patients are said to eat two meals a day. Patient do not want to eat breakfast lunch and only drink milk during the day His mother said patients morning meal is rice and vegetable soup without vegetables and shredded chicken. Patients do not like fish. The food is the same night with the morning meal. Patients can eat alone, sometimes fed. Patients will drink milk 6-9 times a day. Patients likes snack food such as savory waffles and mee.

Patients always brought by her mother to Indomaret and Hardy because she likes to buy perman, chocolate, drinks, ice cream and feel happy. If patients brought by her mother to the market to buy vegetables, the patient did not like at all and disturbing his mother shopping at the market. Mother said patient ever throw vegetables at the market. Mom had a little hard on the patient, the patient immediately pointed to the emotion of anger at her mother.

Patients were only playing at home and rarely go out to play with the neighbor kids. The patient's sister was also just follow around with the patient. The patient's sister loved to play with the neighbor kids. Patients love to play with the "block" and put into a building or railway. Patients like the "block" in blue or blue color balls. Patients pleased checked the walls of the house with a marker. His mother says patients can not paint round. Patients love to hear a song on the tv and jumping in front of the tv.

The patient's mother said when pregnant patient mother, her mother stopped drinking milk at month 3 so that the time of birth because nausea. Doctor to suggest his mother taking medication and do not drink milk during pregnancy. Name of the drug is said to forget. Mother of patients do not know

whether they have been drinking folic acid during pregnancy. Relationship with the patient's mother and father both patients no contentious as pregnant women. While pregnant, her mother never got out to walk around and just be quiet at home and rarely bask in the sun in the morning.

Mothers with normal deliveries assisted by midwives say and no complications during birth. The umbilical cord is fresh and clear amniotic fluid. Weight at birth is 40 grams, and 52 cm in body length and head circumference is said to forget. Immediately crying on the current state of birth. Complete immunization history, namely BCG 1 times, 4 times polio, DPT 3 times, 3x hepatitis, and measles 1 times. Patients were given exclusive breastfeeding from birth to age 1 year and 6 months. After that, dikasi formula Lactogen until today. Dikasi milk porridge from 6 months to 1 year 8 months. Rice indication since the age of 1 year 8 months to date.

Developmental history of patients at 3 months of age already hold your head, turn around at the age of 4 months, sitting at the age of 6 months, crawling at the age of 7-8 months, stood at the age of 1 year, running at the age of 1 year and 6 months, and talk to the patient not yet. Patients no history of allergies.

Discussion

As per the report, we have described this rare case typical articulation disorders under psychiatry child development problems. The prevalence in general is around 1-2 per 4000 birth, which is relevant to the survey done in the hospital whereby, only one case in 4000 birth. The US Preventive Services Task Force there was insufficient evidence to recommend formal screening to detect speech and language delay in children up to five years old. It is important for the physicians to have understanding of the milestones to assess whether the child have speech and language delay.

In children not are not meeting the expected development milestone for speech and language. A comprehensive development evaluation is needed.⁽⁵⁾ The diagnosis was made according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-V-TR). The diagnosis is assigned to individuals who have difficulties in production of speech and produces impairment in functioning and in distress. Distortions involved uttering the correct sound of the word.⁽⁵⁾ Meanwhile, using PPDGJ III, criteria for postpartum psychosis is under F.80.0⁽⁶⁾ The patient's complaints were very much identical for the diagnostic criteria for typical articulation disorder, which are the productions of sound are below development milestones whereby the language is normal and no disturbances. There is variation in ability of the child for speech and articulation then the diagnosis is made. Proves

that the child articulation disorder is outside the normal the development milestone while the intelligence is at the normal milestones. The ability for

expressive speech is also at normal milestones. There is also no disturbance in structural and neurological symptoms.

Summary

Typical articulation disorders are in which the use of sound to speak is below the mental age the below the corresponding age. The diagnosis is made only when the limits is below normal variation. The US Preventive Services Task Force said there is insufficient evidence to recommend formal screening to detect speech and language delay in children up to five years old. Physicians must have understanding of the milestones to assess whether the child has speech and language delay. In children not meeting expected milestones a comprehensive evaluation is needed.

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