Brain Anatomy Related to FTD/PPA

1. Can FTD be right or left-brain only?

FTD begins in the frontal lobe. As the disorder progresses, it affects the entire brain, both right and left sides.

2. My husband was diagnosed with FTD in 2003. His 2005 PET scan shows reduced activity in his left frontal and temporal lobes. Did I hear Dr. Boeve say that FTD more commonly occurs on the right side of the brain?

This was a generalization. FTD can sometimes present with dysfunction on the left or on both sides.

3. We know about the incredible “plasticity” of the brain and its ability to renew and encourage neural pathways. Why doesn’t this happen with FTD/PPA?

The brain’s plasticity is able to help it compensate for a one-time injury, which explains some of the gains in function that can occur after a stroke. However in a neurodegenerative condition, there is progressive deterioration, which counteracts much of the brain’s attempts at plasticity.

4. I was diagnosed with frontal lobe dementia. I always read that this is diagnosed with MRI or CAT scans, but mine came back negative and was instead diagnosed via an EEG and psycho-neurological exam. Is this a well-accepted method for diagnosing FLD?

“Frontal lobe dementia” is an older term for FTD that affects the frontal lobes. The diagnosis of FTD is made clinically, meaning by evaluating the history, physical, and cognitive exam of the patient. These tests, in addition to neuropsychology exams, EEGs, MRIs, and CTs together help support the diagnosis.

5. We have been told that our mother has “holes” in her brain and her brain is shrinking from PPA. Are there truly “holes” in her brain or is the function of her brain not working correctly?

No there aren’t really “holes”, but rather shrinkage and dysfunction of language areas of the brain.