

# THE EGYPTIAN SOCIETY OF NEUROLOGY, PSYCHIATRY & NEUROSURGERY

# 18<sup>TH</sup> CNC

CAIRO INTERNATIONAL NEUROLOGY CONFERENCE

8<sup>th</sup> - 10<sup>th</sup> February 2017

Intercontinental Citystars Hotel - Cairo, Egypt.



Program Book



## Welcome Message

On behalf of the Egyptian Society of Neurology, Psychiatry and Neurosurgery, I have the pleasure and honor to invite you to actively participate in the 18<sup>th</sup> CNC Conference, which will be conducted in Intercontinental Citystars Hotel, 8<sup>th</sup> to 10<sup>th</sup> February 2017 - Cairo, Egypt.

The scientific Program is rich, including updated subjects in different fields of Neurology.

Interesting lectures by eminent neurologists from different countries all over the world, as well as free papers in all fields and workshops in very interesting topics (Multiple Sclerosis, Movement Disorders, Endovascular Neurointervention and EEG monitoring )

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**Prof. Sherif Hamdy**

*Sherif Hamdy*

President of the Society & Conference

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Rezk Khudir  
Sadek Helmi  
Shoura Yousef  
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Tarek Tawfik  
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Mohamed El-Sayed  
Mohamed Hamdy  
Mohamed Hegazy  
Nervana El- Fayomi  
Sandra Ahmed

Sherein Fathy  
Tarek Rageh  
Wafik El-Sheikh

## International Guest Speakers

" Names arranged alphabetically "



### Gunter Deuschl

**Germany**

Prof. Dr. h.c. Günther Deuschl, President European Academy of Neurology, Department of Neurology, UKSH Kiel, CAU Kiel, Schittenhelmstr



### Heinz Reichmann

**Germany**

MD, PhD, FRCP, Professor and Chair Dept. Neurology, Dean of Medical Faculty University of Dresden



### Jean Claude Baron

**France**

MD, ScD, FMedSci, Emeritus Professor of Stroke Medicine (Cambridge), Emeritus Director of Research (Inserm), Hopital Sainte-Anne, Université Paris 5, INSERM U894, Centre de Psychiatrie et Neurosciences



### Maria Tintore

**Spain**

Professor Maria Tintoré, Multiple Sclerosis Centre of Catalonia (Cemcat), Dept. of the Neurology/Neuroimmunology at Vall d'Hebron University Hospital and Research Institute Barcelona, Spain



### Nikolaos Grigoriadis

**Greece**

MD, PhD, Professor of Neurology, Laboratory of Experimental Neurology and Neuroimmunology Multiple Sclerosis Center, HEAD and CHAIRMAN of the 2nd Department of Neurology AHEPA University Hospital, Aristotle University of Thessaloniki, Greece



### Steven L. Lewis

**USA**

Associate Chairman and Neurology Residency Director, General Neurology Section Rush University Medical Center, Department of Neurological Sciences, Editor -in-Chief of the Continuum

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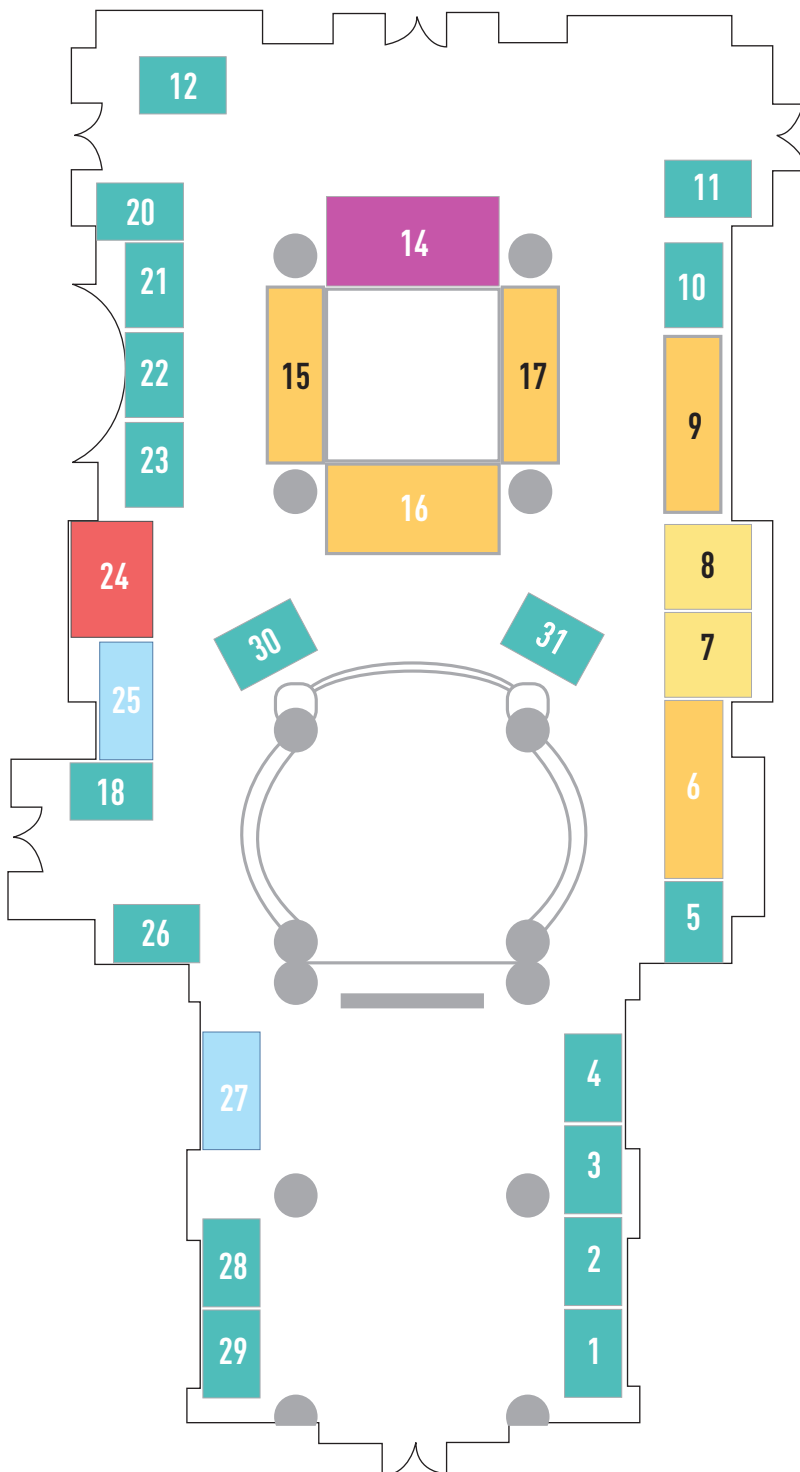
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# 18<sup>TH</sup> CNC

CAIRO INTERNATIONAL NEUROLOGY CONFERENCE

## SCIENTIFIC PROGRAM





## Multiple Sclerosis Workshop



Saraya 2 Hall



10:00 - 02:45

### Chairpersons | Alphabetical

Al Bahay Reda  
Magd Zakaria  
Sherif Hamdy

- 
- |               |  |
|---------------|--|
| 10:00 – 10:30 | Diagnosis of Multiple sclerosis: Evolution of diagnostic criteria.<br><b>Azza Abdel Nasser</b> |
| 10:30 – 11:00 | Red flags in the diagnosis of MS<br><b>Amr Hassan</b>  |
| 11:00 – 11:30 | Updates of MRI criteria for diagnosis of MS<br><b>Mohamed Abul Wafa</b>                        |
| 11:30 – 12:15 | When to start and how to minimize risks with DMDs<br><b>Nevin M Shalaby</b>                    |
| 12:15 – 12:45 | Coffee Break   |
| 12:45 – 01:15 | Switching of MS treatment: When and how?<br><b>Alaa El Mazny</b>                               |
| 01:15 – 02:45 | Neurostatus “EDSS training”<br><b>Dina Zamzam</b><br><b>Mohamed Ali</b>                        |





## Movement Disorders workshop



Saraya 1 Hall



10:00 - 03:30



International Parkinson and  
Movement Disorder Society

### Chairpersons | Alphabetical

Gunter Deuschl  
Mohamed S. El-Tamawy  
Ayman Ezz El Din

### Coordinators | Alphabetical

Ali Shalash  
Hatem Samir

10:00 – 10:20	Parkinson's Disease: Clinical criteria <b>Hatem Samir</b>
10:20 – 10:40	Parkinsonism plus syndromes: Clinical approach <b>Ahmed Gaber</b>
10:40 – 11:00	Hyperkinesias <b>Ali Shalash</b>
11:00 – 11:20	Juvenile Movement Disorders <b>Amr Hassan</b>
11:20 – 11:40	Drug induced Movement Disorders <b>Eman Khedr</b>
11:40 – 12:00	Oromandibular dystonia <b>Mohamed S. El-Tamawy</b>

12:00 – 12:30 Coffee Break



## Chairpersons

Eman Khedr

Abdel Haleem El Tantawi

Taha kamel

- 12:30 – 01:10      Management of Parkinson's Disease: Updates  
**Gunter Deuschl**
- 01:10 – 01:30      Nonmotor manifestation of Parkinson's Disease  
**Mahmoud Haroun**
- 01:30 – 03:30      Botulinum toxin for Movement Disorders and spasticity workshop  
**Moderator**  
**Hanan Amer**





## Endovascular Neurointervention Workshop



Sans Soussi 2  
Hall



10:00 - 04:30

### Moderator | Alphabetical

Ahmed El Bassiouny  
Ahmed Hegazy  
Khaled Sobh  
Osama Yassin

- 
- 10:00 – 10:45    Angioanatomy, and how to perform cerebral angiography safely?  
**Ahmed Elbassiouny**
- 10:45 – 11:30    Endovascular management of cerebral aneurysms  
**Osama Yassin**
- 11:30 – 12:15    Endovascular management of cerebral arteriovenous malformation  
**Khaled Sobh**
- 12:15 – 12:45    Coffee Break 
- 12:45 – 01:15    Mechanical thrombectomy in acute cerebrovascular stroke  
**Hazem Abdelkhalek**  
**Eslam Dessouky**
- 01:15 – 01:45    Intracranial stenting and angioplasty  
**Wessam Fathy**

- 01:45 – 02:15 Extracranial Carotid angioplasty and stenting  
**Eman Khedr**
- 02:15 – 02:45 Endovascular embolization of brain Tumours  
**Khaled Sallam**
- 02:45 – 03:15 Endovascular embolization of carotid cavernous fistulae  
**Tamer Elserafy**
- 03:15 – 03:45 Endovascular treatment of spinal dural fistulae and spinal AVMs  
**Magdy Khalaf**
- 03:45 – 04:30 How to select patients for Extracranial to intracranial bypass  
**Ahmed Hegazy**



## EEG monitoring workshop



Saraya 3 Hall



10:00 - 02:30

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- 10:00 – 10:30 EEG monitoring in maturation with age  
**Salma Marzouk**
- 10:30 – 11:00 EEG monitoring in drowsiness and sleep  
**Neveen ELFayoumy**
- 11:00 – 11:30 EEG monitoring in abnormal behavior during sleep (parasomnia)  
**Ann Ali Abdel Kader**
- 11:30 – 12:00 EEG monitoring in psychogenic seizures  
**Mye Basheer**
- 12:00 : 12:30 Coffee Break
- 12:30 – 01:00 Video presentations in epilepsy  
**Ann Ali Abdel Kader**
- 01:00 – 01:30 EEG monitoring in ICU  
**Hanan Hosny**
- 01:30 – 02:00 EEG in non- convulsive status epilepticus  
**Amani Naweito**
- 02:00 – 02:30 Intraoperative monitoring of epilepsy surgery  
**Hesham Nafee**







## Session I

Stroke I



Hall A



09:00 - 10:30

### Chairpersons | Alphabetical

Ghareeb Fawy  
Hoda Masaaoud  
Samia Ashour  
Shoura Youssef

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09:00 – 09:20	Reperfusion therapies for acute ischemic stroke in 2017: Can patient outcome be further improved? <b>Jean-Claude Baron</b>
09:20 – 09:35	Preliminary experience with 31 mechanical thrombectomy cases in 2016 (results, obstacles and expectations) <b>Ahmed Elbassiouny</b>
09:35 – 09:50	Extracranial- intracranial by-pass in chronic carotid occlusion <b>Ahmed Hegazy</b>
09:50 – 10:05	Narrow or widen selection criteria for EVT, are we under treating acute stroke? <b>Osama Yassin</b>
10:05 – 10:20	Endovascular treatment of distal basilar aneurysm <b>Mohamed Zaytoun</b>
10:20 – 10:30	Discussion



## Session II

### Stroke II



Hall B



09:00 - 10:30

## Chairpersons | Alphabetical

Abdel Raouf Omar  
Ahmed Abou Hagar  
Ebtessam Fahmy  
Nabil Al Agouz

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- |               |  |
|---------------|--|
| 09:00 – 09:15 | Early ischemic stroke predictors in transient ischemic attacks clinical, laboratory and radiological study<br><b>Tarek El Gammal</b> |
| 09:15 – 09:30 | Clinicoradiological features of Reversible cerebral vasoconstriction syndrome<br><b>Ahmed Esmat</b>                                  |
| 09:30 – 09:45 | DWI lesions reversal in posterior circulation stroke after reperfusion<br><b>Eslam Dessouky</b>                                      |
| 09:45 – 10:00 | Vitamin D and stroke: A comparative study to risk factors and stroke type<br><b>Abeer Al Tony</b>                                    |
| 10:00 – 10:15 | Abnormalities in blood components can help determine stroke type and severity<br><b>Mostafa Saleh</b>                                |
| 10:15 – 10:30 | Circadian and Circannual Patterns In Different Stroke Subtypes<br><b>Shireen Ahmed El Ahwal</b>                                      |



**Session III**  
Multiple Sclerosis I



**Hall A**



10:30 - 11:30



**Chairpersons** | Alphabetical

Ayman Ezz El Din  
Hamdy Al Tellawy  
Mahmoud Abd Al Sayed

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10:30 – 11:00	Evaluating treatment response of DMTs and defining sub-optimal response in MS <b>Maria Tintore</b>
11:00 – 11:30	Differential diagnosis of Msi interactive case presentations <b>Tarek Tawfik</b>





**Session IV**  
Dementia



Hall A



11:30 - 12:00



**Chairpersons** | Alphabetical

- Azza Abbas
- Eman Khedr
- Nadia Hafez

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11:30 – 12:00 Neuro-cognitive disorders. Subtypes & management paradigm  
**Hatem Samir**

12:00 – 12:30 Coffee Break



12:30 – 01:00 Opening Ceremony



## Plenary Session I



Hall A



01:00 - 02:00

### Chairpersons | Alphabetical

Maged Abdel Naseer  
Osama Abd Al Ghany  
Sherif Hamdy

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- |               |  |
|---------------|--|
| 01:00 – 01:20 | The pre-motor phase: A window of opportunity to treat patients super-early<br><b>Heinz Reichmann</b> |
| 01:20 – 01:40 | Differential Diagnosis of Tremors<br><b>Gunter Deuschl</b>   |
| 01:40 – 02:00 | Treatment of motor fluctuations in PD<br><b>Heinz Reichmann</b>                                      |



## Session V

Multiple Sclerosis II



Hall A



02:00 - 02:45

### Chairpersons | Alphabetical

Hassan Farweez

Mohamed Saad

Yosria Al Taweel

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02:00 – 02:20 Highly Active MS  
**Saher Hashem**

02:20 – 02:40 Case study in MS  
**Farouk Talaat**

02:40 – 02:45 Discussion



**Session VI**  
Multiple Sclerosis III



**Hall A**



02:45 - 03:30



**Chairpersons** | Alphabetical

Al Bahy Reda  
Saher Hashem

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02:45 – 03:05    Role of B-Cell in MS  
**Magd Zakaria**

03:05 – 03:30    Clinical Course of MS  
**Maged Abdel Naseer**



**Session VII**  
Multiple Sclerosis IV



**Hall A**



03:30 - 04:00



**Chairpersons** | *Alphabetical*

El Sayed Tag El-Din  
Farouk Talaat  
Hussein Mohamed Hussein

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03:30 – 04:00    When to escalate  
**Hatem Samir**

04:00 – 04:30    Coffee Break





## Plenary Session II



Hall A



04:30 - 05:30

### Chairpersons | Alphabetical

Abd Allah Al Maamoun Sarhan

Ahmed Deif

Mohamed S. El-Tamawy

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04:30 – 04:50	Update in myelopathies <b>Steven L. Lewis</b>
04:50 – 05:10	Targets in MS immunopathology for therapeutic intervention <b>Nikolaos Grigoriadis</b>
05:10 – 05:20	Discussion
05:20 – 05:30	<b>LOTTERY WITHDRAWAL</b>





**Session VIII**  
Epilepsy I



**Hall A**



05:30 - 06:30



**Chairpersons** | Alphabetical

- Ahmed Talaat
- Mahmoud Allam
- Mona Raafat
- Wael Fadel

05:30 – 06:00    Challenge of Epilepsy in Elderly patients  
**Fathy Afifi**

06:30 – 06:30    Management of status epilepticus  
**Ahmed Gaber**

06:30    Early Dinner followed by General Assembly





## Session I

Neurophysiology



Hall A



09:00 - 11:00

### Chairpersons | Alphabetical

Amira Zaky  
Ann Ali Abdel Kader  
Obsis Madkour  
Samiha Abd Al Monem

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09:00 – 09:15	Updated brief on Portable evaluation of snoring and obstructive sleep apnea <b>Salma Marzouk</b>
09:15 – 09:30	SFEMG in CTS <b>Aliaa Tawfk</b>
09:30 – 09:45	Quantitative Electroencephalographic and psychometric analysis of possible cognitive decline in healthy elderly subjects <b>Amira labib</b>
09:45 – 10:00	Mobile Phone Radiation and Brain Rhythm in Epileptic Patients <b>Radwa Azmy</b>
10:00 – 10:15	The reliability of motor unit number estimation test in differentiating between Amyotrophic lateral sclerosis (ALS), cervical spondylosis and cervical spondylotic myelopathy <b>Alaa Mishrif</b>

- 10:15 – 10:30      The role of Quantitative EEG in cognitive neuroscience  
(Cognitive dysfunction in children with benign childhood epilepsy with centrotemporal spikes: An event related EEG desynchronization and synchronization study)  
**Mostafa Al Kholy**
- 10:30 – 10:45      Electrophysiological Diagnosis of Carpal Tunnel Syndrome Using Conventional and Other Modified Techniques  
**Mohamed Ismail**

11:00 – 01:00      Coffee Break & Gomaa Prayer





## Session II

Miscellaneous



Hall B



09:00 - 11:00

### Chairpersons | Alphabetical

Azza Al Mongy  
Foraysa Talaat  
Mahmoud Haroun  
Ismail Montasser

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- |                |   |
|----------------|---|
| 09:00 – 09:20  | Spinal Muscular Atrophy, New Hope, New Therapy<br><b>Nagia Fahmy</b>  |
| 09:20 – 09:40  | Natural Remedies in Migraine Therapy<br><b>Hassan Al Nady</b>   |
| 09:40 – 09:55  | DBS in Movement Disorders: Neurologist Role<br><b>Aliaa Mansour</b>   |
| 09:55 - 10:10  | The role of the tumor associated macrophages and its nanovesicles in glioma microenvironment<br><b>Sherin Al Mousty</b>               |
| 10:10 – 10:25  | The predictors of early atherosclerosis in young adult epileptic patients<br><b>Nesma Abd ElMoneam</b>                                |
| 10:25 – 10: 40 | Different Methods in Diagnosis of Neurocutaneous Syndromes in a Sample of Egyptian Children<br><b>Hassan Abou Younes</b>              |
| 10:40 – 10:55  | Sleep disorders in a sample of Egyptian Parkinson's disease patients: clinical and polysomnographic study<br><b>Ahmed Al Shessiny</b> |
| 10:55 – 11:00  | Discussion  |

11:00 – 01:00 Coffee Break & Gomaa Prayer





## Session III

Multiple Sclerosis V



Hall A



01:00 - 02:00

### Chairpersons | Alphabetical

Ahmed Gamal Azzab  
Ashraf Abdou  
Mervat Mostafa

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01:00 – 01:30      Clinically isolate syndrome  
                         **El Sayed Tag El-Din**

01:30 – 02:00      Grey Matter and Multiple Sclerosis  
                         **Amr Hassan**



**Session IV**  
Multiple Sclerosis VI  
Epilepsy II



**Hall A**



02:00 - 03:00



**Chairpersons** | Alphabetical

Ahmed Osama  
Iman El Banhawy  
Ismail Ramadan

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02:00 – 02:30	Multiple Sclerosis and treatment landscape <b>Hany Aref</b>
02:30 – 03:00	Epilepsy management updates <b>Ahmed Gaber</b>





**Session V**  
Epilepsy III



**Hall A**



03:00 - 03:30



**Chairpersons** | Alphabetical

- Hassan Hosny
- Layla Al Mously
- Taha Kamel

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03:00 – 03:30 Management of women with Epilepsy: Journey from Adolescence to Menopause  
**Mohamed Hegazy**



**Session VI**  
Multiple Sclerosis VII



**Hall A**



3:30 - 04:00



**Chairpersons** | Alphabetical

Abdel Nasser Morad  
Wafaa Farghaly  
Wafeeq El Sheikh

03:30 – 04:00 A Decade of difference, Changing patients' lives  
**Hany Aref**

04:00 – 04:30 Coffee Break



08:00 Gala Dinner





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ABSTRACTS

## Tarek El Gammal

### Early Ischemic Stroke Predictors In Transient Ischemic Attacks Clinical, Laboratory And Radiological Study

**Background And Purpose:** The Frequency Of Early Stroke Occurrence After Tia Has Been Poorly Studied. The Aim Of This Work Is To Assess The Possible Risk Factors Of Transient Ischemic Attacks And To Determine The Possible Predictors Of Early Ischemic Stroke Within 90 Days Of First Attack Of Tias.

**Subjects And Methods:** A Total Of Eighty Tia Patients Their Age Were Above 45 Years. They Were Divided Into 2 Groups, Ischemic Stroke With Past History Of Tia Within Last Three Months And Transient Ischemic Attacks Only With Onset Duration More Than Three Months. All Patients Were Subjected To Full History Taking, Complete Neurological, Cardiological And General Examination, Laboratory Investigations, And Imaginological Investigations Including (Ct Brain, Mri With Dwi Within 24 Hours, Carotid Duplex, Tcd And/Or Ct Angiography).

**Results:** The Age Is An Important Risk Factor In Ischemic Stroke Occurrence In Tia. Hospital Admission During Tia Significantly Reduced The Risk Of Early Stroke Occurrence. Medical Treatment (Either Antiplatelet Or Anticoagulant) During Tia Reduce Significantly The Risk Of Early Stroke Occurrence. Hypertension, Multiple Episodes Of Tia And Mri With Dwi Were Significantly Predictors For Early Stroke Recurrence. The Rate Of Stroke Occurrence Was Higher Within The First Week. Positive Dwi Was Commonly Associated With Longer Duration Of Tia Especially Motor Weakness And Speech Disturbance  
**Conclusions:** The Main Prognostic Factors For Early Stroke Occurrence After Tia In This Study Were Age, Hypertension, Hospital Admission And Early Medical Treatment After Tia, Duration And Frequency Of Tia Symptoms, Abcd2 Score And Positive Findings In Dwi.

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## Ahmed Esmat

### Clinicoradiological Features Of Reversible Cerebral Vasoconstriction Syndrome

Recurrent Thunderclap Headaches, Seizures, Strokes, And Non-Aneurysmal Subarachnoid Haemorrhage Can All Reveal Reversible Cerebral Vasoconstriction Syndrome. This Increasingly Recognised Syndrome Is Characterised By Severe Headaches, With Or Without Other Symptoms, And Segmental Constriction Of Cerebral Arteries That Resolves Within 3 Months. Manifestations Have A Uniphasic Course, And Vary From Pure Cephalalgic Forms To Rare Catastrophic Forms Associated With Several Haemorrhagic And Ischaemic Strokes, Brain Oedema, And Death. Diagnosis Can Be Hampered By The Dynamic Nature Of Clinicoradiological Features. Stroke Can Occur A Few Days After Initial Normal Imaging, And Cerebral Vasoconstriction Is At A Maximum On Angiograms 2–3 Weeks After Clinical Onset.

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## Eslam Dessouky

### Dwi Lesions Reversal In Posterior Circulation Stroke After Reperfusion

In Acute Stroke, Diffusion-Weighted Imaging (Dwi) Lesions Are Commonly Considered Markers Of Irreversible Ischemia, And Accurate Assessment Of Dwi Lesion Volume Is Crucial In Order To Establish Cutoffs Above Which Reperfusion May Not Be Beneficial. However, Some Case Reports Have Suggested Dwi Lesion Reversal After Reperfusion In Posterior Circulation. We Present Two Cases Of Brainstem And Cerebellar Dwi Lesions' Reversal After Intravenous Thrombolysis, And Summarize Currently Available Data On This Issue. Introduction In Acute Ischemic Stroke, The Diffusion-Weighted Imaging (Dwi) Lesion Is Commonly Considered Surrogate Marker Of Irreversible Core, And Baseline Infarct Size Seems To Be A Potent Prognostic Factor, Either Intravenous (Iv) Thrombolysis Or An Endovascular Treatment [1–3]. Thus, Accurate Assessment Of Dwi Lesion Volume Is Crucial To Establish Cutoffs Above Which Reperfusion May Not Be Beneficial And May Even Be Harmful. However, In Anterior Circulation,



Dwi Reversal Was Often Sizeable In Patients Treated With Iv Tpa 4.5 Hours And Was Strongly Associated With Early Neurological Improvement [4]. In The Posterior Circulation, There Are Some Case Reports Which Have Suggested Substantial Dwi Lesion Reversibility After Iv Tpa And Endovascular Therapy In Posterior Circulation. We Present Two Cases Of Brainstem And Cerebellar Dwi Lesions' Reversal After Intravenous Thrombolysis, And Summarize Currently Available Data On This Issue.

### Case 1

A 59-Year-Old Female Presented With Complete Left Hemiplegia And Aphasia. On Admission To The Stroke Unit, National Institutes Of Health Stroke Scale (Nihss) Score Was 11. Urgent Brain Mri Was Performed 70 Min After Onset And Dwi Sequence Revealed Right Latero-Pontine Infarct Secondary To Complete Occlusion Of The Basilar Artery (Fig. 1). Intravenous Thrombolysis With Tpa Was Administered 105 Min After Stroke Onset. At 210 Min From Onset Of Symptoms, Complete Neurologic Regression Was Observed (Nihss 0) And Angiogram Revealed Complete Recanalization Of The Basilar Artery. Mri On Day 1 Showed A Total Dwi Reversibility Of Right Lateropontine Lesions, And New Small Lesions In The Left Cerebellarhemisphere, Along With Complete Recanalization Of The Basilar Artery.

### Case 2

A 51-Year-Old Female Presented With Sudden Right-Sided Hemiparesis With Facial Drop And Aphasia. Nihss Score On Admission Was 13. Urgent Brain Mri Was Performed 190 Min After Onset And Revealed A Left Latero-Pontine And Cerebellar Hemisphere Infarct On Dwi Sequence (Fig. 2). Basilar Artery Occlusion Was Observed On Angiographic Sequence. Intravenous Thrombolysis With Tpa Was Initiated 230 Min From Stroke Onset. Mri On Day 1 Revealed Complete Reversal Of The Pontine Lesion, And Partial Reversal Of The Cerebellar

Lesions. A Complete Recanalization Of The Basilar Artery Was Observed. Recovery Was Complete At 24 Hours.

### Discussion

The Reliability Of The Dwi Hyperintense Lesion Located On Posterior Circulation As A Depiction Of The Infarct Core Could Be Challenged By Sustained Dwi Lesion Reversal After Reperfusion, As Shown In This Case. In Fact, Our Case Report Illustrates Permanent Reversal Of Dwi Lesions And Permanent Tissue Salvage Following After Successful Reperfusion With Iv Thrombolysis. We Identify 5 Cases In The Literature Of Substantial Reversal Dwi Lesion In The Posterior Circulation [5–9]. Dwi Lesion Reversal Was Observed After Reperfusion Not Only With Iv Tpa, But Also With Intra-Arterial Tpa Or Mechanical Endovascular Thrombectomy. As Reported In The Anterior Circulation Stroke [4], Our Case Report And Other Case Series Of Limited Sample Size

## Abeer Al Tony

### Vitamin D And Stroke: A Comparative Study To Risk Factors And Stroke Type

**Background:** Stroke Remains One Of The Most Devastating Neurological Diseases, Often Causing Death, Or Gross Physical Impairment. It Is The Second Most Common Cause Of Death Worldwide And A Major Cause Of Acquired Disability In Adults. Vitamin D Deficiency Has Been Reported To Contribute To The Risk Of Cardiovascular Disease Especially Stroke. A Potential Interaction Between Vitamin D Deficiency And Hypertension, Putative Vascular Effects Of Vitamin D, Inflammation And Thrombosis Have Been Proposed As Underlying Mechanisms. Besides It Has Exerted Some Neuroprotective Effects That May Be Beneficial In Stroke Patients. Notably, Vitamin D Deficiency Triggers Secondary Hyperparathyroidism (Pth). The Higher Pth Levels Seemed To Be Predictor For Cvd And Mortality. Thus, Our Study Will Be Aimed To Examine The Relationship Between Serum 25 (Oh) D Levels And Stroke Either Ischemic Or Hemorrhagic Types , To Clarify Their Association With Stroke Severity, Stroke Risk Factors And Stroke Types And To Assess Its Relation With Functional Outcome In Our Studied Patients.

## Subjects And Methods:

**Patients And Study Design :** This Case–Control Observational Prospective Study Conducted On Fifty Patients With First –Ever Acute Stroke Within Seven Days (25 Patients With Intracerebral Hemorrhage And 25 Patients With Ischemic Infarction ). Their Ages Ranged 20 – 87 Years Old (Mean Age  $60.56 \pm 9.89$  And  $61.32 \pm 12.86$  Years Respectively) . The Mean Duration From Stroke Onset To The Inclusion In The Study Was  $18.9 \pm 10.87$  And  $9.5 \pm 8.67$  Hours Respectively, Recruited From The Stroke Unit Of Neuropsychiatric Department, Aswan University Hospitals. Patients Were Eligible For Inclusion If They Were Admitted To Our Unit With Stroke With Symptom Onset Within 24-48 Hours Which Was Confirmed By Brain Imaging (Either Ct Scan And /Or Mri Brain). We Excluded Patients With Brain Neoplasm, , History Of Previous Stroke, Hepatic And Renal Impairment , Autoimmune Diseases And History Of Acute And Chronic Inflammatory Diseases, Endocrinal Diseases, Vitamin D Or Ca Supplementation , Previous Fractures, Steroid Therapy , Malignancy, Trauma, And Bone Diseases. The Study Will Be Approved By The Ethical Committee Of Faculty Of Medicine, Aswan University And A Written Informed Consent Will Be Obtained From Each Participant. Methods: All Participants Subjected To Thorough History Taking And Full Clinical Examination. Complete Neurological Examination Where The Following Clinical And Demographical Data Was Taken; Age Sex, Stroke Etiology, Presence Of Stroke Risk Factors (As Smoking, History Of Hypertension, History Of Transient Ischemic Attacks, Diabetes Mellitus , History Of Myocardial Infarction Or Any Cardiac Arrhythmia And Hyperlipidemia). Stroke Severity Was Assessed By Scandinavian Stroke Scale (Sss) And Functional Outcome Was Determined By Modified Rankin Scale (Mrs) That Was Measured At The Time Of Admission. Brain Imaging (Either Ct Scan And /Or Mri) Performed After Admission. Electrocardiography (Ecg), Echocardiography (Echo), Carotid And Vertebrobasilar Duplex Was Done For All Patients. Blood Samples Were Drawn For Assessment Of Complete Blood Picture (Cbc), Random Blood Glucose Levels, Renal Function Tests (Rft), Liver Function Tests (Lft), Thyroid Function Tests (Tft), Lipid Profile , Serum 25-Hydroxyvitamin D , Calcium, Phosphorus And Parathormone (Pth) Using Standard Laboratory Methods On The First Day Of Admission.

**Results :** 84% And 76% Of Our Patients With Ischemic Infarction And Those Patients With Intracerebral Hemorrhage Respectively, Had Insufficient Vitamin D Levels ( $<50$  Nmol/L) With No Statistically Significant Difference Between Two Groups Of Patients. No Association Between Vitamin D Levels, Severity Of Stroke And Functional Outcome In Patients With Ischemic Infarction Where No Correlation Was Found Between Vitamin D And Sss Score As Well As Mrs Score. In Patients With Intracerebral Hemorrhage, Statistically Significant Positive Correlation Was Found Between Vitamin D Levels And Sss Score While Negative Correlation Was Apparent With Mrs Score. 24% Patients Were Died From Both Groups Of Patients. Statistically Insignificant Insufficient Median Vitamin D Levels Was Found In Dead Patients Who Had Ischemic Infarction. Although , In Dead Patients With Intracerebral Hemorrhage, Insufficient Median Vitamin D Levels Was Of Statistically Significant, Noticeable. There Was Statistically Insignificant Negative Correlation Between Vitamin D Levels And Ipth Levels In Both Groups Of Patients.

**Conclusion :** Vitamin D Insufficiency May Bear An Association With Acute Stroke And Its Prevalent Risk Factors With A Highest Association Between Low 25(OH)D Levels And Risk Of Incident Hemorrhagic Stroke Among People In Upper Egypt . Low Levels Of Vitamin D Are Independently Predictive For Fatal Strokes With More Evidence Of Unfavorable Outcome In Acute Intracerebral Hemorrhagic Stroke. Therefore, It Might Be A Marker Of Greater Co-Morbidity And A Being Causally Related To Stroke Suggesting That Vitamin D Supplementation Is A Promising Approach In The Prevention Of Strokes. Further Studies Are Warranted To Explore This Association Among Other Areas Of Egypt And For Stroke Subtypes.

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## Mostafa Saleh

### Abnormalities In Blood Components Can Help Determine Stroke Type And Severity

**Background And Purpose:** Abnormalities In Blood Components Can Be Assessed By Complete Blood Count (Cbc) Which Is A Simple And A Readily Available Test That Has Potential Differences In Cerebral Stroke Patients Both Ischemic And Hemorrhagic Including Their Subtypes. We Tried To Throw Light On Its Role As A Diagnostic And Prognostic Tool.

**Methods:** This Study Was Done On 100 Consecutive Stroke Including 60 Females And 40 Males. Stroke Subtypes Were Divided Into Five Main Groups. Stroke Risk Factors Were Analysed Including Hypertension, Diabetes Mellitus, Hyperlipidemia, Evident Cardiac Embolic Source (Via Trans-Esophageal Echocardiography), And Carotid Duplex Study. Stroke Severity Was Assessed By National Institute Of Health Stroke Scale (Nihss) On Hospital Admission Within The First 24 Hours. Cbc Was Done Including Hemoglobin Concentration, Total Leucocytic Count (Tlc), Red



Cell Distribution Width (Rdw), Platelet Distribution Width (Pdw), Mean Platelet Volume (Mpv), And Neutrophil/Lymphocyte Ratio (Nlr).

**Results:** Nihss And Nlr Were Statistically Significant In Cerebral Hemorrhage Than Infarction ( $P < 0.01$ ), Nihss Correlates To Rdw ( $P = 0.014$ ), Pdw ( $P = 0.015$ ) And Mpv ( $P = 0.001$ ) In Both Groups Of Cerebral Hemorrhage And Infarction. Increased Rdw ( $P < 0.001$ ) And Mpv ( $P < 0.05$ ) Found In Subgroup Of Other Cerebral Infarctions Than Cerebral Hemorrhage, Lacunar, Atherosclerotic And Cardio-Embolic Infarcts. Increased NLR ( $P < 0.001$ ) Found In Subgroup Of Other Cerebral Infarctions Than Other Stroke Subtypes. Atherosclerotic And Subgroup Of Cerebral Infarction Showed Higher Tlc ( $P < 0.01$ ). Pdw Showed No Statistical Difference Among Stroke Subtypes.

**Conclusions:** Cbc Can Be An Effective And Readily Available Tool In Determining Stroke Severity And A Potential Tool In Differentiating Stroke Subtypes.

## Sherin Ahmed El Ahwal

### Circadian And Circannual Patterns In Different Stroke Subtypes

Stroke Is Considered One Of The Important Global Health Problems. The Risk Of Adverse Cerebrovascular Events Peaks In The Morning (9:00 Am) With A Secondary Peak In The Evening (8:00 Pm) And A Trough At Night. This Pattern Is Generally Believed To Be Caused By The Day/Night Distribution Of Behavioral Triggers, But It Is Unknown Whether The Endogenous Circadian System Contributes To These Daily Fluctuations. Knowledge About Circadian Influences On Mechanisms Involved In Cerebrovascular Risk Is Important For Optimizing The Timing Of Therapy, Preventing Behavioral Triggers At Potentially Vulnerable Circadian Phases, And Selecting The Timing Of Diagnostic Assessments.

**Aim:** Evaluate Circadian And Circannual Patterns Of Stroke Onset For Different Subtypes, Evaluate Variation In Pattern Of Stroke Onset In The Month Of Ramadan And Study The Relationship Between Cerebral Stroke And Circadian, Circannual And Month Of Ramadan Patterns As Well As The Effect Of Each One On The Other.

**Patients And Methods:** The Study Was Conducted On 98 Patients And 98 Ages And Sex Matched Normal Subjects. Patients Enrolled In The Trial Of Org In Acute Stroke Treatment (Toast) Study. All Patients Had A Documented Time Of Stroke Symptom Onset. Etco<sub>2</sub> And Cbt Were Served As A Measure Of Endogenous Circadian Phase. Cbfv Was Measured Using Tcd To Assess If Cbfv Exhibits Fluctuations Associated With The Time Of Day. Circadian Rhythm Of Bp And Hrv Were Also Assessed.

**Results:** All Stroke Subtypes (Ischemic Stroke And Hemorrhagic Stroke) Have Shown A Circadian Variation Regarding Their Occurrence, With The Peak Of Incidence In The Morning And The Nadir During Nighttime. We Found A Pathologically Reduced Or Abolished Circadian Bp Variation After Stroke.

**Conclusion:** There Was An Increase In The Occurrence Of Stroke In The Morning. Strokes Were Less Likely To Occur During The Summer And Autumn Than In The Winter Or Spring. The Results Have Implications For The Provision Of Acute Stroke Services In The Community And In Hospital. Preventive Pharmacological Interventions Aimed At Specifically Targeting The Morning Rise In Risk Factors Could Be Advantageous In Reducing The Overall Risk Of Stroke.

## Salma Marzouk

### Updated Brief On Portable Evaluation Of Snoring And Obstructive Sleep Apnea

In Sleep Laboratories, Attended Polysomnography Has Long Been The Gold Standard For The Diagnosis Of Sleep-Disordered Breathing (Sdb), And Especially Obstructive Sleep Apnea (Osa).

In Recent Years, Economic Pressures And Long Wait Times Have Driven Interest In Home Sleep Testing, Which Has, In Turn, Led To The Development Of Algorithms That Bypass The Sleep Laboratory In Favor Of Portable Monitoring Studies And In-Home Initiation Of Positive Airway Pressure Therapy.

For Appropriately Selected Outpatients, Evidence Is Accumulating That Portable Monitors Are A Reasonable Substitute For In-Laboratory Polysomnography.

In This Presentation, I Will Shed Light On The Growing Field Of Portable Polysomnographic Monitoring, Which Has Been Proven To Increase The Speed Of Diagnosis Thus Facilitating The Initiation Of Appropriate Management Especially In Early Cases Of Osa

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## Aliaa Tawfk

### Sfemg In Cts

**Purpose:** To Assess Cts Suspected Patients; In Whom The Routine Nerve Conduction Studies Are Inconclusive, If Concentric Needle Single Fiber Emg Could Help In Confirming The Diagnosis?

**Methods:** Sixty Subjects Were Studied, Thirty Controls, With A Mean Age Of  $30.7 \pm 5.9$  Years, And Thirty Patients With A Mean Age Of  $35.4 \pm 7.8$  Years With Early Starting Or Mild Degree Of Cts. Sensorimotor Nerve Conduction Studies Of The Median And Ulnar Nerves And Conventional Needle Emg Examination For The Abductor Pollicis Brevis (Apb), Abductor Digiti Minimi (Adm) And Extensor Digitorum Communis (Edc) Muscles Using Concentric Needle Were Performed. Single Fiber Electromyography For The Apb, Adm And Edc Muscles Was Obtained In The Control And Patients Groups By The Volitional Technique Using A Disposable Facial Concentric Needle

**Results:** In Comparing The Patients To The Control Groups; The Motor Nerve Conduction Studies Showed Statistically Significant P Value As Regards Median Distal Latency(0.000) And Amplitude(0.046), While The Sensory Studies Showed Significant P Value As Regards Median Onset(0.000) And Peak Latency(0.000), Median Amplitude(0.003) And Conduction Velocity(0.000), And The Difference Between Median And Ulnar Sensory Peak Latencies(0.000). Only The Mean Consecutive Difference (Mcd) Of The Apb Muscle Showed A Significant Difference Between The Patients And Control Groups ( $28.1 \pm 3.0$  Vs  $23.6 \pm 2.5$ ) P Value (0.001).

**Conclusion:** Concentric Single Fiber Electromyography Of The Apb Muscle Can Detect Median Neuropathy At The Wrist In Some Early And Mild Cases Of Cts Whose Motor Nerve Conduction Studies Are Normal.

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## Amira Labib

### Quantitative Electroencephalographic And Psychometric Analysis Of Possible Cognitive Decline In Healthy Elderly Subjects

**Background:** Numerous Studies Have Been Done To Investigate Aging And Age-Related Changes (Arcs) Which Refer To The Deterioration In The Biologic Processes Occurring With Senescence And Lead To Impaired Brain Structure, Cognitive Performance And Behavior. Objectives: To Assess Cognitive Functions In Normal Elderly Subjects Using Electrophysiological Studies Including Power Of Brain Activity And Psychometric Cognitive Assessment Scales. Methods: Forty Seven Healthy Elderly Subjects Were Assessed With Quantitative Electroencephalography And Psychometric Scales. Results: There Was A Significant Positive Correlation Between Relative Power Of Alpha Frequency And The Total Score Of Performance Scale Of Wechsler Intelligence Scale (Wis). No Significant Correlation Was Revealed Between Relative Power Of Eeg Frequencies And Scores Of Wms Subtests And Parameters Of Wcst. Conclusion: Results Suggest That The Psychiatric Scales Do Not Provide A Substitute For Electrophysiological Tests In Evaluating The Cognitive Changes Which Occur With Normal Aging. However, There Was A Limitation In The Study Caused By The Narrow Age Range Of The Cases.

## Radwa Azmy

### Mobile Phone Radiation And Brain Rhythm In Epileptic Patients

**Background** We Have Been Dazzled By Technology Of Cell Phones Over Past 2 Decades, With Exponential Increase In Number Of Cell Phone Users Around The World. Cell Phone Radiofrequency Output Power Is Absorbed In Our Brains. Children, Pregnant Women And Epileptics Are At Possible Risk. Objective The Aim Of The Present Study Was To Investigate The Potential Effects Of Cell Phone Electromagnetic Fields Cp Emf On Resting Eeg In Healthy Adults And Epileptic Patients Using Digital Eeg And Qeeg Analysis. Patients And Methods This Study Included 30 Epileptics With Idiopathic Epilepsy And 30 Healthy Age And Sex Matching Control Subjects. Digital Eeg Recording Was Carried Out For A Total Of 60 Minutes Including 30 Minutes Duration Of The Phone Call. Visual As Well As Quantitative Eeg Analysis Were Carried Out. Mean Power For Theta, Alpha, And Beta Bands Was Calculated At 7 Epochs At Occipital And Temporal Electrodes And Compared To The Basal Record. Similarly, Mean Frequency Was Calculated And Compared Before And After The Phone Call. Results An Increase In The Number Of Discharges Was Detected By Visual Analysis In Epileptic Patients. Such Discharges Were Negatively Correlated To The Time Elapsed Since Last Clinical Seizure Occurred. A Significant Decrease In Alpha Power Was Noted In Healthy And Epileptic Subjects, 35 Minutes After The Start Of The Exposure To Emf, Associated With Increased Alpha Frequency Bilaterally. Changes Calculated For Power And Frequency In Temporal Electrodes For Theta And Beta Bands Showed No Consistent Significant Trend In Either Group Bilaterally. Conclusion Visual Analysis Of Digital Eeg Is A Valuable Tool For Assessment Of The Effect Of Cell Phones On Eeg In Epileptics. The Role Of Qeeg Studies In Healthy And Epileptic Subjects Is Controversial And Non Conclusive.

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## Alaa Mishrif

### The Reliability Of Motor Unit Number Estimation Test In Differentiating Between Amyotrophic Lateral Sclerosis (Als), Cervical Spondylosis And Cervical Spondylotic Myelopathy

**Purpose:** To Assess The Reliability Of Motor Unit Number Estimation Test In Differentiating Between Amyotrophic Lateral Sclerosis (Als), Cervical Spondylosis And Cervical Spondylotic Myelopathy.

**Methods:** Forty Subjects Were Included In This Study, Divided Into Four Groups: Ten Healthy Volunteers, Ten Patients With Cervical Spondylosis, Ten Patients With Cervical Spondylotic Myelopathy And Ten Patients With Als. All Patients Were Subjected To Thorough Clinical Assessment, Cervical Magnetic Resonance Image (Mri) And Manual Incremental Method And Multiple Point Stimulation Techniques Were Performed For Mune.

**Results:** In Both Manual Incremental And Multiple Point Stimulation Methods, Als Group Showed Statistically Significant Difference Comparing To Control And Other Studied Groups ( $P=0.001$ ). However, No Statistically Significant Difference Was Found On Comparing The Cervical Spondylosis And Csm Groups To Each Other And To The Control Group ( $P= 0.999$ ).

**Conclusion:** Mune Technique Can Give Valuable Information, Helping To Differentiate Als From Cervical Spondylosis And Cervical Spondylotic Myelopathy. It May Be Considered As Complementary Tests For Als In The Future, For The Detection Of Motor Unit Loss In Als

## Mostafa Al Kholy

### The Role Of Quantitative Eeg In Cognitive Neuroscience

#### (Cognitive Dysfunction In Children With Benign Childhood Epilepsy With Centrotemporal Spikes: An Event Related Eeg Desynchronization And Synchronization Study)

**Background:** The Role Of The Eeg In Cerebral Processing Has Been Extensively Reconsidered. The Eeg Is No Longer Just Relatively Random Background Activity That Must Be Removed In Order To See The Event-Related Potentials, And The Eeg Can Tell Us Much About The Brain But With Some Limitations. The Responses Of Different Eeg Frequencies Are Proposed To Reflect Different Aspects Of Information Processing And Event Related Eeg Desynchronization (Erd) Is Expected To Be Useful In Clinical Practice As An Index Reflecting Abnormal Cognitive Functions Specific To Neurological And Psychiatric Disorders.

Although The Association Between Epilepsy And Cognitive Deficits Has Been Documented In Numerous Studies, This Relationship Has Remained Poorly Explored In Children With Epilepsy. Children With Benign Childhood Epilepsy With Centro-Temporal Spikes (Bcects) Are At Risk For Cognitive Impairment, But Reliable Methods, Other Than Neuropsychological Testing, To Verify Such A Decline Are Few.

**Objective:** The Aim Of Our Work Is To Study Quantitative Analysis Of The Brain Responses To Cognitive Tasks Using Event Related Desynchronization (Erd) And Event Related Synchronization (Ers) And Correlate The Results With Cognitive Dysfunction In Our Patients.

**Methods:** Our Study Included 50 Children (30 Patients And 20 Matched Healthy Controls). Clinical Assessment, Neuropsychological Tests, Behavioral Measures, P300 Averaging And Quantitative Eeg Analysis Were Carried Out For The Patients' And Control Groups, In Addition To Brain Imaging (Mri Or Ct Scan) For The Patients' Group. Alpha Power Erd And Ers Were Measured As The Percent Decrease Or Increase In Alpha Power Produced By Target Tones Relative To Reference Intervals In Six Different Brain Regions During An Auditory Oddball Paradigm.

**Results:** Epileptic Children Showed Statistically Significant Poorer Cognitive Performance In The Neuropsychological And Behavioral Tests (Verbal Iq, Performance Iq, Letter Cancellation Test And The Number Of Correct Responses). Moreover, Both Groups Showed Diffuse Alpha Power Attenuation In Response To The Target Tones, However This Alpha Power Erd Was Significantly Smaller In The Epileptic Children Compared To The Healthy Group. No Significant P300 Wave Latency Or Amplitude Difference Between Groups And No Significant Correlation Between The Alpha Erd Percentage And Neuropsychological Results Were Found.

**Conclusions:** Children With Bcects Have Subtle Cognitive Dysfunction, Especially In The Domains Of Language, Attention, Memory And Executive Functions. The Smaller Alpha Erd In Epileptic Children Could Be An Electrophysiological Correlate Of Disruptive Brain Activation Related To The Cognitive Dysfunction In These Children. However, Alpha Power Erd/Ers Technique Could Be Complementary Rather Than Supplementary To Neuropsychological Testing In Cognitive Assessment Of These Children.

## Mohamed Ismail

### Electrophysiological Diagnosis Of Carpal Tunnel Syndrome Using Conventional And Other Modified Techniques

Background: Carpal Tunnel Syndrome (Cts) Is The Most Well-Known And Frequent Form Of Median Nerve Entrapment, And Accounts For 90% Of All Entrapment Neuropathies. Diagnosis Of Cts Depends Mainly On Clinical Evaluation And Nerve Conduction Studies. Objective: This Study Aims At Studying Sensitivities Of Different Conventional And Other Modified Electrophysiological Techniques In The Diagnosis Of Carpal Tunnel Syndrome. Patients And Methods: One Hundred And Nine Hands Of Patients With Clinical Presentation Of Cts Have Been Included In This Study In The Period Between December 2014 And December 2015. Hands Were Classified Clinically As Mild To Moderate Or Severe According To The Modified Criteria Of The Italian Cts Study Group. Conventional Techniques Used Were Assessment Of The Median Nerve Distal Motor Latency At Wrist And Assessment Of The Median Nerve Sensory Conduction Velocity At Index. We Used Also 2 Motor And 6 Sensory Modified Techniques. Results: Collectively Modified Nonconventional Techniques - Especially The Sensory Ones - Showed Higher Sensitivities Than Those Of Conventional Techniques. Differences Were More Obvious In Patients With Clinically Mild To Moderate Presentation. The Most Three Sensitive Methods Were Methods Measuring Differences Between Median And Ulnar Sensory Latencies. Conclusion: Sensory Modified Techniques Are The Most Helpful In Diagnosing Cts Especially In Patients With Early Clinical Presentation.

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## Nagia Fahmy

### Spinal Muscular Atrophy, New Hope, New Therapy

Spinal Muscular Atrophy (Sma) Is A Neurodegenerative Genetic Disorder Characterized By Muscle Weakness And Atrophy Resulting From Progressive Degeneration And Loss Of The Anterior Horn Cells In The Spinal Cord (I.e., Lower Motor Neurons) And The Brain Stem Nuclei. The Onset Of Weakness Ranges From Before Birth To Adolescence Or Young Adulthood. The Weakness Is Usually Symmetric, Proximal More Than Distal, And Progressive. Before The Genetic Basis Of Sma Was Understood, It Was Classified Into Clinical Subtypes; However, It Is Now Apparent That The Phenotype Of Smn1 Gene-Associated Sma Spans A Continuum Without Clear Delineation Of Subtypes. Poor Weight Gain With Growth Failure, Restrictive Lung Disease, Scoliosis, Joint Contractures, And Sleep Difficulties Are Common Complications. The Announcement Of The New Therapy Of Sma Necessitates The Review Of The Disease With Its Subtypes, The Various Methods Of Diagnosis And Therapeutic Interventions. The Situation In Egypt Would Be Reviewed.

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## Hassan Al Nady

### Natural Remedies In Migraine Therapy

Migraine, A Periodic Chronic Neurologic Disorder, Is One Of The Most Common Causes Of Pain Syndromes With A Prevalence Rate Of 12%. Despite Continuous Improvements In The Field Of Migraine Treatment, Which Has Provided Further Opportunities To Select More Specific And Effective Remedies, Many Patients Prefer To Relieve Headaches By Nonchemical (Herbal) Means Or Readily Available Over-The-Counter (Otc) Products. Anecdotally, Oral Ginger Has Been Used For Migraine Headache, Nausea And Vomiting. Previous Studies Proposed That Administration Of Ginger May Exert Abortive And Prophylactic Effects In Migraine Headache Without Any Side-Effects. Gingkolide B, An Herbal Constituent Extract From Ginko Biloba Tree Leaves, Is A Natural Anti Platelet Activating Factor (Paf). Paf Is A Potent Pro Inflammatory And Nociceptive Agent Released During The Inflammation Process. Therefore, Gingkolide B Can Be Considered A Promising Non Pharmacological Tool For Treatment Of Migraine With And Without Aura.

## Aliaa Mansour

### Dbs In Movement Disorders: Neurologist Role

Deep Brain Stimulation Is Now Widely Used Worldwide For The Treatment Of Various Movement Disorders, Including Parkinsonism, Dystonia, And Tremors. Now It Can Be Done In Egypt. We Will Highlight The Role Of Neurologist In Pre-Operative, Operative, And Post-Operative Management Of These Cases.

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## Sherin Al Mously

### The Role Of The Tumor Associated Macrophages And Its Nanovesicles In Gliomamicroenvironment

**Background:** The Immune System Has A Key Role In Glioma Progression, Especially The Tumor Associated Macrophages (Tams). In-Vivo, We Aimed To Study The Total Tam And Differential M1 And M2 Tam Infiltration In Low Grade (Lgg) Versus High Grade Gliomas (Hgg). Also, We Investigated The Implication Of Total Tam And Differential M1 And M2 Tam Infiltration On Glioma Progression. In-Vitro, We Studied The Effect Of Soluble Factors Present In Nanovesicles (Nv) Released From M1 Macrophages On The Fate Of Glioma Cells. Methodology: In-Vivo, We Performed Immunohistochemistry Using Inos As A Marker For M1, And Cd163 As A Marker For M2. In-Vitro, We Polarized The Human Monocytes U937 Cell Line Into M1, Then We Isolated The Nv From The M1-Conditioned Medium (Cm) By Centrifugation And Filtration; Then, The Protein Content Of The Nv Was Quantified By The Protein Assay. We Added M1-Nv On U251 Glioma Cells And We Studied The Cellular Activation Of Glioma Cells Using The Mtt Assay. To Assess The Apoptosis Of U251, We Used The Flow-Cytometry. Apoptotic Cells Were Identified By Staining With Annexin V (Marker Of Early Apoptosis) And Pi (Marker Of Late Apoptosis). Results: In-Vivo, There Is An M1/M2 Imbalance In Early Stages Of Glioma Which Is Associated With Earlier Progression To High Malignancy. Also, The Higher M2 Infiltration, The Earlier Is The Progression. In-Vitro, Our Results Showed That The M1-Nv Have A More Potent Anti-Tumor Effect Compared To Its Corresponding Cm.

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## Nesma Abd Elmoneam

### The Predictors Of Early Atherosclerosis In Young Adult Epileptic Patients

**Background:** Patients With Epilepsy Develop A Wide Range Of Medical And Neurologic Disorders, Compared With The General Population. The Association Between Epilepsy And Atherosclerosis Is Not Clearly Defined. Several Studies Claim That Epileptic Patients May Have The Risk To Develop Atherosclerosis.

**Methods:** This Study Included 40 Adult Epileptic And 40 Control Subjects. For All, Common Carotid Artery Intima Media Thickness (Ca-Imt), Fasting Lipid Profile, Serum Uric Acid (Sua), C -Reactive Protein (Crp) And Glutathione Peroxidase (Gpx), Were Assessed.

**Results:** Total Cholesterol (Tc) ,Low Density Lipoproteins (Ldl), Total Triglycerides (Tg) ,Crp, Gpx Were Significantly Higher In Patients Compared To Control. Ca- Imt Was Significantly Higher In Epileptic Patients Treated With Antiepileptic Drugs (Aeds) Compared To Control Group. The Longer The Duration Of Aeds The Thicker Was The Ca-Imt.

**Conclusions:** Our Results Elucidate Atherosclerotic Risk In Patients With Epilepsy On Aeds.

## Hassan About Younes

### Different Methods In Diagnosis Of Neurocutaneous Syndromes In A Sample Of Egyptian Children

There Is No Argument That The Neuro-Cutaneous Syndromes Often Seen In Many Medical Clinics, But Very Few Versa Diagnosed Owing To Multiple Nonspecific Clinical Symptoms Or Signs During Child Presentation And The Lack Of Knowledge Of Staff Specialists, Whether It Was A General Practitioner, Neuro-Pediatrician Or Pediatrician, But Not Duo To The Rarity Of These Syndromes. So, This Study Emphasizes The Increasing Knowledge Of These Neuro-Cutaneous Syndromes, For The Purpose Of Early Diagnosis Of These Syndromes, Follow Up And Treatment Of Catastrophic Complications Resulting From These Disorders, Such As Epilepsy, Cognitive Dysfunction, Delayed Scholastic Achievement, Visual Impairment, Skeletal Deformities, Psychiatric Manifestations And More Seriously Follow Up Of Tumors Size, Site And Its Impact On The Developing Brains In Children With These Disorders And For The Optimum Purposes, These Requires A Team Work Approach Including Neuro-Paediatrician, Paediatricians, Cardiologists, Ophthalmologists, Dermatologists, Phoniatician, Physiotherapist, Radiologists, Oncologists And Other Specialties For Appropriate Management Of These Complications And Early Detection Of Malignancies. Neuroimaging, Electroencephalography And Intelligent Quotient Tests Still Of High Importance In Assessment And Follow Up Of Children With These Syndrome, Because They Determine Child Development In Five Main Domains Of Development Like, Cognitive, Social, Emotional, Speech, Language, Fine Motor And Gross Motor Skills.

## Ahmed Al Shessiny

### Sleep Disorders In A Sample Of Egyptian Parkinson's Disease Patients: Clinical And Polysomnographic Study

**Background:** Parkinson's Disease (Pd) Is The Second Most Common Neurodegenerative Disorder. Egypt Is The Second Country In The World As Regard Pd Prevalence. Sleep Disturbances Are Among The Most Common Non Motor Symptoms Of Pd. Objective: To Study The Prevalence Of Different Types Of Sleep Disorders In Pd Patient's And Correlate It With The Disease Severity And Clinical History. A Search For The Possible Causes Of Sleep Disturbances, If Present, And To Assess The Difference Between Dopaminergic Drugs Treated Patients And Non-Treated . **Methods:** Fifty Patients With Pd And Twenty Five Age And Sex Matched Controls Were Subjected To Full Neurological Examination, Clinical Scales (Updrs, H&Y, Mmse, Hamilton Depression Scale), Sleep Scales (Pdss, Psqi And Ess) And Polysomnographic Study. Results: It Was Found That (72%) Of Non-Demented, Non-Depressed Patients Have Sleep Complaints, (62%) Of Them Complaining Of Insomnia, (42%) Of Patients Have Excessive Day Time Sleepiness, (36%) Of The Patients Have Apnea, (28%) Of Patients Have Nocturnal Behavior Suggestive Of Rbd, (12%) Of Patients Have Periodic Limb Movement. Sleep Disturbances Correlated Positively With The Severity And Duration Of The Disease. Sleep Disorders Are Common In Patients With Late Onset > Early Onset Disease, With Patient With Rigidity > Tremors, In Patients Receiving L Dopa > Dopamine Agonists **Conclusion:** Polysomnography Is Recommended For Detection Of Treatable Conditions As Obstructive Sleep Apnea Which May Be Fatal If Not Treated And For Detection Of Predictor For Diagnosis Of Asymptomatic Pd Patient As Asymptomatic Rem Without Atonia.

## Amr Hassan

### Grey Matter And Multiple Sclerosis

Multiple Sclerosis Is Characterized At The Gross Pathological Level By The Presence Of Widespread Focal Demyelinating Lesions Of The Myelin-Rich White Matter. However, It Is Becoming Clear That Grey Matter Is Not Spared, Even During The Earliest Phases Of The Disease. Damage To The Grey Matter In Multiple Sclerosis Proceeds In A Manner That Is Partly Independent Of White Matter Damage. Furthermore, Grey Matter Damage May Have An Important Role Both In Physical And Cognitive Disability. Grey Matter Pathology Involves Both Inflammatory And Neurodegenerative Mechanisms, But The Relationship Between The Two Is Unclear. In This Presentation, I Will Try To Review The Histological, Immunological And Neuroimaging Studies That Have Provided A New Insight In This Rapidly Expanding Field, And To Shed Light On The Clinical Correlates Of Grey Matter Damage.



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