15th Annual Meeting of Neuropsychiatry
Department of Assiut University
Modern Trends in Management of Neuropsychiatry Disorders
In Collaboration with
Egyptian Society of Neurology, Psychiatry and Neurosurgery

Under Patronage of
Eng. Yaser El Dosoky
Governor of Assiut Governorate

Prof. Ahmed Abdu Geais
President of Assiut University

Prof. Tareq Abdallah El Gammal
Vice President of Assiut University &
Dean of Faculty of Medicine

5th – 7th April 2017
Assiut University Neurology, Psychiatry and Neurosurgery Hospital
Assiut University Hotel
On behalf of the Egyptian Society of Neurology, Psychiatry and Neurosurgery, In Collaboration with The Neuropsychiatry Department, Faculty of Medicine, Assuit University, We have the Honor and pleasure to invite you to participate in this congress, which will take place in Assiut University, Assuit, From 5th to 7th April 2017.

Together with my colleagues and large number of eminent invited specialists who have offered to contribute to the meeting, we hope that this prestigious “International Congress of 2nd Modern Trends in The management of Neuropsychiatry Disorders” will provide a form for fruitful exchange and constructive discussions.

The rich scientific program will include updates in the management of a Variety of neurological and psychiatric disorders using novel methods of non-invasive brain stimulation and other interventional neurology, Neurosurgery and Pharmacology. My dear Professors and colleagues the scientific activity will be coupled with interesting social activity and the opportunity to relax in such a lovely spot.

Prof. Eman M. Khedr
Head of Neuropsychiatry Department, Assuit University & President of the Conference

Prof. Yousria El-Taweel
Head of Neurology Department, Zagazig University & President of the ESNPN
Congress President

Prof. Eman M. Khedr
Head of Neuropsychiatry Department, Assuit University

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Prof. Hamdy N. El-Tallawy
Prof. Hassan Farwiz
Prof. Wageeh Abd El Naser

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Vector Samy  
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Wafaa Farghaly  
Yousry Abdel Mohsen

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Mervat Moustafa
Mohamed El Bahy Reda
Mohamed Montasser
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Mohamed Osama Abdulghani
Mohamed S. El-Tamawy

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Mostafa Kamel
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Obsis Madkour
Osama Ghannam
Ryadh Gouidar
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Safer Hashem
Saleh Attya
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Nageh F. Kamel
Alaa El-Deen M. Darweesh

Congress Scientific Committee

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Eman M. Khedr
Essam S. Darwish
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Ahmed H. Yousef
Reda Badry
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Ahmed A. Abdel-Rahman

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Manar Nasr
Mostafa Hashem
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Mohamed Fawzy
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Manal Hammam
Asmaa Fawzy
Amira Abdelmonei
Yehia Tag El-Din
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Mohammed Fathy
Amr M. Galal
Sarah Khairy
Gackline Gamil
Mona Hassan
Ahmed Naser Eldein
Mohamed M. Shehab
Michael Wagih
Magy R. Samaan
Sylvana Maher
Mohamed Othman
Khaled Othman
Amany Mahmoud
Mohamed H. Farwiz
Mahmoud Nagib
Mohammed Abd Elmagid
Salma M. Yousef
Workshop I
Neurosonology
Neurovascular Ultrasound in Stroke Prevention and Treatment
09:30 – 11:30

Moderators
Alphabetical Order

Dr. Ahmed Naser Eldein  Assiut University
Prof. Foad Abdallah  Cairo University

09:30 – 10:30  Clinical Utility of Ultrasound in cerebrovascular diseases  Prof. Foad Abdallah  Cairo University

10:30 – 11:30  Life demonstration  Prof. Foad Abdallah  Cairo University  Dr. Ahmed Naser Eldein  Assiut University

11:30 – 12:00  Coffee Break
## Workshop II

**Endovascular Intervention Neurology**

**Wednesday, 5th April 2017**

### Workshop Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Moderator(s)</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00 – 12:30</td>
<td>Anatomy of cerebral blood vessels and how to perform cerebral angiography safely</td>
<td>Dr. Mohamed Mostafa, Dr. Khaled Osama</td>
<td>Assiut University</td>
</tr>
<tr>
<td>12:30 – 13:15</td>
<td>Endovascular embolization of aneurysms</td>
<td>Prof. Osama Yassin</td>
<td>Alexandria University</td>
</tr>
<tr>
<td>13:15 – 14:00</td>
<td>Endovascular embolization of brain AVM</td>
<td>Prof. Mohamed Alaa</td>
<td>Ain Shams University</td>
</tr>
<tr>
<td>14:00 – 14:15</td>
<td>Endovascular treatment of unruptured MCA aneurysms</td>
<td>Dr. Islam Elmalky</td>
<td>South Valley University</td>
</tr>
<tr>
<td>14:15 – 14:45</td>
<td>Endovascular treatment of carotid and intracranial stenosis</td>
<td>Dr. Ahmed Shoeib, Dr. Mahmoud Helmy</td>
<td>Aswan University</td>
</tr>
</tbody>
</table>
14:45 – 15:30  Mechanical Thrombectomy in acute stroke: Selection of patients and techniques  
Prof. Ahmed Elbassiouny  
Ain Shams University

15:30 – 16:15  High flow bypass for the management of difficult skull base tumors and aneurysms  
Prof. Ahmed Hegazy  
Cairo University

16:15 – 17:00  Lunch
**Epilepsy and other Disorders**

**Wednesday 5th April 2017**

**Chairpersons (Alphabetical Order)**

<table>
<thead>
<tr>
<th>Chairperson</th>
<th>Institution</th>
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<tbody>
<tr>
<td>Prof. Azza El Mongy</td>
<td>Mansoura University</td>
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<tr>
<td>Prof. Gamal Askar</td>
<td>Assiut University</td>
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<tr>
<td>Prof. Mahmoud Haroon</td>
<td>Ain Shams University</td>
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<tr>
<td>Prof. Nabil El Agouz</td>
<td>Azhar University</td>
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<td>Prof. Nageh F. Kamel</td>
<td>Assiut University</td>
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<tr>
<td>Prof. Sherif Hamdy</td>
<td>Cairo University</td>
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<tr>
<td>Prof. Sherifa A. Hamed</td>
<td>Assiut University</td>
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<tr>
<td>Prof. Wafaa M. Farghaly</td>
<td>Assiut University</td>
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**Schedule**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>18:30 – 18:50</td>
<td>Global approach of low back pain</td>
<td>Prof. Nageh Foly Elgamal</td>
<td>Assiut University</td>
</tr>
<tr>
<td>18:50 – 19:10</td>
<td>The multimodal prospects for neuroprotection and disease modification in epilepsy:</td>
<td>Prof. Sherifa A. Hamed</td>
<td>Assiut University</td>
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<td></td>
<td>Relationship to its challenging neurobiology</td>
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<tr>
<td>19:10 – 19:30</td>
<td>Electrical status epilepticus in slow sleep in children</td>
<td>Prof. Gamal Askar</td>
<td>Assiut University</td>
</tr>
<tr>
<td>19:30 – 19:50</td>
<td>Puzzling cases in Epilepsy</td>
<td>Assistant Prof. Reda Badry</td>
<td>Assiut University</td>
</tr>
</tbody>
</table>
19:50 – 20:10  Endoscopic Cranial and Skull base surgery in Assiut University, Early results and learning curve development in two years of practice.
Dr. Mohamed Ali Rageay  
Assiut University

20:10 – 20:20  Discussion

20:20 – 20:40  Visit to Olympic Village of Assiut University.

21:00 – 22:00  Dinner (Pizza Hut and Soft Drink on Stafani Boat)
Registration

Endovascular Intervention

Chairpersons  
Ain Shams University
Prof. Ahmed Elbassiouny
Prof. Hamdy El Tallawy
Prof. Mohamed AlaaEldeen Habib
Prof. Mohamed Taghian
Prof. Osama Yassin
Prof. Radwan Noby

09:00 – 09:20  
The Evolution of intervention Neurology in Egypt over the past 10 years- Ain Shams  
Prof. Ahmed Elbassiouny  
Ain Shams University

09:20 – 09:40  
NeuroEndovascular intervention: How far could we go?  
Prof. Mohamed AlaaEldeen Habib  
Ain Shams University

09:40 – 10:00  
Stroke treatment armamentarium: How should science guide industry, a futuristic scientific overview or crystal ball gazing?  
Prof. Osama Yassin  
Alexandria university
10:00 – 10:20  Moyamoya disease: observations from a neurosurgeon’s perspective
Prof. Ahmed Hegazy  Cairo University

10:20 – 10:35  Natural history of sacular cerebral Anurysm
Dr. Ahmed El Shanawany  Assuit University

10:35 – 10:40  Discussion
Opening Ceremony

Thursday, 6th April 2017

11:00 - 11:40

Holly Qura’n

National Anthem

Video about Assiut Governorate, Assiut University and Neuropsychiatry Department

Eng. Yaser El Dosoky
Governor of Assuit Governorate

Prof. Ahmed Abdu Geais
President of Assiut University

Prof. Tarek Abd Allah El Gamal
Vice President of Assiut University for Graduate studies & Dean of Faculty of Medicine

Prof. Essam Ezanati
Vice president of Assiut University for environmental affairs

Prof. Mohamed Abdelateef
Vice president of Assiut University for education and students affairs

Prof. Yousria El Taweel
President of Egyptian Society of Neurology, Psychiatry and Neurosurgery

Prof. Eman M. Khedr
Congress President and Head of Neuropsychiatry department of Assiut University

Prof. Osama Abdulghani
Vice President of PAUNS.

11:40 - 11:50
Coffee break
Multiple Sclerosis

**Chairpersons**  
Alphabetical Order

- Prof. Farouk Kora  
  Cairo University
- Prof. Fathy Afifi  
  Al-Azher University
- Prof. Hany Aref  
  Ain Shams University
- Prof. Magd F. Zakaria  
  Ain Shams University
- Prof. Maged Abdel Naseer  
  Cairo University
- Prof. Mahmoud Raafat Kandil  
  Assiut University
- Prof. Montaser Ibrahim  
  Cairo University
- Prof. Obsis Madkour  
  Cairo University
- Prof. Sherif Hamdy  
  Cairo University

**Thursday 6th April 2017**

**11:50 – 12:10**  
**Multiple sclerosis and Brain health**  
Prof. Magd F. Zakaria  
Ain Shams University

**12:10 – 12:30**  
**Clinically isolated syndrome**  
Prof. Hany Aref  
Ain Shams University

**12:30 – 12:50**  
**Multiple sclerosis treatment: switching and discontinuation issue**  
Prof. Maged Abdel Naseer  
Cairo University

**12:50 – 13:10**  
**Epilepsy in Multiple sclerosis (20 minutes)**  
Prof. Fathy Afifi  
AL Azher University

**13:10 – 13:20**  
**Aggressive onset of multiple sclerosis**  
Prof. Tarek Rageh  
Assiut University
<table>
<thead>
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<th>Time</th>
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<tr>
<td>13:20 - 13:30</td>
<td>Pediatric Multiple Sclerosis</td>
<td>Prof. Ghaydaa Ahmed Shehata</td>
<td>Assiut University</td>
</tr>
<tr>
<td>13:30 – 13:40</td>
<td>Fatigue and multiple sclerosis</td>
<td>Dr. Ahmed Borai Hassan</td>
<td>Sohag University</td>
</tr>
</tbody>
</table>
Stroke Session

Thursday 6th April 2017

13:40 - 15:35

Chairpersons  Alphabetical Order

Prof. Abdel Halim Tantawy  Mansoura University
Prof. Ahmed Abou Hagar  Suez Canal University
Prof. Anwar Etribi  Ain Shams University
Prof. Ashraf Abdo  Alexandria University
Prof. Osama Abdulghani  Ain Shams University
Prof. Samia Abdo Elmoneam  Cairo University
Prof. Sherif Hamdy  Cairo University
Prof. Yousria El Taweel  Zagazig University

13:40 - 14:00  Ain Shams experience in management of acute cerebrovascular stroke
Prof. Magd F. Zakaria  Ain Shams University

14:00 - 14:20  Community based stroke Unit
Prof. Anwar Etribi  Ain Shams University

14:20 - 14:40  Mild Cognitive Impairment: Recent Perspective
Prof. Osama Abdulghani  Ain Shams University

14:40 - 15:00  Biomarkers of Acute Stroke
Prof. Yousria El Taweel  Zagazig University

15:00 - 15:20  Management of Atrial fibrillation (AF) in Stroke
Prof. Gharib Fawi  Sohag University
15:20 - 15:30  Management of Carotid Cavernous fistula  
Lecturer Dr Tamer Elserfy  
Zagazig University

15:30 – 15:35  Discussion

15:35 – 16:45  Lunch University (Hotel Restaurant)

14:30 – 16:30  Poster Session
Annual Meeting of Neuropsychiatry
15th Department of Assiut University

Psychiatric Disorders Session
Biology and Psychiatric Disorders

Chairpersons Alphabetical Order
Prof. Alaa Darwish  Ain Shams University
Prof. Hesham Ramy  Ain Shams University
Prof. Khaled EL Beh  Ain Shams University
Prof. Nahla El Sayed  Ain Shams University
Prof. Wageeh Abdel Naser  Ain Shams University

17:00 – 17:30  Biology of schizophrenia
Prof. Hesham Ramy  Ain Shams University

17:30 - 18:00  Biology of Depressive disorders
Prof. Nahla El Sayed  Ain Shams University

18:00 - 18:20  Cognitive functions in Depression
Prof. Alaa Darwish  Assuit University
Update Management of Depression and Schizophrenia

Chairpersons

Prof. Hany Hamed  
Beni Swif University

Assistant Prof. Hosam Khalifa  
Assuit University

Prof. Tarek Asaad  
Ain Shams University

Prof. Wageeh Abdel Naser  
Assuit University

Assistant Prof. Yasser El Sorogy  
Assuit University

18:20 – 19:00
Update management of depression.
Prof. Tarek Asaad  
Ain Shams University

19:00 – 19:30
Art of Antipsychotic prescription.
Prof. Hany Hamed  
Bany Sweef University

19:30 – 19:45
Coffee Break
Psychiatric Disorders Session
Epidemiology in Upper Egypt

Chairpersons  Alphabetical Order
Prof. Abdel-Raouf Omar  Minia University
Prof. Ghaydaa Shehata  Assiut University
Prof. Hassan Farwiz  Assiut University
Prof. Tarek Rageh  Assiut University
Prof. Wafaa M. Farghaly  Assiut University

19:45 - 20:00  Prevalence of childhood and adolescent epilepsy in upper Egypt
Dr. Mohamed Abdel Hameed  Assiut University

20:00 - 20:15  Prevalence of mild cognitive impairment and dementia among the elderly population of Qena Governorate, Upper Egypt: a community-based study.
Dr. Ahmed Fathy Zaki  South Valley University

Dr. Ayman Gamea  South Valley University
Neurosurgery Session

17:00 – 18:30
Hall B

Chairpersons  Alphabetical Order

Prof. Ahmed Ibrahim El Ghriany  Assiut University
Prof. Ahmed Hegazy  Cairo University
Prof. Eman Khedr  Assiut University
Prof. Mahmoud Raafat Kandil  Assiut University
Prof. Mohamed Alaa Eldeen Habib  Ain Shams University
Prof. Osama El Ghanam  Al-Azhar University
Prof. Radwan El Noby  Assiut University
Prof. Roshdy El Khyiat  Assiut University

17:00 – 17:20  Management of spinal cord syringe
Prof. Osama El Ghanam  Al-Azhar University

17:20 – 17:40  Rare complications of Shunt surgery
Prof. Roshdy El Khyiat  Assiut University

17:40 – 18:00  Cerebrovascular surgery Where we are?
Prof. Mohamed Abdel Baset Khallaf  Assiut University

18:00 – 18:15  Minimally invasive lumbar endoscopic discectomy with a tubular retractor system
Dr. Ahmad Abdallah Kelani  Assiut University
18:15 – 18:30  Neuro-Rhino-Surgery the dawn of a developing subspecialty in Assuit University hospital (AUH).
   Dr. Ahmed Hamed.  Assiut University

18:30 - 19:00  Coffee break
Annual Meeting of Neuropsychiatry
Department of Assiut University

Miscellaneous Session
Hall B
19:00 - 20:30

Chairpersons

Alphabetical Order
Prof. Aml Tawfeek
Minia University
Prof. Ayman Nasef
Ain Shams University
Prof. Emad El Daley
Assuit University
Prof. Essam S. Darwish
Assuit University
Prof. Gharib Fawi
Sohag University
Prof. Hamdy El Tallawy
Assuit University
Prof. Montasser Ibrahim
Cairo University
Prof. Shora Yossef
Al-Azhar University

19:00 – 19:20
Clinical approach for mentally subnormal child.
Prof. Emad El Daley
Assuit University

19:20 – 19:35
Steroid/Antiviral for the treatment of Bell’s palsy: Double blind randomized clinical trial
Prof. Noha Abo Elfetoh
Assuit University

19:35 - 19:50
Neurovascular changes in Parkinson’s disease: transcranial Doppler.
Prof. Anwar Mohamed Ali
Assuit University

19:50 – 20:05
Non pharmacological management of Dementia.
Dr. Romany Hosny
Assuit University

20:05- 20:20
Metabolic approach for Neurological cases in children.
Dr. Mohammad Baker
Assuit University

20:20 - 20:30
Autophagy in Neurological Disorders.
Prof. Ayman Nasef
Ain Shams University
20:30 - 21:30  Folkloric Show  (Nile Hall)
21:30 – 22:30  🍴 Dinner  (Olympic Pool)
Workshop III
ECT and rTMS in Psychiatry disorders

10:00 – 10:30
ECT in Psychiatric disorders
Dr. Mostafa Noaman

10:30 – 11:00
RTMS in Psychiatric disorders
Dr. Mohamed Fawzy

Chairpersons
Alphabetical Order

Prof. Alaa Darwish    Assuit University
Prof. Khaled EL Beh    Assuit University
Prof. Wageeh Abdel Naser    Assuit University
Workshop IV
Clinical Guidelines for Management of OCD

Chairpersons  
Assistant Prof. Hosam Khalifa  Assuit University  
Prof. Wageeh Abdel Naser  Assuit University

11:00 – 11:30  Pharmacological management of OCD  
Prof. Yasser El Sorogy

11:30 – 12:00  Non-Pharmacological management of OCD  
Prof. Ahmed Abdel Baky

12:00 – 13:40  Gomaa Prayer & Coffee Break
Stroke workshop
Workshop V

Chairpersons  

Alphabetical Order

Dr. Khaled Osama  
Assiut University

Prof. Mohamed Abd El Rahman

13:40 – 13:50  Overview of stroke  
Dr. Ahmed Nasreldein

13:50 – 14:00  Pre-hospital management of Acute ischemic stroke  
Prof. Mohamed Abd El Rahman

14:00 – 14:10  In-hospital management of acute ischemic stroke  
Dr. Mohamed Moustafa

14:10 – 14:20  Assiut experience in thrombolytic therapy of acute ischemic stroke  
Prof. Eman Khedr

14:20 – 14:30  Post stroke rehabilitation  
Dr. Khaled Osama

14:30  Closing

14:30 – 16:00  Lunch
1- Biomarkers of Acute Stroke

Professor Yousria Al Taweel          Al Zagazig University

Acute ischemic stroke (AIS) accounts for %88 of all strokes. It might be due to: small or large artery thrombus (%45), embolism (%20), sudden drop of BP (%10) or without identifiable cause (cryptogenic) (%25). Biomarker is a measurable indicator of a biological state, pathological process or a response to therapy. In AIS the biomarkers are: clinical, radiological and circulating biomarkers. They are used to predict: risk factors, causes, diagnosis, infarct volume, hemorrhagic transformation, brain edema, secondary developed malignant MCA occlusion, stroke evolution, severity, prognosis, functional recovery, efficacy of thrombolytic therapy and stroke recurrence. CURRENTLY there are limitations for certain biomarkers as circulating ones due to BBB and presence of other comorbid conditions. But the future comprehensive studies will improve the screening tools, pharmacogenetics, predict models of stroke outcomes and develop personalized stroke therapy.

2- Mild Cognitive Impairment: Recent Perspective

Prof. M. Ossama Abdulghani, Ain Shams University

Mild cognitive impairment (MCI) was originally coined to describe memory complaint, associated with normal general cognitive function and intact activities of daily living. Although clinicians are quick to recognize persons with such cognitive features but have not known how to classify them. Recent research suggested many biological biomarkers to diagnose MCI. Knowledge of MCI is limited by inconsistent findings. In many ways, the rapid uptake of research diagnosis into clinical settings has been premature. However, this uptake does reflect a clinical need, given the high awareness of cognitive disorders in apparently normal subjects. In addition, if therapies directed at one or both of the two pathological proteins are effective for AD, then appropriate patient selection will allow better therapeutic benefit of MCI. In fact, long way of research is still needed to put this operational diagnosis into real clinical benefit. In this presentation, I will try to delineate the evolution and the value of the concept of MCI.
3-Pediatric Multiple Sclerosis

Ghaydaa Ahmed Shehata, Professor of Neurology, Assuit University

Pediatric-onset multiple sclerosis (POMS) is an inflammatory demyelinating disease involving multiple regions of the central nervous system with evidence of ongoing disease activity. Evidence for both dissemination in space (DIS) and dissemination in time (DIT) is required for diagnosis. Discrete attacks must have findings present for greater than 24 hours and must occur greater than 30 days after the previous attack. Initial findings occurring before 18 years of age must be present to be considered POMS. It is estimated that between %3 and %5 of the patients with MS have onset of their disease before this age.

The clinical signs of POMS can be diverse, and the radiological findings can overlap with other diseases. These “mimics” such as leukodystrophies, vasculopathies, neurosarcoidosis, mitochondrial disorders, and several other metabolic disorders must be evaluated for and excluded with caution in younger children who present with encephalopathy and demyelinating disease. In spite of these diagnostic challenges, the diagnosis of MS early in the course of the disease represents a cornerstone in the plan of care, as early treatment can alter the relapse rate, long-term prognosis, and potentially the quality of life for our young patients.

4-Minimally invasive lumbar endoscopic discectomy With a tubular retractor system

Ahmad Abdalla Kelani, Lecturer of Neurosurgery, Faculty of medicine, Assuit University

The minimally invasive endoscopic discectomy is a safe and effective technique for the management of a unilateral radiculopathy secondary to a herniated lumbar disc. The goals of surgery remain the same as open spine surgery with reduced patient morbidity and better long term outcomes. With precise surgical planning and optimal placement of the retractor over the relevant anatomy, a smaller paramedian incision does not compromise the exposure needed to safely accomplish the operation. The minimally invasive endoscopic discectomy represents the next advancement in limiting the disruption of the normal anatomy for removing a disc fragment and decompressing a nerve root.
5-Nevero-Rhino-Surgery the dawn of a developing subspecialty in AUH

Ahmed Hamed          ENT Surgery Department  Assiut University

Neuro-Rhino-Surgery represents the natural progression of endoscopic sinus and pituitary surgery by application of endoscopic techniques to the skull base surgery. It is a minimally invasive surgery. In contrast to open approaches, it has the following advantages: no scars, no craniotomy, higher tumor removal rates, lower complication rates and short postoperative stay. Multidisciplinary team approach is mandatory in this field. Intimate collaboration among neurologists, endoscopic sinus surgeons, neurosurgeons, ophthalmologists, radiologists, endocrinologists, anesthesiologists and pathologists is a must to give a chance for the dawn of this promising subspecialty has to rise. Since 2014, a cumulative experience has begun to develop in Assiut University Hospitals. Transsellar, transcribriform, transorbital, transpterygoid and infratemporal approaches have been successfully performed. We hope that by more and more cooperation, new horizons and better future perspectives could be offered for this developing subspecialty. This will allow optimum, professional and up to date management of the complex skull base lesions in Assiut University Hospitals.

6-Autophagy in Neurological Disorders

Ayman Nasef                    Ain Shams University

Autophagy is implicated in the pathogenesis of major neurodegenerative disorders. In Alzheimer’s, Parkinson’s, Huntington’s, amyotrophic lateral sclerosis, and other diseases, impairment at different stages of autophagy leads to the buildup of pathogenic proteins and damaged organelles. Future therapeutic strategies for these disorders will be guided in part by understanding the manifold impact of autophagy disruption on neurodegenerative diseases. There are various therapeutic strategies for modulating specific stages of autophagy. Rapamycin, a relatively selective inhibitor of TORC1, ameliorates neuropathology and neurodegeneration in transgenic mouse models of Huntington’s disease, Alzheimer’s disease, prion disease, spinocerebellar ataxia type 3 and Parkinson’s disease.
7- Steroid/Antiviral for the treatment of Bell’s palsy: Double blind randomized clinical trial

Eman Mohamed Khedr, Reda Badrya, Anwer Mohamed Alia, Noha Abo El-Fetoha, Dina Hatem El-Hammady, Abeer Mohamed Ghandourb and Ahmed Abdel-Haleema

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Background: A large number of patients with Bell’s palsy fail to recover facial function completely after steroid therapy. Only a few small trials have been conducted to test whether outcomes can be improved by the addition of antiviral therapy.

Objective: To evaluate the efficacy of treatment with steroid alone versus steroid + antiviral in a group of patients with moderately severe to severe acute Bell’s palsy.

Methods: Fifty eligible patients out of a total of 65 with acute onset Bell’s palsy were randomized to receive the two treatments. Evaluation was performed before starting treatment, after 2 weeks of treatment and 3 months after onset, using the House and Brackmann facial nerve grading system (HB) and the Sunnybrook grading system. This study was registered with ClinicalTrials.gov, number NCT02328079.

Results: Both treatments had comparable demographics and clinical scores at baseline. There was greater improvement in the mean HB and Sunnybrook scores of the steroid + antiviral group in comparison to steroid group at 3 months. At the end of the 3rd month, 17 patients (%68) had good recovery and 8 patients (%32) had poor recovery in the steroid group compared with 23 patients (%92) and %8) respectively in the steroid and antiviral group (p = 0.034).

Conclusion: The combination of steroid and antiviral treatment increases the possibility of recovery in moderately severe to complete acute Bell’s palsy.

8- Prevalence of neuromuscular disorders in Qena governorate/Egypt: population-based survey

Eman M. Khedr, Gharib Fawi, Mohammed Abd-Allah Abbas, Noha Abo El-Fetoh, Ahmed F. Zaki, Ayman Gamea&Ghada Al Attar

Background: Few epidemiological studies of the prevalence of neuromuscular disorders have been undertaken. The aim of the study was to estimate the prevalence of the most common types of neuromuscular disorders in Qena governorate/Egypt.

Methods: A random sample was taken from 11 districts, involving 9303 inhabitants with %57.3 urban residents and
Results: Out of 9303 participants 448 cases were identified positive during survey. Four hundred and twenty-six cases proved to have neuromuscular disorders giving a crude prevalence rate (CPR) of 408; %4.57 cases had definite neuropathy and 18 cases had muscular disorders equivalent to CPR of %4.39 and 105/193 respectively.
There was a higher prevalence in the rural than urban population. The CPR of focal compression neuropathies was %1.8, with the majority of cases having carpal tunnel syndrome (CPR = %1.67). CPR of diabetic neuropathy was %1.67. The CPR of compressive radiculopathy was %0.34. Traumatic nerve injury had a CPR %0.06. The lifetime prevalence of Bell's palsy was %0.16. Hereditary motor and sensory neuropathy had a CPR %0.08. The CPR of idiopathic neuropathy was %0.09 and Infective Leprotic neuropathy was %0.04. Five patients were diagnosed as having muscular dystrophy and another 5 patients had myotonia with CPR of 105/54 for each. Two cases of myasthenia gravis and another two cases with systemic myopathy were recorded giving a CPR of 105/21.
Conclusion: The overall CPR of neuromuscular disorders in the general population in Qena governorate/Egypt was higher than reported in other countries.

9-The multimodal prospects for neuroprotection and disease modification in epilepsy: Relationship to its challenging neurobiology

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Abstract. Cumulative evidences from experimental and clinical studies indicate that in some patients, not only prolonged but also repetitive brief seizures, may trigger series of damage promoting mechanisms which evolve over a period of time (up to years). They result in progressive degeneration and loss of function of several neuronal cell populations, thus rending the brain abnormal and resistant to antiepileptic medications (AEDs). This probably explains that in some patients, there is a delay from the onset of brain insult to the seizure onset, and b) suppression of seizures by AEDs is alone insufficient without clear prediction of disease progression. Thus, the analysis of information follows the assumption that epilepsy is a slowly progressive and a neurobiologically pleotropic disorder. Interaction between genes, neurotransmitters, ion channels, acid-base balance, mitochondria, calcium, glutamate and oxidative/antioxidants mechanisms, will determine the fate of the epilepsy process. The concept of neuroprotection
Aims not only to suppress seizures (anticonvulsant effect), but also to strengthen the auto-protective and repair mechanisms (antiepileptogenic and disease-modification effects) which prevent the development of spontaneous seizures, cognitive and behavioral problems later in life. Although AEDs of today possess multiple mechanisms of action, but mostly they are treating one part of the disease which is the seizures and do not offer high prospects of modification of the disease. In the near future, the prospects of novel drugs, molecular manipulations and cell therapy which address disease modification as approaches that will dominate the field of drug development and research on epilepsy.

10-Prevalence of mild cognitive impairment and dementia among the elderly population of Qena Governorate, Upper Egypt: a community-based study.

Khedr E¹, Fawi G², Abbas MA³, Mohammed TA³, El-Fetoh NA1, Al Attar G⁴, Noaman M¹, Zaki AF³.

BACKGROUND:
There are only a few reports which provide prevalence rates of mild cognitive impairment (MCI) and dementia specifically in Arabic countries.

OBJECTIVE:
This study is aimed at estimating the prevalence of MCI and dementia among subjects aged ≥60 years using door-to-door survey in Qena Governorate/Egypt.

METHODS:
We conducted a door-to-door survey with multistage probability random sampling. Screening of all subjects aged ≥60 years (n = 691) employed a simple questionnaire including changes in memory, behavior, and daily activity, Memory and Executive Screening test (MES) as well as the Mini-Mental State Examination. Suspected cases were referred to the hospital for full clinical examination, DSM-IV diagnostic criteria, Hachinski Ischemic Score, neuroimaging, and laboratory investigations if indicated.

RESULTS:
Of the 691 participants, 12 cases had MCI, giving a crude prevalence rate (CPR) of 100/1.74 and 35 were identified as positive for dementia with a CPR of 100/5.07. The highest age-specific prevalence rates were recorded among subjects ≥85 years old (100/100). The CPRs were significantly higher in urban than rural areas (7.1 versus 100/3.27, respectively; p = 0.03), in industrial areas than non-industrial areas (13.23 versus 1.99; p = 0.00001), and in illiterate than literate participants (10.12 versus 100/2.25; p = 0.00001).

CONCLUSION:
Overall, the prevalence rate of MCI and dementia were lower in Qena/Egypt than in other countries. Advanced age, illiteracy, and living in an industrial area were found to be associated with dementia.
11-Unruptured MCA aneurysm.....case series and literature overview

Eslam El Malky        Department of Neurology, South Valley University

OBJECTIVE: Best treatment - clip versus coiling - for unruptured MCA aneurysms is still controversial. We aimed to review our experience with coil embolization of unruptured MCA aneurysms and compare it with the surgical and endovascular literature.

MATERIAL AND METHODS: Thirty small to medium size, incidental MCA aneurysms in 30 consecutive patients were treated endovascularly from January 2009 to December 2012 at the Zurich University Hospital. Coil embolization alone was used in all cases. We studied our results, operative complications and outcome and reviewed the related literature.

RESULTS: The immediate angiographic results showed complete occlusion in 15 aneurysms (%50), a neck remnant in %43.3 (13), and residual aneurysm in %6.7 (2) patients. We used single catheter technique in %73.3 (22), double catheter technique in %20 (6) and catheter assisting technique in 2 aneurysms (%6.6). There were four thromboembolic events (%13.3) and one intraoperative perforation (%3.3) all without clinical expression; therefore, the morbidity and mortality were zero. All patients (%100) had clinical and MR follow-up (mean 30.63 months ± 14.9 (range 11 to 66 months). There was one recanalization without retreatment and no bleeding. Differences and similarities with reported surgical and endovascular series are discussed.

CONCLUSION: The good clinical and radiological results and outcome as well as the stability of occlusion, make coil embolization a good alternative treatment to surgery for unruptured, small-medium-sized MCA aneurysms.

12-Endoscopic Cranial and Skull base surgery in Assiut University, Early results and learning curve development in two years of practice.

Dr.  Mohamed Ali Rageay            Assiut University

Introduction:
Endoscopic cranial and skull base surgery is considered now as one of the most successful minimally invasive approaches either to treat obstructive hydrocephalus, interventricular cystic fenestration or excision, septostomy, foraminoplasty or taking a biopsy from interventricular lesions, excision of skull base lesions at different anatomical sites starting from cribriform plate to the arch of first cervical vertebrae in the midline and some of Paramedian lesions and also repair of the skull base defects.

In our department in Assiut University hospital we started to use endoscopic cranial surgery long time ago, but recently after upgrading the tools and the endoscopic system two years ago we entered into a new era of high
definition visualization, recording and more helpful surgical instruments and tools, which resulted in approaching a more difficult and sophisticated endoscopic surgical techniques to a variety of cranial lesions that we was difficult to be approached before. We aim to share our last 2 years experience and evaluate our results.

**Patients and Methods:**
We analyzed our experience regarding 37 patients presented to us in the last 2 years; 22 patients presented with congenital obstructive hydrocephalus, ventriculoperitoneal shunt failure, multiple interventricular septa and third ventricular colloid cyst, 2 patients presented with CSF rhinorrhea, 2 patients presented with craniopharyngioma, 1 patient presented with suprasellar granuloma, 1 patient presented with planum sphenoidal meningioma, and 9 patients presented with pituitary adenoma (one recurrent after cranial excision, 2 pituitary apoplexy, and 6 newly diagnosed pituitary adenoma).

Results and conclusion: results and conclusion will be discussed in details.

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**13-Prevalence of Childhood and Adolescent’s Epilepsy in Upper Egypt (Desert areas)**

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<th>Dr. Mohamed Abdelhameed</th>
<th>Assiut University</th>
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**Purpose:** to determine the prevalence and clinical pattern of childhood and adolescence epilepsies in Upper Egypt.

**Methods:** This is a door to door study conducted on all inhabitants in Al Kharga district (n=62,583) and Al Qusier city (n=33,285). The study was conducted through two stages; every stage consisted of two phases (screening and diagnostic).

**Results:** Life time prevalence of childhood and adolescents› epilepsy (children <18 years) in Upper Egypt was 1000/9.7, with higher prevalence among children <12 years (1000/10.8), than adolescents (1000/7.2), and higher among boys (1000/10.6) than girls (1000/8.7). The age-specific prevalence was highest in early childhood (1000/12.01) and least at adolescence (1000/7.2). More than half of the patients (%59.4) had idiopathic epilepsy. The most frequent etiology for structural/metabolic epilepsy was perinatal complications, particularly in infancy, followed by CNS infections, on childhood, and post-traumatic epilepsy in adolescence.

**Conclusion:** Prevalence of childhood and adolescent’s epilepsy in Upper Egypt was not so much different from other developing countries. Idiopathic epilepsy was more prevalent than structural/metabolic cases. Perinatal complications, CNS infections and head injury were the most frequent etiologies and generalized tonic-clonic seizures were most frequent seizure type.

**Key words:** Epilepsy, Epidemiology, Upper Egypt.
Abstracts for Poster presentation

1-Prevalence of Diabetes and Diabetic Neuropathy in Qena Governorate: Population-Based Survey

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Noha Abo El-Fetoh a Ghada Al Attar b Ahmed F. Zaki d Ayman Gamead
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Background: No previous study was done to estimate the prevalence of diabetic neuropathy (DN) in Arabic countries. The aim of this study was to estimate the prevalence of DN and its characteristics in Qena governorate.

Material and Methods: This is a random sampling of 10 study areas, involving 9,303 inhabitants; %51.1 men and %48.9 women were recruited. There were %57.3 urban residents and %42.7 rural residents. Patients were diagnosed using a screening questionnaire for diabetes mellitus (DM) as well as for DN in addition to measuring blood sugar in suspected cases. All positive cases were referred to Qena University Hospital and were subjected to full clinical, electrophysiological and laboratory investigations.

Results: Out of 9,303 people screened, 837 were diabetic giving prevalence %8.99 of the population. Eight hundred eleven had type II DM and 26 cases had type I giving prevalence of 8.7 and %0.3, respectively. One hundred fifty-five out of %18.5 (837) diabetic patients had evidence of DN with prevalence rate being %1.7 of the total population. Diabetic polyneuropathy was the commonest type with prevalence %1.5. The prevalence of DN was higher in women than in men. Rural residents had significantly higher prevalence of DN compared to urban residents (1.9 vs. 1.4) and illiterate population more than educated (5.8 vs. 1.2).

Conclusion: The overall crude prevalence rate of DM and DN is nearly the same as in European countries and lower than that in other Arabic countries.

2-Changes in Recruitment of Motor Cortex Excitation and Inhibition in Patients with Drug Induced Tardive Syndromes

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Background: The neurophysiological characteristics of motor cortex have never evaluated in patients with drug induced extrapyramidal syndromes.

Objectives: We present the first data on cortical excitability in patients with drug induced Tardive Syndromes.

Methods: Motor cortex excitability was examined using transcranial magnetic stimulation in 20 patients with drug induced Tardive Syndromes and in 20 age and sex matched control subjects. Resting and active motor threshold (RMT, AMT), input–output curves, and contralateral silent period (cSP) at a range of stimulation intensities, as well as ipsilateral silent period (iSP) were done.

Results: There were no significant differences in resting or active motor threshold in patients versus controls, although the input–output curves were steeper. There were no significant differences in cSP at different intensities but the iSP was shorter in the patients compared to the control group.

Conclusion: drug-induced Tardive syndrome is characterized by hyperexcitability of corticospinal output and a shorter iSP.

3-Prevalence of Common Types of Compression Neuropathies in Qena Governorate/Egypt: A Population-Based Survey

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Background: No epidemiological studies on the prevalence of compressive neuropathy have been undertaken in Arab countries. The aim of the study was to estimate the prevalence of the most common types of compressive neuropathies in Qena governorate/Egypt.

Methods: The study was part of a community-based survey carried out to assess the prevalence of neuromuscular disorders among the Qena population. A random sampling of 10 districts, 5,039 inhabitants aged ≥ 20. There were 3,050 urban residents (%60.5) and %39.5 (1,989) from the rural community. Patients were diagnosed using a screening questionnaire for diagnosis of entrapment neuropathies. Positive cases were referred to the Qena University Hospital. They were given full clinical, electrophysiological and laboratory investigations.

Results: Compressive neuropathy was recorded in 165 cases giving a CPR = %3.3 of population at risk (≥ 20 years). Carpal tunnel syndrome (CTS) was diagnosed in 155 cases giving a CPR = %3.1 with a significantly higher prevalence among females than males (5.3 vs. %0.9) and in rural compared with urban populations (4.6 vs. %2.1). Ulnar neuropathy at the elbow was the second common type of entrapment with a CPR = %0.1 followed by radial nerve palsy, tarsal tunnel syndrome and common peroneal nerve palsy.

Conclusion: The overall crude prevalence rate of CTS is comparable with that in other countries.
4-Dual-Hemisphere Repetitive Transcranial Magnetic Stimulation for Rehabilitation of Poststroke Aphasia: A Randomized, Double-Blind Clinical Trial


**Background.** Recent neuroimaging studies on poststroke aphasia revealed maladaptive cortical changes in both hemispheres, yet their functional contribution in language recovery remains elusive. The aim of this study was to evaluate the long-term efficacy of dual-hemisphere repetitive transcranial magnetic stimulation (rTMS) on poststroke aphasia.

**Methods.** Thirty patients with subacute poststroke nonfluent aphasia were randomly allocated to receive real or sham rTMS. Each patient received 1000 rTMS pulses (1 Hz at %110 of resting motor threshold [rMT] over the right unaffected Broca’s area and 1000 pulses (20 Hz at %80 rMT) over the left affected Broca’s area for 10 consecutive days followed by speech/language training. The language section of the Hemispheric Stroke Scale (HSS), the Stroke Aphasic Depression Questionnaire–Hospital Version (SADQ-H), and the National Institutes of Health Stroke Scale (NIHSS) were measured before, immediately after the 10 sessions, and 1 and 2 months after the last session.

**Results.** At baseline, there were no significant differences between groups in demographic and clinical rating scales. However, there was a significantly greater improvement in the HSS language score as well as in the SADQ-H after real rTMS compared with sham rTMS, which remained significant 2 months after the end of the treatment sessions.

**Conclusion.** This is the first clinical study of dual-hemisphere rTMS in poststroke aphasia. Combining dual-hemisphere rTMS with language training might be a feasible treatment for nonfluent aphasia; further multicenter studies are needed to confirm this result.

5-Motor cortical excitability in obsessive-compulsive disorder: Transcranial magnetic stimulation study


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**Objectives.**—Transcranial magnetic stimulation is a non-invasive method of stimulating the brain that is increasingly being used in neuropsychiatric research. Previous work has suggested that the pathophysiology of obsessive-compulsive disorder (OCD) may involve dysfunction of excitatory and/or inhibitory brain function. This study aimed to extend those findings.

**Methods.**—The study included 45 OCD patients and 15 age- and sex-matched healthy volunteers. Clinical evaluation
was conducted using the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS), Hamilton Anxiety Rating Scale (HAM-A), and Clinical Global Impression rating scale (CGI). Physiological measures were resting and active motor thresholds (RMT and AMT), motor evoked potential (MEP) amplitude, cortical silent period (CSP) and transcallosal inhibition (TCI) durations, short-interval intracortical inhibition (SICI), and intracortical facilitation.

**Results.**—RMT and AMT were significantly lower in patients than in the control group. The mean duration of the CSP and TCI were also significantly shorter. Obsessive trait was associated with significant reduction of TCI duration compared to compulsive trait. There was significant reduction in SICI in OCD patients compared to controls. There were no significant correlations between the Y-BOCS, HAM-A, and CGI scores and the cortical excitability parameters.

**Conclusion.**—These results provide further evidence for inhibitory deficits or increased facilitation in cortical circuits of patients with OCD.

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**6-Electrolyte disturbances in cerebrovascular stroke**

Aml Tohamy  
Assiut University Hospital

**Background:** Stroke is defined as a neurological deficit attributed to an acute focal injury of the central nervous system (CNS) by a vascular cause. Electrolyte disturbances are quite common problems after acute stroke. Sodium influences osmotic equilibrium, blood volume, blood pressure, and plays a major role in acid–base balance. Potassium is a basic need for the brain and is essential for neuronal cell health, function, and cerebral circulation.

**Aim of the study:** To estimate the relative frequency of electrolyte disturbances and abnormality of biochemical parameters among patients with acute 1st ever cerebrovascular stroke and the possible relationship of electrolyte disturbances to stroke severity and short-term outcome.

**Patients and Methods:** Three hundred thirty-one patients were included with the first ever CVS along the period from 1st June, 2015 till 31st November, 2015. Patients were recruited from the neurology inward department and stroke unit of Assiut university hospital. Each patient was subjected to Detailed History, Neuropsychiatric examination, Assessment of comorbid conditions. History of pre-stroke therapies, Severity of stroke was assessed using: (NIHSS) on admission and every other day till 7th day or discharge. Estimation of serum metabolic profile including Na, K, Ionized Ca, Ionized Mg on admission and every other day along 1st week.

**Results:** In the 1st week of CVS dyskalemia was the most commonly electrolyte disturbance among acute CVS patients (%25.7), followed by dysnatremia (%22.0) especially hyponatremia and hypokalemia which was recorded in a similar rate (%17.8). However, towards the end of 1st week of stroke, dysnatremia (%32.0) was recorded with the highest rate of electrolyte disturbances followed by hypomagnesemia (%17.6). According to relationship between severity of stroke and rate of electrolytes disturbances, Patients presented with severe CVS (NIHSS > 15) had significantly higher rates of dysnatremia, dyskalemia, dysmagnesemia, and dysglycemia than less severe cases.

**Conclusion:** Electrolyte disturbance is a quite common problem after acute stroke and affects its prognosis. Dyskalemia and Dysnatremia are the most common electrolyte disturbances encountered in acute CVS patients.
7-Cross-sectional study of depressive and anxiety disorders among patients with major neurological disorders attending neurology outpatient clinic of Qena University Hospitals

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¹Assuit University Hospital and ² South Valley University.

Background: Depression and anxiety are commonly seen in patients with stroke, epilepsy and Parkinson’s disease. Egyptian studies are defective in this era. We aimed to describe prevalence of depression and anxiety symptoms in stroke, epilepsy and Parkinson’s disease, and to explore association with clinical and socio-demographic factors.

Methods: We performed a cross-sectional study among patients attending neurology outpatient clinic of Qena University Hospitals during one year period. The study was conducted during the period from September 1st 2014 to August 31st 2015 aiming at estimation of the percentage of depressive disorders among patients attending neurology outpatient clinic of Qena University Hospitals with history of stroke, epilepsy, or Parkinson’s disease.

Results: Prevalence of post-stroke depression was found to be %38 (PSD), while prevalence of post-stroke anxiety (PSA) was found to be %28. Co-morbidity of PSA and PSD was high. Contrary to the general population, prevalence of depression among women was not found to be significantly higher post stroke. We found that epileptic patient were more vulnerable to depression than general population with prevalence of %32. The prevalence of depression or anxiety was higher in drug-refractory epilepsy. Prevalence of depression in patients with Parkinson’s disease was found to be %30.

Conclusion: We found a high prevalence of anxiety and depression symptoms in a hospital-based study of patients with stroke, epilepsy and Parkinson’s disease.

8- Stent-assisted versus lone coiling in the treatment of Unruptured MCA Aneurysms Clinical Outcome and Follow up ; dual center experience.

Islam Almelky South Valley University

OBJECTIVE:
Endovascular coil embolization is an increasingly used and continuously evolving method. Simple coiling and stent assisted coiling are 2 methods widely used to treat MCA aneurysms. We aimed to review our experience with endovascular treatment of UMCAa either with SAC or LC.

MATERIAL AND METHODS:
52 incidental MCA aneurysms in 50 consecutive patients treated endovascularly from January 2009 to December 2014 in two institutions. We studied the outcome in comparison with the literature.
9- Electrophysiological Diagnosis of Carpal Tunnel Syndrome Using Conventional and Other Modified Techniques

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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.

Keywords: Carpal Tunnel Syndrome, Electrophysiological Diagnosis, Conventional and Modified techniques.
10- An epidemiological study of migraine headache among sixth grade primary school students in Minia district

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Lecturer in neurology - Minia university

**Background:** Headache is the most prevalent neurological disorder. Migraine headache is the second most common, affecting between 10 to 12 percent of the population. The average lifetime prevalence of migraine in children and adolescents is %7.7. Migraine restricts teenage quality of life and is a major cause of absence from school. It was reported that %90 of migraineurs have some headache-related disability, and approximately half are severely disabled or require bed rest.

**The aim of this study** is to evaluate the prevalence of migraine headache among sixth grade primary school students in Minia district and the impact of migraine headache on functional abilities of those students.

**Materials and methods:** The study included 1024 sixth grade primary school students of both sexes aged 13-10.5 years randomly chosen from eight primary schools, as follows; four rural and four urban schools.

**All individuals were subjected to:** complete history taking, neurological examination and functional disability assessment.

**Results:** The data showed that In Minia district, the total prevalence rate of migraine headache among sixth grade primary school students was %13.8 %18.5 for typical migraine and %4.7 for probable migraine) and was predominated in females and in urban areas. Positive consanguinity and history of epilepsy were statistically significantly higher among typical migraineurs. students with typical migraine had significant functional disability due to their headaches.
IN TEAMWORK, WE BELIEVE