Annual Summer Meeting
of The Egyptian Society of Neurology, Psychiatry and Neurosurgery

In collaboration with
Neuropsychiatry Department, Faculty of Medicine
Alexandria University

11th – 13th June, 2015 Sheraton Hotel – Alexandria
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 ESNPN Conference, which will be conducted in Sheraton Hotel Alexandria, 11th to 13th June 2015 - Alexandria, Egypt.

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

Interesting lectures by eminent neurologists and Psychiatrists, as well as free papers in all fields and lastly round table discussion in very interesting topics (Stroke, Epilepsy, MS, Alzheimer Disease, and Neuro-Therapeutics).

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. Hassan Farwiz
President of the Society & Congress

Prof. Mohamed Fouad Boraey
Head of Department of Neuropsychiatry, University of Alexandria
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Prof. Sherif Hamdy

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Osama Ghannam

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Mohamed Fouad Boraie
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Nageh Fouty
Omar El-Serafi
Randa Dief
Rezk Khudir
Sadek Helmi

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Yosri Abdel Mohsen
Yousria El-Taweel
Social Committee

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01:00 – 03:30 PM  Registration

02:00 – 03:00 PM  Lunch (Hotel)
Thursday 11th June 2015
Opening Ceremony
03:30 – 04:00 PM

Prof. Hassan Farweez
(ESNPN President)

Prof. Mohamed Fouad Boraey
(Head of Department of Neuropsychiatry, University of Alexandria)

Prof. Maged Abdel Naseer
(ESNPN Secretary General)
Chairpersons (Alphabetically)
Ammar El-Taher
Mohamed S. El-Tamawy
Osama Abdulghani

It is Myasthenia Gravis
Ammar El-Taher
30 MIN

The selection of AED for the treatment of epilepsy
Farouk Talaat
45 MIN

Mental state changes in dementai patients
Fathy Afifi
30 MIN
Thursday 11th June 2015

New Bridge Symposium
05:45 – 06:15 PM

Chairpersons

Ahmed Deif
Azza Abbas
Hassan Farawiz

Drug Management in Parkinson’s disease

Maged Abdel Naseer

30 MIN

06:15 – 06:45 PM
Coffee Break
Chairpersons

Mohamed Fouad
Samia Ashour
Sayed Tag El–Din

Smokes and Mirrors
Magd Fouad Zakaria 20 MIN

Delaying Disability Progression, where experience counts
Ayman Ezz El–Din 20 MIN

Impact of stopping B. Interferon on relapsing remitting multiple sclerosis
Mabroka Agheila 20 MIN
Chairpersons (Alphabetically)

Mohamed Ramadan
Mohamed Saad
Nabil El–Agouz

Defining the clinical course of multiple sclerosis  
Ismail Ramadan  20 MIN

Fatigue and depression in multiple sclerosis  
Ayman Nassef  20 MIN

Implementation of ‘NEDA–4’ in multiple sclerosis decision model. Uncover timely treatment failure  
Hatem samir  20 MIN
Chairpersons
(Alphabetically)
Abdallah Maamoun Sarhan
Ashraf Abdou
Ismail Montaser

Axonal loss in Multiple Sclerosis
Tarek Tawfik 30 MIN

09:15 – 11:00 PM Dinner (Hosny Restaurant)
Friday
12th June 2015
Session I
10:30 – 12:00 AM

Chairpersons
(Alphabetically)
Nadia Hafez
Obsis Madkour
Smaiha Abd El-Moneim

Endocrine myopathies
Samir Asaad 30 MIN

The Carpal Tunnel Syndrome and the Double Crush Syndrome Hypothesis: Revisited
Heba Raafat 15 MIN

Bone Marrow Transplantation (Neurological indications and complications)
Hany Mohammed El Deeb 15 MIN

Early predictors of subclinical atherosclerosis in epilepsy patients
Mostafa Mohamed Magdy 15 MIN

Effect of Natalizumab on clinical activity/radiological and EDSS of relapsing remitting multiple sclerosis
Mabroka Agheila 15 MIN

12:00 – 01:00 PM Gomaa Prayer
Challenges in the care of stroke survivors in Zagazig university hospitals

**Wafaa S. Mohamed**
15 MIN

Cerebral venous thrombosis

**Amr El-Fatatry**
15 MIN

Quantitative Assessment of Shoulder Proprioception in Patients with Stroke

**Abdelaziz A. Elsherif**
15 MIN

Transcranial Direct Current Stimulation (tDCS) in Stroke Rehabilitation

**Islam F. Halawa**
15 MIN
Friday 12th June 2015 Session III 02:00 – 03:00 PM

**Chairpersons** (Alphabetically)
Amira Zaky  
Eman Khedr  
Magdi Aidaros

Endocrine myopathies
**Samir Asaad**  30 MIN

The different classification of personality disorders.
**Tarek Molokhia**  15 MIN

Insomnia
**Jaidaa Mekky**  15 MIN

Anti-angiogenic Therapy for malignant glioma
**Sherine El Mously**  15 MIN

Gamma knife Radiosurgery for Peri-optic Meningiomas
**Hossam Maaty**  15 MIN

03:00 – 05:00 PM  Lunch (Hosny Restaurant)

09:00 PM  Gala Dinner (Hotel)
Better response ...... Better Compliance

Efficacy
Control
Compliance

Affordability

DEKADEL CHRONO
Sodium Valproate 500 mg
Abstracts

E.S.N.P.N
2015
Defining the clinical course of multiple sclerosis

Ismail Ramadan

Accurate clinical course descriptions of MS are important for communication, design and recruitment of clinical trials and treatment decision making. The descriptions published in 1996 were lacking imaging and biological correlates. So the need for new definitions of the clinical course of MS was mandatory.

Fatigue and depression in multiple sclerosis

Ayman Nasef

In this presentation we will discuss the following:
1. How common is depression in people with MS?
2. Is depression in MS associated with lesions in specific regions of the central nervous system?
3. Is there an increased risk of suicide in MS?
4. Is there a higher than expected incidence of anxiety disorders in MS?
5. Are fatigue and depressed mood related in MS?
6. Is there a relation between depression and cognitive impairment in MS?
7. Which psychosocial variables affect the development of depression in MS?
8. Does treatment with interferon increase the risk of depression?
9. How effective are treatments for MS patients with depression?

ENDOCRINE MYOPATHIES

Samir Naim
Assaad, MD, MRCP(UK), FRCP(Edin), FRCP(Lond)
Professor of Medicine & Endocrinology
Faculty of Medicine, University of Alexandria

Secondary limb myopathy is more frequent than primary or hereditary forms. The most common forms of endocrine myopathies are related to thyroid disorders and hypercortisolemia. Hypothyroidism is commonly associated with proximal myopathy and increased CPK levels. Hyperthyroidism induces proximal muscle weakness and occasionally complicated by periodic hypokalemic muscular paralysis. Cushing syndrome, whether exogenous or endogenous, is characterized by proximal myo-
The Carpal Tunnel Syndrome and The Double Crush Syndrome Hypothesis: Revisited

Heba Raafat¹, Mye A. Basheer¹, Radwa Azmy¹, Amira A. Labib¹

Clinical Neurophysiology Unit, Faculty of Medicine, Cairo University, Egypt

Background: The commonest application of the double crush hypothesis is its association to median nerve entrapment at the wrist. The double crush (DC) concept has gained popularity because it provides a rationale for evaluating the cervical spine and roots when treating carpal tunnel syndrome (CTS). The double crush syndrome (DCS) and CTS co-occur more than would be likely of CTS to occur alone. Up to 90% of CTS patients are misdiagnosed as only 10% have the problem at their wrist. Objective: To examine the validity of Double Crush Syndrome hypothesis in CTS patients to support or disregard the theory.

Methods: This study was conducted on 80 patients, 40 patients presenting with brachialgia (Group I) and 40 claiming failed CT release operation (Group II). Diagnostic work up included neurological examination, MRI of cervical spine, Phalen test and Tinel sign, electromyographic examination (EMG) and motor and sensory nerve conduction studies (NCS). Results: EMG and NCS showed 10 cases with CTS (25%), 20 (50%) with double crush syndrome and 10 (25%) with cervical radiculopathy in group I, while group II patients showed 10 cases (25%) with CTS and 30 (75%) with DCS. In all patients, 50 cases (62.5%) showed DCS. When comparing the first NCS of Group II pre and postoperative, 32 cases (80%) showed improvement of the NCS results while 8 (20%) deteriorated.

Conclusion: In this study, DC hypothesis was supported while the concept of frequent failure of CT release surgery was not supported for the benefit of DC hypothesis.

Keywords: Carpal tunnel syndrome, double crush syndrome, electrophysiological studies, cervical radiculopathy.
Bone Marrow Transplantation  
(Neurological indications and complications)

Hany Mohammed El Deeb  
Assistant lecturer of neuropsychiatry  
Alexandria University

Bone Marrow Transplantation involves the use of hematopoietic cells for many hematological and non-hematological indications. There are many neurological complications that may occur during different stages of transplant of special concern is graft versus host disease that affects nervous system in its chronic form. Bone Marrow Transplantation has been tested in many inherited as well as acquired neurological disorders. It proved success in some leukodystrophies, lysosomal disease and some acquired autoimmune diseases.

Early predictors of subclinical atherosclerosis in epilepsy patients

Hala Abd Elmageed Shaheen, Sayed Sobhy Sayed, Lamiaa Ibrahim Abdel Azeem, Mostafa Mohamed Magdy  
Neurology department, Fayoum University.

Background: Patients with epilepsy are at higher risk for atherosclerosis which may be due to the epilepsy itself and/or antiepileptic drugs use (AED). This work aimed to detect the impact of epilepsy itself and the antiepileptic drugs on developing subclinical atherosclerotic changes and to correlate atherosclerosis in patients with epilepsy to clinical and laboratory data.

Patients and Methods: Ninety patients with idiopathic epilepsy and 30 age, sex matched healthy controls subjected to neurological examination, extracranial carotid duplex, and measurement of lipid profile, uric acid and CRP levels.

Results: The level of HDL was significantly lower in all patients with epilepsy and those treated with enzyme inducer antiepileptic drugs than the control subjects.

Level of serum uric acid was statistically significantly higher in all patients with epilepsy including untreated patients and those treated with non enzyme inducer AEDs and polytherapy AEDs than control subjects. The mean common carotid artery intima media thickness (CCA IMT) was significantly higher in all patients with epilepsy including untreated and treated patients than control. There was a significant positive correlation between the CCA IMT and age of the patients, duration of illness and duration of the antiepileptic drugs.

Conclusion: The epilepsy itself could result in subclinical atherosclerotic changes in the patients with epilepsy, which could be exacerbated by the antiepileptic drugs, particularly enzyme inducer drugs.

Key words: Epilepsy, AEDs, atherosclerotic risk factors, CCA–IMT.
Background: stroke is a global health-care problem with a life-changing event that affects not only the patients, but also their families, caregivers and the society. Aim of the work: To identify challenges in the care of stroke survivors in our culture and to assess their effect on health related quality of life (HRQL).

Methods: an epidemiological cross-section study was done including 21 males and 24 females with ages ranged from 30–88 years (mean age 59.5 ± 12.7 years) with first stroke, confirmed by CT and/or MRI brain. They were recruited from Neurology Department, Zagazig University, 1–3 months post stroke onset. Every patient was subjected to thorough history taking, general, neurological examination and routine laboratory investigations. The following scales were applied: modified Rankin scale, Barthel Index and Stroke Impact Scale (SIS).

Results: studying socio-demographic data revealed that older ages > 60 years had a statistically significant poorer HRQL, while low socioeconomic level, lack of social support, poor treatment compliance and absence of rehabilitation were highly statistically significance. Stroke survivors with comorbid illness had non statistically significant poor HRQL. Motor, sensory deficits and sphincteric disturbances had highly statistically significant effect on SIS while aphasia, cranial nerve affections, incoordination, and hemianopia had statistically significant effect. Motor, sensory deficits and sphincteric disturbances had highly statistically significant effect on SIS. The patients with unfavourable functional outcome and severe disability were associated with poor HRQL. The lowest scores of SIS were in social participation, mobility, and hand function (39.7, 40.6, 41.5 % respectively).

Conclusion: Many factors affected HRQL of stroke survivors as socio-demographic factors, comorbid illnesses, neurological sequelae and size of the lesion.

Key words: Health related quality of life, stroke survivors, challenges of post stroke care, stroke impact scale.
Cerebral venous thrombosis

Amr El-Fatatry

Cerebral venous thrombosis is sometimes a confusing clinical condition. It has nonspecific clinical presentation, subtle imaging findings. Although these findings are often present on initial scans, they are frequently detected only in retrospect. So this presentation aims at identifying the pathogenesis, specific clinical features and different imaging modalities used in the diagnosis of cerebral venous thrombosis.

Quantitative Assessment of Shoulder Proprioception in Patients With Stroke

Moshera H. Darwish¹, Sandra M. Ahmed², Mohammed S. Eltamawy², Abdelaziz A. Elsherif¹

Department of Physical Therapy for Neuromuscular Disorder and Its Surgery, Faculty of Physical Therapy, Cairo University¹; Department of Neurology, Faculty of Medicine, Cairo University² Background: Impairment of proprioception in the upper extremity may impede activities of daily living and limit motor gains after stroke.

The aim of this study was to assess and evaluate objectively shoulder proprioception (joint position sense) in affected (contralesional) and unaffected (ipsilesional) side of stroke patients.

Methods: Thirty stroke patients from both sexes (study group, G1) and thirty normal matched subjects (age, sex, weight and height) (control group, G2) participated in this study.

The age of the patients ranged from 48 to 63 years and the duration of illness was more than six months post stroke. Joint position sense (JPS) was assessed by the Biodex system 3 Isokinetic dynamometer through determining angular displacement error of active and passive angle repositioning of shoulder external and internal rotation.

Assessment procedures applied on both shoulders in patients’ group (G1) and on the shoulder of the dominant arm only of normal subject (G2). The results: revealed a significant increase in the mean values of errors in the affected arm in all tested movements (active and passive external rotation, active and passive internal rotation) comparing the mean values of errors in the affected arm (G1) with the mean values of errors of both the dominant arm of normal subject (G2) and the unaffected arm (G1) (p<0.05). A non-significant difference of all tested movements between the mean values of errors in the unaffected arm (G1) and the dominant arm of normal subject (G2). A significant increase in the mean values of errors in passive external and internal
rotation in the affected arm and passive internal rotation in the unaffected arm when the lesion was
cortical rather than subcortical (p<0.05). Concerning the side of the lesion there was only a tendency to
significantly higher error in the passive internal rotation of the affected arm if the lesion was on the right
rather than the left or there was a bilateral brain lesion. Conclusion: Proprioceptive deficit is evident in
the affected shoulder in hemiparetic patients. Physical therapy programs must focus on proprioceptive
training for better functional outcome. Key Words: Stroke, Shoulder, Proprioception, Joint position
sense, Isokinetic dynamometer.

Transcranial Direct Current Stimulation (tDCS) in Stroke Rehabilitation

Islam F. Halawa, Msc.
Assistant researcher National Research center Clinical Neurophysiology

Transcranial direct current stimulation (TDCS) is an emerging technique of noninvasive brain stimu-
lation that has been found useful in examining cortical function in healthy subjects and in facilitat-
ing treatments of various neurologic disorders. A better understanding of adaptive and maladaptive
poststroke neuroplasticity and its modulation through noninvasive brain stimulation has opened up
experimental treatment options using TDCS for patients recovering from stroke. We review the role of
TDCS as a facilitator of stroke recovery, the different modes of TDCS, and the potential mechanisms
underlying the neural effects of TDCS.
Key word: Transcranial direct current stimulation (TDCS); Stroke; Anodal; Cathodal; stimulation; neuro-
plasticity; neuromodulation; rehabilitation.

The different classification of personality disorders.

Tarek molokhia
Professor of psychiatry Alexandria University
Head of the psychiatric unit Alexandria University

Also will enlighten the dilemma of personality disorder in Axis I versus Axis II in the American clas-
sification. The presentation will discuss the dichotomies versus the description classification of the
personality disorders.
At the end will be examples of this dilemma of classification concerning “borderline and narcissistic
personality disorder”
Insomnia

Jaidaa Mekky
Lecturer of Neurology
Department of Neuropsychiatry, Alexandria University

Subjective patient complaint of difficulty falling asleep, difficulty staying asleep, poor quality sleep, or inadequate sleep despite adequate opportunity. Hereby we will highlight some of the causes, health consequences, how to investigate and treatment options of insomnia.

Anti-angiogenic Therapy for malignant glioma

Sherine El Mously
MBBCH; MD, Lecturer of Neurology, Fayoum University

Malignant gliomas encompassing both WHO grade III and grade IV (Glioblastoma Multiforme; GBM), are the most common malignant primary brain tumors in adults. Despite advances in our understanding about how these tumors develop and proliferate, they present a therapeutic challenge that are physiology related to anatomy and tissue sensitivity to therapy, as well as immunologic related to immunosuppression in the neoplasm microenvironment.

Malignant gliomas are not curable and the aim of the treatment is to delay the time to recurrence at which treatment responses are very limited. Malignant gliomas are likely to be one of the most angiogenic cancers. They express specific angiogenic and tumorigenic markers that are useful in predicting therapeutic responses, grading of tumor and prognosis. Factors involved in angiogenesis are targets for multiple clinical trials. Though antiangiogenic therapy has not yet been shown to extend overall survival in this patient population, there is likely substantial benefit by reducing vasogenic edema, allowing for temporary improvement in neurologic function, and minimizing the side effects of prolonged corticosteroid use. A trial of bevacizumab should be considered in those with worsening vasogenic cerebral edema such as recurrent malignant gliomas, radiation necrosis, or progressive brain metastases.
Gamma knife Radiosurgery for Peri-optic Meningiomas

Nabil A, Elnos F, Maaty H, Aboulfetouh I, Reda W, Alshahaby A, and Abdelkarim K
Gamma knife centre – Nasser institute – Cairo – Egypt, and Neurosurgery Dep.– Banha University

Object: Perioptic meningioms pose considerable therapeutic challenges because of their proximity to important cranial nerves, vasculature, and endocrine tissue at the anterior cranial base. This retrospective study aims at evaluating gamma knife radiosurgery as a treatment modality for management of benign meningiomas in direct contact with the anterior visual pathway, and assessment of its long term effect over tumor control and visual outcome.

Methods: This is a retrospective analysis of a prospectively maintained, institutional data-base in the Cairo Gamma Knife Centre in Nasser Institute. The study material included 233 consecutive patients with benign skull base meningiomas in direct contact or displacing the anterior visual pathway treated by single session gamma knife radiosurgery during the period between July 2001 & July 2011 (10 years).

Results: Patients were assessed and with neuroimaging and visual field at routine intervals following GKRS. There were 81% females and 19% males with age range (16–80 years). 67 patients (29%) had undergone at least one resection before GKRS, The mean follow-up after GKRS was 47 months (range 23–136 months).

At the last follow-up, tumor volumes remained stable or decreased in 94.8% of patients. Actuarial progression-free survival rates at 3, 5, 8, and 10 years were 99%, 94%, 87%, and 62%, respectively.

At the last clinical follow-up, 42% of patients demonstrated improvement visual outcome, 52% were stable, and 6% had worse visual outcome. 51% of patients that had pretreatment ocular nerve palsy were improved. Perifocal brain oedema was the most common complication after treatment (10.7%).

Conclusions: Single session SRS with the GK is an effective and minimally invasive option for the treatment of perioptic meningiomas offering a reasonable rate of tumor control with a considerable rate of tumor shrinkage and a low incidence of complications.
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BAD DAYS

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