

# 15<sup>th</sup> 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

Governer 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



5<sup>th</sup> – 7<sup>th</sup> April 2017

Assiut University Neurology, Psychiatry and Neurosurgery Hospital  
Assiut University Hotel



## *Welcome Message*

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On behalf of the Egyptian Society of Neurology, Psychiatry and Neurosurgery, In Collaboration with The Neuropsychiatry Department, Faculty of Medicine , Assiut University , We have the Honor and pleasure to invite you to participate in this congress, which will take place in Assiut University , Assiut, 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.

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**Prof. Eman M. Khedr**

Head of Neuropsychiatry Department,  
Assiut University  
& President of the Conference

**Prof. Yousria El-Taweel**

Head of Neurology Department,  
Zagazig University  
& President of the ESNPN

## Congress President

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

## Honorary Presidents of the Congress

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

## ESNPN Board

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President	Prof. Yousria El-Taweel
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Abou Zeid Khudir	Mohamed Ramadan
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Ahmed Abdel Alim	Nageh Fouly
Ahmed Abdel-Aziz Abo Hagar	Nagia Fahmy
Ahmed Azab	Nevin El-Nahas
Ahmed Deif	Omar El-Serafi
Ahmed El-Nemr	Randa Deif
Ann Ali Abdel Kader	Rasha Hassan
Ashraf Abdou	Rezk Khudir
Eman M. Khedr	Sadek Helmy
Essam Darwish	Shoura Yousef
Foad Abdallah	Taha Kamel
Forysa Talaat	Tarek Tawfik
Hala Abd El-Magid	Vector Samy
Ismail Montaser	Wael Fadel
Magd Zakaria	Wafaa Farghaly
Magdy Dahab	Yousry Abdel Mohsen
Mahassen Ali Hassan	
Mahmoud Abd El-Sayed	

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Anwar Etribi	Bahay Reda

Farouk Talaat  
Fathi Afifi  
Hamdy N. El-Tallawy  
Hassan Farwiz  
Hussein Moursy  
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Mahmoud Allam  
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Mervat Moustafa  
Mohamed El Bahy Reda  
Mohamed Montasser  
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Mohamed Osama Abdulghani  
Mohamed S. El-Tamawy

Mohamed Saad Shehab Al-Din  
Mostafa Kamel  
Nadia Hafez  
Obsis Madkour  
Osama Ghannam  
Ryadh Gouidar  
Safya El-Tohamy  
Saher Hashem  
Saleh Attya  
Samia Ashour  
Samiha Abd El-Moneim  
Sherif Hamdy  
Youssef Abo Zeid

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Nageh F. Kamel  
Alaa El-Deen M. Darweesh

## Congress Scientific Committee

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Hamdy N. El-Tallawy  
Hassan M. Farwiz  
Eman M. Khedr  
Essam S. Darwish  
Wageeh A. Hassan  
Wafaa M. Farghaly  
Nageh F. Kamel

Alaa El-Deen M. Darweesh  
Sherifa A. Hamed  
Khaled A. Elbeh  
Mohamed A. Ahmed  
Tarek A. Rageh  
Ghaydaa A. Shehata  
Noha M. Abo Alfetouh

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Hossam Khalifa Ahmed

Ahmed H. Yousef

Reda Badry

Anwar M. Ali

Ahmed A. Abdel-Rahman

## Social Committee

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Khaled O. Mohamed

Mostafa M. El Noamany

Fadia A. Attya

Eman F. Galal

Asmaa Mohammed

Doaa M. Mahmoud

Ahmed Abdelhady

Ehab Abdelmawgoud

Manar Nasr

Mostafa Hashem

Mohamed Abd Elrahman

Amal M. Tohamy

Mohamed Fawzy

Romany Hosny Gabra

Manal Hammam

Asmaa Fawzy

Amira Abdelmonei

Yehia Tag El-Din

Suzanne M. Abo Elnor

Menna Mahfouz

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

<b>5<sup>th</sup></b> April 2017 Wednesday	<b>Workshop I</b> Neurosonology Neurovascular Ultrasound in Stroke Prevention and Treatment		
		<b>09:30</b>	<b>11:30</b>

**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<br>Prof. Foad Abdallah      Cairo University          |
| 10:30 – 11:30 | Life demonstration<br>Prof. Foad Abdallah      Cairo University<br>Dr. Ahmed Naser Eldein      Assiut University |
| 11:30 – 12:00 |  Coffee Break                 |

**5<sup>th</sup>**

**April 2017**

**Wednesday**

## **Workshop II**

**Endovascular Intervention Neurology**



**12:00**




**16:15**

### **Moderators** Alphabetical Order

Prof. Ahmed Elbassiouny	Ain Shams University
Prof. Mohamed Alaa	Ain Shams University
Prof. Nabil Abdel Hakim	Azhar Assiut
Prof. Osama Yassin	Alexandria University

12:00 – 12:30	Anatomy of cerebral blood vessels and how to perform cerebral angiography safely Dr. Mohamed Mostafa Assiut University Dr. Khaled Osama Assiut University
12:30 – 13:15	Endovascular embolization of aneurysms Prof. Osama Yassin Alexandria University
13:15 – 14:00	Endovascular embolization of brain AVM Prof. Mohamed Alaa Ain Shams University
14:00 – 14:15	Endovascular treatment of unruptured MCA aneurysms Dr. Islam Elmalky South Valley University
14:15 – 14:45	Endovascular treatment of carotid and intracranial stenosis Dr. Ahmed Shoeib Aswan University Dr. Mahmoud Helmy Aswan University



- 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

**5<sup>th</sup>**

**April 2017**

**Wednesday**

## Epilepsy and other Disorders



**18:30**



**20:20**

### Chairpersons Alphabetical Order

Prof. Azza El Mongy	Mansoura University
Prof. Gamal Askar	Assiut University
Prof. Mahmoud Haroon	Ain Shams University
Prof. Nabil El Agouz	Azhar University
Prof. Nageh F. Kamel	Assiut University
Prof. Sherif Hamdy	Cairo University
Prof. Sherifa A. Hamed	Assiut University
Prof. Wafaa M. Farghaly	Assiut University

18:30 – 18:50	Global approach of low back pain Prof. Nageh Foly Elgamal	Assiut University
18:50 – 19:10	The multimodal prospects for neuroprotection and disease modification in epilepsy: Relationship to its challenging neurobiology Prof. Sherifa A. Hamed	Assiut University
19:10 – 19:30	Electrical status epilepticus in slow sleep in children Prof. Gamal Askar	Assiut University
19:30- 19:50	Puzzling cases in Epilepsy Assistant Prof. Reda Badry	Assiut University

- 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)

6<sup>th</sup>

April 2017

Thursday

## Registration



08:00



09:00

## Endovascular Intervention



09:00



10:40

### Chairpersons Alphabetical Order

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

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 saccular cerebral Anurysm**  
Dr. Ahmed El Shanawany      **Assuit University**
- 10:35 – 10:40      **Discussion**

<b>6<sup>th</sup></b> <b>April 2017</b> Thursday	<b>Opening Ceremony</b>	 <b>11:00</b>	 <b>11:40</b>
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**Holly Qura'n**

**National Anthem**

**Video about Assiut Governorate, Assiut University and Neuropsychiatry Department**

**Eng. Yaser El Dosoky**  
Governor of Assiut Governorate

**Prof. Ahmed Abdu Geais**  
President of Assiut University

**Prof. Tarek Abd Allah El Gammal**  
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

6<sup>th</sup>

April 2017

Thursday

## Multiple Sclerosis



11:50



13:40

### 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

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

13:20 - 13:30	<b>Pediatric Multiple Sclerosis</b> Prof. Ghaydaa Ahmed Shehata	Assiut University
13:30 – 13:40	<b>Fatigue and multiple sclerosis</b> Dr. Ahmed Borai Hassan	Sohag University



6<sup>th</sup>

April 2017

Thursday

## Stroke Session



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. Samiha Abd 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

6<sup>th</sup>

April 2017

Thursday

## Psychiatric Disorders Session

Biology and Psychiatric Disorders

Hall A



17:00



18:20

### 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	Assiut University

**6<sup>th</sup>**

**April 2017**

Thursday

## Update Management of Depression and Schizophrenia

**Hall A**



**18:20**



**19:30**

### Chairpersons Alphabetical Order

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

6<sup>th</sup>

April 2017

Thursday

## Psychiatric Disorders Session

Epidemiology in Upper Egypt

Hall A



19:45



20:30

### 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 <b>Dr. Mohamed Abdel Hameed</b> 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. <b>Dr Ahmed Fathy Zaki</b> South Valley University
20:15 - 20:30	Prevalence of neuromuscular disorders in Qena governorate / Egypt : population-based survey. <b>Dr. Ayman Gamea</b> South Valley University

6<sup>th</sup>

April 2017

Thursday

## Neurosurgery Session

Hall B

17:00

18:30

### 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



6<sup>th</sup>

April 2017

Thursday

## 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	Assiut 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	Assiut University
19:35 - 19:50	Neurovascular changes in Parkinson's disease: transcranial Doppler. Prof. Anwar Mohamed Ali	Assiut University
19:50 – 20:05	Non pharmacological management of Dementia. Dr. Romany Hosny	Assiut University
20:05- 20:20	Metabolic approach for Neurological cases in children. Dr. Mohammad Baker	Assiut 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)

**7<sup>th</sup>**

April 2017

Friday

## Work shop III

ECT and rTMS in Psychiatry disorders



10:00



11:00

### Chairpersons Alphabetical Order

Prof. Alaa Darwish	Assuit University
Prof. Khaled EL Beh	Assuit University
Prof. Wageeh Abdel Naser	Assuit University

10:00 – 10:30	ECT in Psychiatric disorders <b>Dr. Mostafa Noaman</b>
10:30 – 11:00	RTMS in Psychiatric disorders <b>Dr. Mohamed Fawzy</b>

**7<sup>th</sup>**

April 2017

Friday

## Workshop IV

### Clinical Guidelines for Management of OCD



11:00



12:00

### Chairpersons Alphabetical Order

Assistant Prof. Hosam Khalifa      Assiut University  
Prof. Wageeh Abdel Naser      Assiut 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

<b>7<sup>th</sup></b> April 2017 Friday	<b>Stroke workshop</b> Workshop V	 <b>13:40</b>	 <b>14:30</b>
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### Chairpersons Alphabetical Order

Dr. Khaled Osama Assiut University  
Prof. Mohamed Abd El Rahman

- |               |   |
|---------------|---|
| 13:40 – 13:50 | Overview of stroke<br><b>Dr. Ahmed Nasreldein</b>   |
| 13:50 – 14:00 | Pre-hospital management of Acute ischemic stroke<br><b>Prof. Mohamed Abd El Rahman</b>        |
| 14:00 – 14:10 | In-hospital management of acute ischemic stroke<br><b>Dr. Mohamed Moustafa</b>                |
| 14:10 – 14:20 | Assiut experience in thrombolytic therapy of acute ischemic stroke<br><b>Prof. Eman Khedr</b> |
| 14:20 – 14:30 | Post stroke rehabilitation<br><b>Dr. Khaled Osama</b>   |
| 14:30         | Closing   |
| 14:30 – 16:00 |  Lunch     |

# Abstracts

## Abstracts for oral presentation

### 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 made with caution in younger children who present with encephalopathy and demyelinating disease.<sup>4</sup> 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-Neuro-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

<sup>a</sup>Department of Neuropsychiatry, Assiut University Hospital, Assiut, Egypt

<sup>b</sup>Department of Rheumatology and Rehabilitation, Assiut University Hospital, Assiut, Egypt

**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) 2) 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 Qenagovernorate/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

%42.7 rural residence. Patients were diagnosed using a screening questionnaire for the diagnosis of neuromuscular disorders. All positive cases were referred to Qena University hospital where they underwent full clinical, electrophysiological, and laboratory investigations.

**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 rendering 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 E<sup>1</sup>, Fawi G<sup>2</sup>, Abbas MA<sup>3</sup>, Mohammed TA<sup>3</sup>, El-Fetoh NA<sup>1</sup>, Al Attar G<sup>4</sup>, Noaman M<sup>1</sup>, Zaki AF<sup>3</sup>.**

#### **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  $\geq 60$  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  $\geq 60$  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  $\geq 85$  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  $\pm$  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 a 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, ventriculo-pritoneal 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 planumsphenoidal 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.

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

**Dr. Mohamed Abdelhameed**

**Assiut University**

**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 < 12years (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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3Sobell Department of Motor Neuroscience and movement Disorders, National Hospital for Neurology and Neurosurgery, Queen Square, London, UK

**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 incSP 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  $\geq 20$ . 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 ( $\geq 20$  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

Eman M. Khedr, Noha Abo El-Fetoh, Anwer M. Ali, Dina H. El-Hammady, MD2, Hosam Khalifa, Haisam Atta, and Ahmed A. Karim,

**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 inpatients 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.

## 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 unite 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

Prof. Dr. Eman Mohamed Khedr<sup>1</sup>, Dr. Yasser Mohamed El-Sorogy<sup>1</sup>, Dr Ahmed Abdel-Baki Abdel-Rahman<sup>1</sup>, Mohamed Moslem Hefny<sup>2</sup>.

<sup>1</sup>Assiut University Hospital and <sup>2</sup> 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.

### RESULTS:

Angiographic results immediately after embolization showed favorable occlusion in %86.5 which improved to %92.3 during long term follow up . We used LC in 30 aneurysms (%57.7), double catheter technique in 6 aneurysms (%11.5) , catheter assisting technique in 2 aneurysms (%3.8) and stent assisted coiling (SAC) in 22 aneurysms (%42.3) . There were 7 thromboembolic events (%13.5) and two intraoperative perforations (%3.8) all without clinical impact. All patients (%100) had follow- up MRA. There were three recanalizations without retreatment and no bleeding. Progressive occlusion was more frequently reported in SAC treated aneurysms %77 with  $P < 0.05$ .

### CONCLUSION:

Our study demonstrated that the good clinical and radiological outcome, the low morbidity and the stability of endovascular treatment, make it a good option for treatment forUMCAAs. SAC showed a higher rate of progression toward favorable occlusion.

## 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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**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.

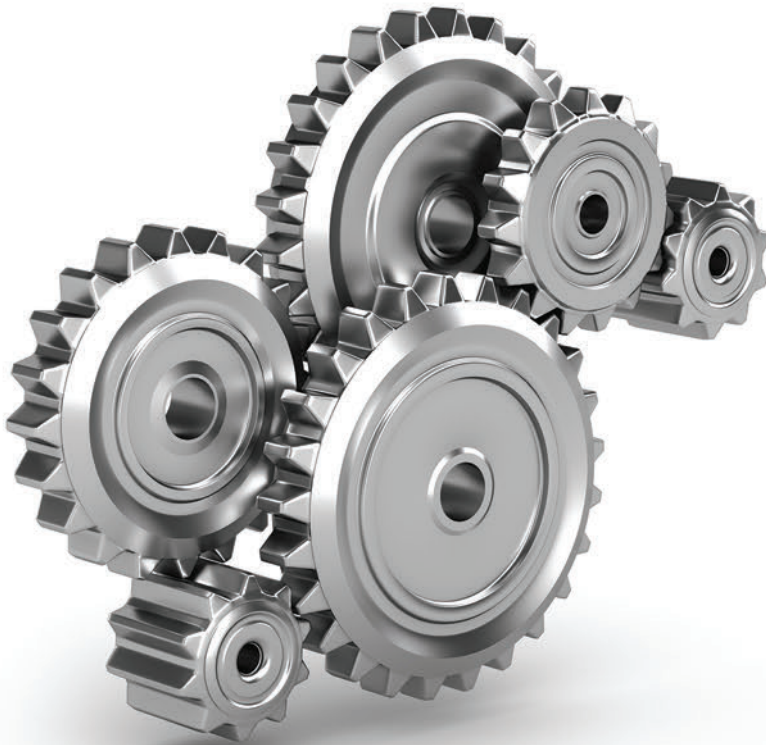
**Results:** The data showed that In Minia district, the total prevalence rate of migraine headache among sixth grade primary school students was %13.8) %18.5 for typical migraine and %4.7 for probable migraine) and was predominated in females and in urban areas. Positive consanguinity and history of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







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