2nd

International Tanta Neurology Conference

In Collaboration With

Egyptian Society of Neurology, Psychiatry and Neurosurgery

16th – 18th August 2018 - Intercontinental City Stars Hotel, Cairo - Egypt

Welcome Message

Dear professors and Colleagues

On the behalf of the Tanta Neuropsychiatry Department, I have the pleasure and honor to invite you to actively participate in the 2nd Tanta Neurology International Conference in collaboration with Egyptian Society of Neurology, Psychiatry and Neurosurgery which will take place in intercontinental City Stars, Cairo, August 16th -18th 2018.

The scientific program is hopefully rich, including updated subjects and recent advances in the different fields of Neurology and Psychiatry.

High quality and clinically relevant lectures will be provided by eminent Neurologists and Psychiatrists from Egypt and other countries. You are cordially invited not only to participate in our conference but also contribute actively to scientific deliberations by presenting your latest scientific data and clinical studies. Welcome again to 2nd International Neurology Tanta Conference.

Prof. El-Sayed Ali Mohamed Tag El-din

Sayed Tag El Din

President of the conference

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16th August 2018

Registration

14:00 – 15:00

16th August 2018

Session I

15:00 – 16:00

Movement Disorders

Chairpersons

Ashraf Abo-El Safa
Azza Abbas
Mohmed El Tamawy
Ayman Nasef
Gharib Fawi
Wael Fadel
Wafik El-Sheikh

15:00 – 15:20	Management Of Parkinson's Disease: Updates and Future Perspectives. Ali Shalash	(Ain Shams University)
15:20 – 15:40	Post Stroke Movement Disorders Ayman El Malt	(Tanta University)
15:40 – 16:00	Non-Motor Symptoms of Ipd. Osama Ragab	(Tanta University)

16th August 2018

16:00 – 16:30

Opening Ceremony

- Qura'n Kareem

- National Anthem

Prof.Magdi Abdel Raouf ElSaba
President of Tanta University

Prof. Amgad Abdel Raouf Farahat
Dean of Faculty of Medicine, Tanta University

Prof. Mohamed Othman Rabie
Honorary President of the Conference

Prof. El Sayed Ali Mohamed Tag El-Din
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Prof. Mahmoud Haroun
President of ESNPN

Prof. Maged Abdel-Naseer
Secretary General of ESNPN

Prof. Azza Abbas
Prof. Ehab Shawky
Secretary General of the Conference.

16:30 – 17:00 Coffee Break

16th August 2018

17:00 – 17:30

Plenary Session

Chairpersons

Fathy Afify
Bahey Reda
Ali Soliman
Hassan Farwiz
Mohammed Saad
Tarek El-Gammal

17:00 – 17:30	Oral Therapies in Multiple Sclerosis. Saher Hashem	(Cairo University)

16th August 2018

Session 2

17:30 – 18:10

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Multiple Sclerosis

Chairpersons

Magd F. Zakareia
Osama Abdulghani
Maged Abd El-Nasser
Mohammed Osman Rabie

17:30– 17:50	CNS-Immune System Dialogue in Neurology: Current Data and Perspective Nikolaos Grigoriadis	(Aristotle University of Thessaloniki, Greece)
17:50 – 18:10	Disease Progression in Ms. Magd F. Zakaria	(Ain Shams University)

16th August 2018

Session 3

18:10 – 19:10

Epilepsy

Chairpersons

Abd El Nasar Morad
Farouk Talaat
Azza El Mongy
Hazem Fayed
Ehab Shawky

18:10 – 18:30	Drug Resistant Epilepsy: Current Status and Future Development of Treatment Guidelines. Ayman Nasef	(Ain Shams University)
18:30 – 18:50	Lifestyle Modification in Epilepsy: Myths and Facts Amr Hassan	(Cairo University)
18:50 – 19:10	First Seizure, Facts and Fictions. Reda El Badry	(Assiut University)

16th August 2018

19:10 – 19:30

Roche Symposium

Roche

19:10 – 19:30	Determinants of Disease Activity and Progression in Multiple Sclerosis Hatem Samir

16th August 2018

19:30 - 19:50

Merck Symposium

19:30 – 19:50	How to Start DMT and When to De-Escalate? Amr Hassan	(Cairo University)
19:50 – 21:00	Dinner	

17th August 2018

Session 4

14:00 – 15:20

Cerebrovascular Disorders

Chairpersons

Ehab El Seidy
Maomoun Sarhaan
Saleh Attia
Ahmed Azab
Hussein M. Hussein
Sameha Abdel Moneim

14:00 – 14:20	Post Stroke Motor Rehabilitations Barriers and Gateways. Hatem S. Shehata	(Cairo University)
14:20 – 14:40	Late Window Thrombectomy Benefit in New Stroke Guidlines. Rasha Hassan	(Beni Suef University)
14:40 – 15:00	Cognitive Impairment in Small Vessel Disease a Reindroduced Access the World. Wafik Bahnasy	(Tanta University)
15:00 – 15:20	Coil Embolization Has Been Increasingly Used to Treat Intracranial Aneurysms. Mohamed Ashraf Zaytoun	(Zagazeg University)
15:20 – 15.50	Coffee Break	

17th August 2018

Session 5

15:50 – 17:10

Chairpersons

Mohamed Khalil
Ashraf Abdo
Amal El Motayam
Eman Khedr
Abo Zaid Khodair

15:50 – 16:10	Advanced Therapy in Dystrophinopathies. Doaa Atef	(Cairo University)
16:10 – 16:30	Ct And Mri in Metabolic Encephalopathies. Ahmed Keshk	(Tanta University)
16:30 – 16:50	Sleep and Psychiatric Abnormalities in School Age Children with Migraine. Sherin Al Ahwal	(Tanta University)
16:50 – 17:10	Transcranial Magnetic Stimulation in Neurology, Tanta Experience. Basem Fouda	(Tanta University)
17:10	**Closing Remarks**	
17:10 – 18:10	Dinner	

ABSTRACTS BOOK

Management of Parkinson's Disease: Updates and Future Perspectives

Ali Shalash
Professor of Neurology, Ain Shams University

Parkinson's disease (PD) is the second most common neurodegenerative disorder worldwide, caused by degeneration of dopaminergic neurons in the substantia nigra , and affects approximately 1–3% of the elderly population (≥60 years).
Health-related quality of life (HRQoL) is a multidimensional, self-reported measure of the disease impact on the patients' lives. Improving the HRQoL is the aim of care in chronic diseases, especially PD in which HR QoL is determined by motor, non-motor symptoms (NMSs), and other social factors.
the Substantial increase in prevalence of PD and daily disability of patients results in growing needs, burden and costs.
On the other hand, the options for treating PD symptoms continues to expand. Consequently, the International Parkinson and Movement Disorder Society updated its recommendations of treatment of motor symptoms of PD.
This presentation reviews updates and future perspectives of management of PD.

Movement Disorders after Stroke

Ayman El Malt
Lecturer of Neurology, Tanta University

Movement disorders are a well-recognized delayed complication of stroke. However, several abnormal movements, such as dystonia, chorea, athetosis, tremors, myoclonus, convulsions, jerking movements, limb shaking, and asterixis, can occasionally manifest at stroke onset. In the Lausanne Stroke Registry, the prevalence of a movement disorder in 2500 patients with acute stroke was 1%; hemichorea, hemiballismus, and dystonia were the most common symptoms.
Small deep strokes involving the basal ganglia, caused by presumed small-vessel disease, were most often associated with abnormal movements.25 However, abnormal movements in patients with stroke do not show a specific predilection to arterial territory, stroke site, or stroke type or subtype; large-vessel atherosclerosis, cardioembolism, haemorrhages, and thalamic, cerebellar, and brainstem involvement can be associated with abnormal movements at stroke onset.

Non-Motor Symptoms in Newly Diagnosed Parkinson's disease Ptients

Osama Ragab
Lecturer of Neurology, Tanta University

Introduction: The non-motor symptoms (NMS) in Parkinson's disease (PD) patients have greater effects on their quality of life compared to the motor symptoms; however, they are under-recognized.

The aim: The study aims to evaluate the prevalence and severity of NMS in newly diagnosed Parkinson disease patients in Tanta University hospitals.

Patients and methods: The study included 41 newly diagnosed PD patients. All patients were screened for NMS by the non-motor symptoms questionnaire (NMS-Quest). According to (NMS-Quest) response, patients were further evaluated by Sialorrhea Clinical Scale for PD (SCS-PD), Scales for Outcomes in Parkinson's disease for Autonomic symptoms (SCOPA-AUT), Rome III Questionnaire, Nocturnal voiding and Sleep-Interruptions Questionnaire, Brief Pain Inventory, Montreal Cognitive Assessment (MoCA), Scale for Evaluation of Neuropsychiatric Disorders in Parkinson's Disease (SEND-PD), Pittsburgh Sleep Quality Index (PSQI) and question naires based upon the International Restless Legs Study Group criteria.

The results: The study included 22 females and 19 male patients; the duration of illness was 2.7±2.08 years.
Constipation was the most common symptoms as it was present in 73.1% in the studied patients, 61% suffered loss of sexual interest. 47.5 % of patients had depressive symptoms. Sleep disturbance was present in 36.6 % of patients. Anxiety was reported by 30% of patients.

Conclusion: All newly diagnosed PD patients suffered one or more non-motor symptoms; constipation was the most frequent followed by sexual dysfunction, depressive symptoms and sleep disturbance while pain, sailalorhea and restless leg were the least reported.

Key words: non-motor symptoms, parkinson's disease, drug naïve

Oral Therapies in Multiple Sclerosis

Saher Hashem
Professor of Neurology, Cairo University

Multiple sclerosis is a disease with no definite pathology clinical course or etiology however the auto immune etioligy is the most accepted till now therfore the drugs will be touching this system. Many oral drugs have been tried with different mode of actions different adverse effects more recent drugs are in the pipe line knowing the underlying pathology passing froma inflammation to degeneration will mandate special algorithm in treatment with oral drugs in MS either it will take the way of MET or SIRT whether to start aggressive from the very begging or make MET then have a lateral shift after that.

Disease progression in MS

Magd F. Zakaria
Lecturer of Neurology, Ain Shams University

With the introduction of treatments for theuntreatable diseases, the perception changes.
Now we are starting to have treatments for progressive MS and consequently the definition of the disease, the methods of diagnosis, and the tools used have changed. The EDSS has been shown to be insufficient for diagnosing progression. New tools are added. The majority of Disease progression has been recently shown to occur in the absence of relapses and a new definition PIRA which is progression independent of relapse activity has been introduced. This presentation describes the changes in our perception of progressive MS.

Drug-Resistant Epilepsy:

Status and Future Development of Treatment Guidelines

Ayman Nasef
Professor of Neurology, Ain Shams University

Epilepsy is a common neurological disorder that affects over 70 million people worldwide. Despite the recent introduction of new antiseizure drugs (ASDs), about one-third of patients with epilepsy have seizures refractory to pharmacotherapy.

Early identification of patients who will become refractory to ASDs could help direct such patients to appropriate non-pharmaco logical treatment, but the complexity in the temporal patterns of epilepsy could make such identification difficult.

The target hypothesis and transporter hypothesis are the most cited theories trying to explain refractory epilepsy, but neither theory alone fully explains the neurobiological basis of pharmacoresistance.

Future perspectives are presented for the improvement of current hypotheses and the development of treatment strategies as guided by the current understanding of refractory epilepsy.

Lifestyle Modification in Epilepsy: Myths and Facts

Amr Hassan MD, FEBN
Associate Professor of Neurology, Cairo University

Lifestyle management is an often-ignored component of epilepsy self-management. Yet for some, it can have a substantial effect on seizure expression. Lifestyle management is defined as the "knowledge, attitudes, skills, and behaviors required to promote general physical and mental health and a good quality of life".

The lifestyle management behaviors that have been linked to seizure frequency among people with epilepsy include stress management, sleep behavior, diet and exercise among many others. However, there are many misconceptions about the precautions and restrictions for an epileptic patient that could be even adopted by physician as well as patients. In this presentation I will try to shed light on facts and myths in lifestyle modification of an epileptic patient.

First seizure, facts and fictions

Reda El Badry
Assistant Professor of Neurology, Assiut University

A first seizure means an uncertain future for the individual, but the consequences of its recurrence vary among individuals in different geographical areas and social situations. On speaking about the first seizure, a lot of debates appear on the surface like whether the first seizure was the first-ever seizure, did it occur in the setting of sleep deprivation or not, do all first-ever seizure patients need an MRI, do all first-ever seizure patients need an EEG, do a first-ever seizure equal epilepsy in some situations, does treatment after first-ever seizure enhance quality (and quantity) of life, do all elderly patients need treatment as they will have another seizure, and is driving safe after a first unprovoked seizure.

Post-Stroke Motor Rehabilitations. Barriers and Gateways.

Hatem S. Shehata, MD
Professor of Neurology, Cairo University

Recent advances in basic research emphasized the complex structural neuroplasticity, which is associated with spontaneous motor recovery after stroke. Various rehabilitative interventions seem to act through the same repair mechanisms to further enhance recovery processes. The rehab model involves an understanding on brain plasticity after stroke and proof-of-concept data about basic techniques in motor rehab programs to reach optimal treatment paradigms through the emerging knowledge of brain repair. The comprehensive model involves, physical therapy as a cornerstone and basic strategy that included task-specific training for the lost, neuromodulation and chemo-denervation techniques, virtual reality therapies, mirror the rapeutic intervention and motor imagery-based brain-computer interfaces (BCI).

KEYWORDS. Stroke; neuroplasticity; recovery; rehab; virtual reality.

Late Window Thrombectomy Benefit in New Stroke Guidelines

Rasha Hassan Soliman
Head of neurology department, Beni Suef University

Large Vessel Occlusions (LVO) are the most serious kinds of ischemic stroke. They conestitute 20% of all ischemic stroke cases (Occlusion of – Proximal internal carotid artery – Middle cerebral artery (M1) – Anterior cerebral arteries (A1) – Vertebral or basilar arteries). They Restrict blood supply to large portions of the brain causing significant stroke deficits and severe morbidity and mortality.

All of the trials have demonstrated statistically significant differences in: Rate of functional independence in the endovascular stroke clot retrieval group versus the intravenous thrombolysis. Decrease in mortality in the endovascular stroke clot retrieval group versus intravenous thrombolysis. No difference in symptomatic intracerebral hemorrhage.

Who is Eligible for EVT Treatment? 20% of ischemic stroke patients, those eligible and those ineligible for tPA , Disabling Stroke , Stroke Symptoms within 6 hours of time last seen normal , Large blood vessel blockage with a reachable clot and brain tissue that is still alive (ASPECTS > 6).

New guidelines in stroke management 2018 permitted thrombectomy procedure with stroke symptoms up to 24 hours of last seen normal.

The art of patient selection, requirements to be done, expected results and side effects of this delayed time treatment by endovascular thrombectomy will be shown in this article.

Cognitive Impairment in Small Vessel Disease A Reintroduced Access to the World of Dementia

Wafik S. Bahnasy
Associate Professor of Neurology, Tanta University

Cerebral small vessel disease (SVD) describes a group of pathologic processes that affect the small arteries,arterioles, venules, and capillaries located in subcortical structures. The spectrum of cerebral SVD associated with vascular cognitive impairment (VCI) includes white matter hyperintensities, silent lacunar brain infarctions, cerebral microbleeds and dilated perivascular spaces. Over a long period of time, SVD were studied from their radiological appearance with the use of multiple terms to describe the same illness (leukoariosis, Binswanger's Disease, WMHs, ischemic white matter disease, leukoencephalopathy). At the same time, the clinical significance of these imaging findings in relation to their stroke and/or dementia predisposition is a matter of research and controversy. It is well known that, when VCI becomes clinically evident, a very long time has been passed since the onset of the pathological process which represents a window for opportunity considered as the basis for introduction of disease modifying therapy able to change the course of the pathological process. SVD is pathologically heterogenous and one-sized treat ment schedule does not fit for all patients. At the same time, the roles of many commonly used drugs had recently found to be valueless and all treatment schedules for SVD and VCI need to be revised to reach new evidence-based guidelines for their management.

(3) Keywords: Small vessel disease, vascular cognitive impairment, lacunar brain infarctions, white matter hyperintensities, cerebral microbleeds.

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Coil Embolization has been Increasingly used to Treat Intracranial Aneurysms

Mohamed Ashraf Zytoun
Lecturer of Neurology, Zagazeg University

-The rapid development of devices and embolization techniques have allowed endovascular treatment to be applied to more complex aneurysms that were previously impossible to be treared via endovascular methods.
-However, a branch incorporated aneurysm still remains a challenge for endovascular treatment.

Advanced Therapy in Dystrophinopathies

Doaa Atef
Lecturer of Neurology, Cairo University

Dystrophinopathies are X-linked progressive degenerative muscle disorders characterized by progressive muscle weakness and wasting (atrophy); that affect 1 in 3,800-6,000 live male births. It includes a variety of clinical pictures which include the worst type (Duchenne), less severe (Becker) and asymptomatic hyperckemia.
They are caused by the absence of dystrophin with variable degrees as a result of gene mutation. Till now there is no curative therapy. We rely only on symptomatic and supportive care. Innovative therapeutic approaches target two important points either Restoring dystrophin expression or compensation for the lack of dystrophin. Therapies that restore dystrophin gene expression are in the form of: Exon skipping, read through therapy, cell transplantation and vector mediated gene therapy while therapies that compensate for the lack of dystrophin are in the form of anti-inflammatory, antifibrotic, antioxidants myostatin pathway inhibitor, nNos pathway enhancement and utotrophin upregulation. Most of these therapies are under clinical trials. Exon skipping, and read-through of nonsense mutations are in the most advanced stages (advanced phases of clinical trials) and some of them are approved by FDA and EMA.

Sleep and Psychiatric Abnormalities in School Age Children with Migraine

Sherin Al- Ahwal
Associate Lecturer of Neurology, Tanta University

Background: Migraine is a primary headache commonly affects school age children with great impacts on their educational and psychosocial performances. This work aims to study the existence and types of sleep and psychiatric disorders in school age children with migraine (SCM).

Methods: the study was conducted on 40 SCM and 20 age and sex matched healthy control subjects (HCS).
Included subjects were submitted to history taking, neurological examination, brain CT and/or MRI, psychiatric assessment using the Kiddie Schedule of affective disorders and schizophrenia- present and life time version (K-SADS-PL) and sleep assessment using the Epworth Sleepiness Scale (ESS), Pittsburgh Sleep Quality Index (PSQI) and one–night polysomnography (PSG).

Results: the study showed significant high comorbidity of psychiatric disorders and migraine with 45% of SCM met the criteria for at least one current psychiatric diagnosis, and 40% met the criteria for at least one lifetime psychiatric diagnosis. Anxiety disorders were the most common psychiatric disorder present in 17.5% of SCM.
There was no significant difference in the headache severities and characters between SCM with psychiatric disorders and those without. At the same time, there was significant increase of sleep disturbances in SCM than HCS with 55% of patients had sleep abnormalities.

Conclusion: SCM have high rates of associated psychiatric disorders and sleep abnormalities in ultimate need of early manage ment for better headache control, emotional wellbeing and psychosocial development during this important period of life.

Key words: Migraine, school age children, psychiatric disorders, sleep abnormalities, polysomnogram.

Notes

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