THE 5TH ANNUAL CONFERENCE OF NEUROLOGY DEPARTMENT AL AZHAR UNIVERSITY

Under the patronage of
Prof. Ahmed Selim
Dean of Faculty of Medicine

President of conference
Prof. Ismail Montasser
Secretary General
Prof. Nabil El-Agouz

This program is accredited by
The American Association of Continuing Medical Education

In Collaboration with
The Egyptian Society of Neurology, Psychiatry & Neurosurgery.

29 - 30 March 2016,
Al Azhar University Hospitals.            31 March 2016,
Fairmont, Heliopolis, Cairo, Egypt.
On behalf of the Neurology Department, Al-Azhar University, Cairo in collaboration with ESNPN, we have the pleasure to invite you to attend our 5th conference which will be conducted in Fairmont Heliopolis hotel, 31st March 2016, Cairo, Egypt.

Our conference will discuss recent updates in different fields of Neurology that, for sure, will help us to provide our patients the best health care.

Pre-conference workshops will be held at 29th and 30th March in Sayed Galal and Al-Hussein University Hospitals.

Indeed, our dear professors and colleagues, your attendance and active participation will be an honor.

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Prof. Sherif Hamdy
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PRE-CONFERENCE WORKSHOPS

Tuesday, 29th March, 2016
Sayed Galal Hospital

Registration: 08:30 - 09:30 AM
WORKSHOP I

Botulinum Toxin Injection

Prof. Hussein Mohamed Hussein
09:30 - 10:00 AM
Introduction for Management of Spasticity

Dr. Ahmed Farag
10:00 - 10:30 AM
Decision making in Spasticity ‘Role of Botulinum Toxin’

Dr. Ahmed Essmat
10:30 - 11:00 AM
Migraine Pathophysiology and Recent Management Via Botulinum Toxin Type 1 Injection

11:00 AM - 01:00 PM
Applied Injection Practice
## Workshop II: Neurophysiology

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<thead>
<tr>
<th>Time</th>
<th>Speaker</th>
<th>Topic</th>
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<tr>
<td>09:30 - 10:00 AM</td>
<td>Prof. Kamel Hewedi</td>
<td>Neurophysiology of Pain</td>
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<tr>
<td>10:00 - 10:30 AM</td>
<td>Dr. Hassan Kawashti</td>
<td>EEG in Status Epilepticus</td>
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<td>10:30 - 11:00 AM</td>
<td>Dr. Hossam Emam</td>
<td>Motor evoked potential</td>
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<td>11:00 - 11:20 AM</td>
<td>Dr. Mohamed Hamed</td>
<td>BAEP Brain Stem Auditory Evoked Potentials</td>
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<td>11:20 - 11:40 AM</td>
<td>Dr. Mohamed Fathi</td>
<td>Visual evoked potential (VEP)</td>
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<td>11:40 AM - 12:00 PM</td>
<td>Dr. Mohamed Wafaey</td>
<td>Neurophysiology of Neuro-muscular Junction Disorders (NMJ)</td>
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WORKSHOP III

Stroke

Dr. Talal Abdallah  
09:30 – 11:00 AM
Neurovascular anatomy of the brain

Prof. Nabil El-Agouz  
11:00 AM – 12:30 PM
Autoregulation in acute ischemic stroke

Prof. Amr Zayed  
12:30 – 01:00 PM
Brain CT and MRI in acute ischemic stroke

Prof. Osama El-Ghanam  
01:00 – 02:30 PM
Management of acute stroke
PRE-CONFERENCE WORKSHOPS

Wednesday, 30th March, 2016
Al-Hussein Hospital

Registration: 08:30 - 10:00 AM
WORKSHOP IV

Neuropediatrics

Prof. Shora Mostafa
10:00 - 10:30 AM
Spot Diagnosis in Pediatric Neurological Diseases

Dr. Hussein Awad
10:30 - 11:00 AM
Approach for Diagnosis of White Matter Diseases in Children

Dr. Mohie Eldin Tharwat
11:00 - 11:30 AM
Evaluating a child with Seizure

Dr. Hassan Abo Younis
11:30 - 12:00 PM
Cases Presentations from NeuroPediatric Unit of Al-Azhar University
WORKSHOP V  
Neuro-Vascular intervention

Dr. Wael Osman  
09:00 - 10:30 AM  
Live Case: AVM

Dr. Khaled Sobh  
11:00 AM - 12:30 PM  
Live Case: Cerebral Aneurysm

Coffee Break  
12:30 - 01:00 PM

Dr. Sabry M. Fathi  
01:00 - 02:30 PM  
Live Case: Carotid Stent

Dr. Talal Abdallah  
02:30 - 04:00 PM  
Live Case:

Dr. Mahmoud Galal  
04:00 - 05:00 PM  
Simulation
SCIENTIFIC PROGRAM

Thursday, 31st March, 2016
Fairmont, Heliopolis, Cairo, Egypt.

Registration: 09:15 - 09:45 AM
**MAIN TOPICS:**

- Multiple Sclerosis
- Stroke and Interventional Neurology
- Epilepsy
- Neuromuscular
- Parkinsonism

**CHAIRMEN**

(Alphabetical order)

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<td>Prof. Ahmed Abdel Aziz</td>
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<td>Prof. Ahmed Gamal Azab</td>
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<td>Prof. Al-Bahy Reda</td>
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Opening Ceremony

CHAIRMEN

Prof. Ahmed Selim
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Vice dean of Faculty of Medicine

Prof. Fathi Afifi
Professor of Neurology, Al-Azhar University

Prof. Al-Bahy Reda
Professor of Neurology, Al-Azhar University

Prof. Sherif Hamdy
Chairman of Neurology department, Cairo University

Prof. Ismail Montasser
Chairman of Neurology department, Al-Azhar University
Multiple Sclerosis, is it going for the cure?

Prof. Fathy Afifi  
Professor of Neurology, Al-Azhar University, Cairo.

10:15 - 10:35 AM

Cortical Lesions in Multiple Sclerosis.

Dr. Mohamed Hamed  
Assis. Lecturer of Neurology, Al-Azhar University, Cairo.

10:35 - 10:55 AM

Imaging in treatment decisions in multiple sclerosis.

Ass. Prof. Nicola De Stefano  
Head of the Neuroimaging laboratory, department of Neurological and Behavioral Sciences, University of Siena, Italy.

10:55 - 11:25 AM
SESSION I

Multiple Sclerosis

Disability progression in Multiple Sclerosis.

Prof. Jaume Sastre-Garriga
11:25 AM - 12:00 PM
Neurologist/ Deputy director, University hospital Vall d’Hebron.
MS Centre of Catalonia (CEMCAT), Barcelona, Spain.

Sponsored by:

Radiologically isolated syndrome (RIS).

Prof. Magd Fouad Zakaria
12:00 - 12:20 PM
Chairman of Neurology department, Ain Shams University, Cairo.

Discussion
12:20 - 12:30 PM

Coffee Break
12:30 - 12:50 PM
SEASON II  Stroke and Interventional Neurology

Chemical versus Mechanical Thrombolysis, which of which?

Ass. Prof. Randall C. Edgell  12:50 - 01:25 PM
Director of Vascular and Interventional Neurology program, Saint Louis University, USA.

Current status of interventional Neurology unit at Al-Hussein Hospital, Al-Azhar University.

Dr. Khaled Sobh  01:25 - 01:45 PM
Assist. Professor of Neurology, Al-Azhar University, Cairo.

Anticoagulants in AF patients between cerebral embolism and haemorrhage, Sailing between Terrors.

Dr. Mohamed Fathi  01:45 - 02:05 PM
Assist. Lecturer of Neurology, Al-Azhar University, Cairo.

Discussion  02:05 - 02:15 PM
Psychiatric side effects of anti-epileptic drugs.

**Prof. Hassan Hosny**
Professor of Neurology, Cairo University.

Epileptogenesis after Febrile Seizures.

**Dr. Seham El-Said**
Lecturer of Neurology, Al-Azhar University, Cairo.
SESSION IV

Update Neurointensive management of Myasthenic Crisis.

Prof. Essam Mahdy
Chairman of Neurology, Al-Azhar University, Damietta.

02:55 - 03:15 PM

Novel treatment strategies of Parkinson’s disease.

Dr. Ahmed Hassan
Assist. Lecturer of Neurology, Al-Azhar University, Cairo.

03:15 - 03:35 PM

Discussion

03:35 - 03:45 PM

Lunch Break
03:45 - 05:00 PM
ABSTRACTS
Multiple Sclerosis, is it going for the cure?

Prof. Fathy Afifi

The first type of cure
Rebuilding a damaged nervous system (? Growth factor, stem cells). But the repaired nervous system would just be attacked again by an abnormal immune system. So a new treatment aimed at errant immune cells.

The second cure
With evidence that drugs that affect the immune system can reduce MS attack by restoring the immune balance and new knowledge that we may also need drugs to combat the degenerative processes that are triggered by inflammations it should be possible to devise drug combinations that keep the immune system in balance, block degeneration, and thus prevent the accumulation of disability.
Cortical Lesions in Multiple Sclerosis.
Dr. Mohamed Hamed

Multiple sclerosis (MS) is typically considered to be a chronic inflammatory–demyelinating disease of CNS white matter. pathological and MRI studies have shown that lesions are often located in the gray matter, especially in the cerebral cortex. Accurate identification and localization of cortical gray matter (CGM) lesions in MS is important when determining their clinical relevance. Double inversion recovery (DIR) scans have been widely used to detect MS CGM lesions. Phase sensitive inversion recovery (PSIR) scans have a higher signal to noise, and can therefore be obtained at a higher resolution within clinically acceptable times. This enables detection of more CGM lesions depicting a clearer cortical and juxtacortical anatomy. application of recently developed MRI sequences and the use of (ultra)high-field imaging has significantly improved the detection of cortical lesions. There are still many cortical lesions that remain undetected on MR sequences (especially sub-pial lesions).
Imaging in treatment decisions in multiple sclerosis.

Ass. Prof. Nicola De Stefano

The advent of a large number of new therapies in multiple sclerosis (MS) warrants the development of tools able to select the best treatment option for each new MS patient. Evidence from clinical trials clearly supports the efficacy of a number of drugs for the treatment of MS but only a small number of factors predicting a response to treatment on individual patient-basis have emerged. This might be due, at least in part, to the lack of a standardized definition of the clinical outcome used to assess improvement/worsening of the disease. Magnetic Resonance Imaging (MRI) markers and clinical relapses have been the most widely studied short-term factors to predict long-term response to therapies, although results are conflicting. Recently, integrated strategies combining MRI and clinical markers in scoring systems provided a potentially useful approach for the management of MS patients. We will review the many definitions of response to therapy and explore the MRI markers able to predict such response. Also, we will highlight advantages and limitations of the existing scoring systems to predict the response to interferon in the light of a future expansion of these models to biological markers and to other classes of new emerging therapies for MS.
Disability progression in Multiple Sclerosis.

Prof. Jaume Sastre-Garriga

Prevention or delay of disability progression is the most important therapeutic goal in managing patients with MS.

Effect of different disease modifying drugs on disability can only be observed in the long term follow up.

Effective early treatment can delay disability progression and result in extended survival.

Disability data should be viewed in the context of the overall benefit–risk profile for every disease modifying drug.
Radiologically isolated syndrome (RIS).

Prof. Magd Fouad Zakaria

The term Radiologically Isolated Syndrome (RIS) has been used to describe the incidental presence of MRI lesions that are suggestive of Multiple Sclerosis (MS) without the clinical symptoms or signs of the disease. The diagnosis of MS depends mainly on the presence of the typical clinical presentations combined with the typical MRI appearance and supported by other investigations like the CSF and the Evoked potentials. However, the phrase “No better explanation” is also incorporated in the diagnosis. Although MS is still a clinical diagnosis, yet, we are now living in an era that depends more on technology than detailed clinical evaluation.

This raises three important questions about RIS: First, which of these cases are actually MS but seen at a presymptomatic stage, Second, which of these cases are not MS but have an MRI appearance that is similar to MS, and Third, which of these cases are actually MS but presenting with atypical clinical presentations like depression, anxiety, vague pains or non-specific dizziness. This presentation will attempt to answer these questions in order to identify the cases that are potential candidates for specific MS therapy.
Abstracts

Current status of interventional Neurology unit at Al-Hussein Hospital, Al-Azhar University.

Dr. Khaled Sobh

Introduction
We start work at Al-Azhar Neuro Interventional Unit in June 2003, about 3 thousands diagnostic 4 vessels angio, 187 cases of coiling of intracranial aneurysm, 131 cases of embolization of arteriovenous malformations, 112 cases angioplasty and stenting of the carotid artery, 23 cases of angioplasty and stenting of the intracranial vessels, 19 cases of intra-arterial chemical or mechanical thrombolytic therapy, 5 cases of dural stent, 7 cases embolization of dural A-F fistula, 7 cases of preoperative embolization of the tumor, 5 cases of embolization of uncontrolled epistaxis, 3 cases of inferior petrosal sinus sampling and 5 cases of diagnostic spinal angiography

Conclusion
Endovascular treatment of cerebral diseases of our neuro interventional unit are very promising, start by simple procedures, with increasing our learning care, we start a very complicating procedures and solving problems of our patient’s cooperation between us and many of neurological departments help in initiation of neuro intervention in this departments.

Lastly, Economic factor plays a hindering element in our work.
Anticoagulants in AF patients between cerebral embolism and haemorrhage, Sailing between Terrors.

Dr. Mohamed Fathi

Patients with atrial fibrillation are at a high risk of stroke, and this risk could be considerably reduced by oral anticoagulants. Currently, there are four non-vitamin-K oral anticoagulants could be used as an alternative for vitamin K antagonists for stroke prevention. This presentation discusses a framework to choose the right oral anticoagulant to fit the individual patient with AF according to the individual clinical features, patterns of risk factors and comorbidities, including methods for stratifying the risk of stroke and haemorrhage and some special situations during the use of oral anticoagulants, based on available evidence.
Psychiatric side effects of anti-epileptic drugs.
Prof. Hassan Hosny

Psychiatric disorders in epilepsy have a multifactorial etiology, pharmacotherapy being only one of many risk factors, which can be both biological and psychosocial. Two important mechanisms of drug-induced psychiatric changes are seizure control/forced normalization in psychosis and GABA-ergic effects in depression. Among the psychiatric adverse events of antiepileptic drugs (AEDs), behavioral problems are the most commonly reported, followed by affective disorders. Psychosis is a relatively rare, although severe, complication. Psychotropic effects of AEDs warrant further research because many relevant parameters related to pathological mechanisms, frequency, psychopathology, and prognosis are not well understood. Behavioral side-effect profiles of AEDs, both negative and positive psychotropic effects, should be considered in the choice of the optimal drug for an individual patient.
Epileptogenesis after Febrile Seizures.

Dr. Seham El-Said

(Mechanisms, biomarkers and therapeutic strategies)

Febrile seizure (FS) is an age-related seizure disorder in infants and young children that are associated with a fever of 38.0 °C or higher without evidence of any definite causative disease. Whether long febrile seizures (FSs) can cause epilepsy in the absence of genetic or acquired predisposing factors is unclear. This possibility is supported by the fact that many patients with temporal lobe epilepsy (TLE) have a history of long FSs without evidence of additional risk factors or a family history of epilepsy.

In this presentation we clarify the Interictal epileptiform activity and/or increase of hippocampal T2 signal on magnetic resonance image (MRI) provided predictive biomarkers for epileptogenesis, and if the inflammatory mediator interleukin-1β (IL-1β), an intrinsic element of FS generation, contributed also to subsequent epileptogenesis. Chronically, IL-1β levels were elevated only in rats developing spontaneous limbic seizures after febrile status epilepticus, consistent with a role for this inflammatory mediator in epileptogenesis. The duration of the FSE seems to be an important determinant of the development of subsequent limbic epilepsy in the non-predisposed brain. These findings suggest that preventing long FS should be a therapeutic goal. In addition, because it is clinically not feasible to abort all long FS, identification of children at risk for epileptogenesis should lead to preventive measures.
Update Neurointensive management of Myasthenic Crisis.

Prof. Essam Mahdy

Myathenia gravis is a severe & life threatening neurological condition characterized by generalised muscle weakness with respiratory or bulbar compromised that require ventilator support. The diagnosis should be confirmed following a standardized protocol. Evaluation of bulbar & respiratory function is imperative.

The advent of positive pressure ventilation (non-invasive) has decreased mortality & remains the cornerstone of management. A select group of patients might benefit from NIV to avoid initial intubation or intubation. Short-term treatment with plasma exchange or IVIG may expedite recovery.
Abstracts

Novel treatment strategies of Parkinson’s disease.
Dr. Ahmed Hassan

Parkinson’s disease (PD) is the second most common progressive neurodegenerative disease. It produces significant morbidity and impairment of quality of life. Dopaminergic therapy remains mainstay for PD treatment with high risk of complications. So, this talk will discuss when to start symptomatic treatment, Initial therapy selection scheme, when to start Combination therapy, Treatment options of advanced Parkinson’s disease, treatment of non motor symptoms which are more disabling, disease modifying drugs and promising treatment options as gene therapy and stem cell therapy.
STAFF MEMBERS OF NEUROLOGY DEPARTMENT,
AL-AZHAR UNIVERSITY, CAIRO.

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Prof. Mohamed Al Bahy Reda
Prof. Mohamed Magdy Ali dahab
Prof. Shora Yousef Mostafa
Prof. Mahmoud Mohamed Abd Elsayed

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