EUROPEAN JOURNAL OF NEUROLOGY

Volume 29, Supplement 1, June 2022

Abstracts of the 8th Congress of the European Academy of Neurology

Vienna, Austria

Disclaimer:

This abstract volume has been produced using author-supplied copy. Editing has been restricted to some corrections of spelling and style where appropriate. No responsibility is assumed for any claims, instructions, methods or drug dosages contained in the abstracts: it is recommended that these are verified independently.

ean
european academy of neurology

HEAD OFFICE: Breite Gasse 4/7
1070 Vienna, Austria

PHONE: +43 1 889 05 03
FAX: +43 1 889 05 03 13
E-MAIL: headoffice@ean.org
WEB: www.ean.org

ISSN 1468-1331 (202206)29:6+1

Contents

EPO-503

Some pathophysiological mechanisms of development of cerebral hemorrhage.

S. Musayev, Y. Musayeva, F. Saidvaliyev, A. Imamov
Neurology Department,Tashkent Medical Academy,Tashkent, Uzbekistan

Background and aims: Stroke is one of the important problems of cerebrovascular disease and is the second leading cause of death and the first in terms of residual disability. The aim of the study was to study the state of microcirculation,the level of neurotransmitter amino acids, inflammatory (TNF-@) and anti-inflammatory (IL-10) cytokines, nitric oxide products, in cerebrospinal fluid during intracerebral hemorrhages.
Methods: Microcirculation in the glial arteries was studied by intravital biomicroscopy in experimental intracerebral hemorrhage with a breakthrough into the subarachnoid space in 90 experimental animals (white laboratory male rats,weighing 200–240 g). The group of patients with intracerebral hemorrhage consisted of 30 patients (in 10 patients in the right hemisphere,in 18 – in the left hemisphere and in 2 patients – cerebellar localization).
Results: Continuous biomicroscopy of pial microvessels in experimental animals revealed that an increase in blood flow during dilatation of arterioles increases the rate of blood flow, while actively functioning vascular shunts appear, which disappear as blood flow normalizes in the study area.
Conclusion: Intracerebral hemorrhages are characterized by an increase in the production of the pro-inflammatory cytokine TNF-@ from the first day of the disease,which indicates the development of an inflammatory response of the brain in response to hemorrhagic damage.The delay of pro-inflammatory activity is somewhat delayed and gradually increases by the third day of the disease, and the more, the higher the activity of pro-inflammatory cytokines.
Disclosure: Nothing to disclose.

EPO-504

Long-term mortality, motor recovery, cognitive profile and quality of life after cerebral venous sinus thrombosis

S. Narayan
Comprehensive Stroke Care Centre, Jawaharlal Institute of Postgraduate Medical Education and Research, Pondicherry, India

Background and aims: Cerebral venous sinus thrombosis (CVST) is an important cause of stroke and often has a relatively favourable short-term outcome. We endeavoured to evaluate long-term mortality and motor, cognitive, behavioural and quality of life outcome in CVT and their determinants.
Methods: This ambispective cohort study from a comprehensive stroke care centre in India included 225 radiologically confirmed CSVT subjects. Neurological disability graded using modified Rankin score (mRS), daily activity as Barthel index, cognitive deficits as Montreal Cognitive Assessment score (MOCA), behavioural outcome as Hamilton depression rating scale (HDRS) and quality of life as Stroke Specific Quality of Life Scale (SSQoL). Univariate and multivariate analysis were performed for factors associated with outcomes. STATA 14.2, StataCorp, Texas used for analysis.
Results: 52% female, mean age 33.5 (SD 11.4). Median follow up 30 months (IQR:24–42). Only 4 died in acute phase, while 7 during follow up. Motor outcome 83.6 % scoring 0–2 on mRS. But 65.8% had cognitive impairment; Mean HDRS score 9 (range 1–30,SD 4.8) and mean SSQOL 209.7 (SD 24.9). On multivariate analysis, mass effect (p=0.042), hemiplegia (p=0.0001), and mRS at presentation (p=0.001) had significant association with poor motor outcome. Low SE status associated with cognitive impairment (p=0.012).and depression was associated with anaemia (p=0.031) and mass effect (0.04).
Conclusion: In one of the largest series long term follow up of CVST, though mortality and motor outcome were excellent, long-term neuropsychiatric impairment was common. Acute care and long-term management must have plans to prevent and manage these occult neuropsychiatric deficits.
Disclosure: Nothing to disclose.