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EP1246
Which disorders may mimic Whipple’s disease?
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Introduction: Whipple’s disease (WD) is a differential diagnosis of rapidly progressive dementias (RPD), important not to miss since it’s a treatable disorder. It is often suspected in clinical practice, although infrequently confirmed.

Methods: Characterization of a group of patients in which WD was suspected but not confirmed. Identification of patients submitted to polymerase chain reaction detection of Tropheryma whipplei on CSF between 2007 and 2013. Clinical files review.

Results: 31 patients were identified, 2 excluded because WD was confirmed. From the remaining 29, 17 were females, mean age at presentation of 64.4 years (SD±12.6). 20 patients presented with dementia (RPD in 10), 5 extrapyramidal syndrome, two cerebellar syndrome, one gait disorder with myoclonus, one vertigo. 5 patients had systemic symptoms: diarrhea (2), weight loss (1), fever (1), arthralgia (1). During follow up 9 patients developed myoclonus, 5 ataxia and 3 ophthalmoplegia. All performed MRI, showing diffuse white matter lesions (18), global atrophy (4), lobar atrophy (2), midbrain-hypothalamic lesions (2), cortical hyperintensities (1). 23 performed EEG, disclosing slow background activity (9), slow focal activity (3), epileptiform activity (4), periodic activity (1). After a median follow-up of 2.4 years (0.1-14.5) 17 remained stable, 5 deteriorated, 5 died, 2 improved. Most frequent final diagnosis were: Lewy body disease (3), Fronto-Temporal dementia (3), RPD with parkinsonism (3), Parkinson’s disease (3), Creutzfeldt Jacob disease (2), Alzheimer’s disease (2); 4 patients remain without final diagnosis.

Conclusions: In our group of patients the main reason for considering WD a possible etiology was RPD, independently of the presence of systemic symptoms. This group revealed to be heterogeneous, notwithstanding the majority having atypical presentations of common neurodegenerative disorders.

Disclosure: Nothing to disclose

EP1247
Sporadic Creutzfeldt-Jakob disease: the 'forme fruste'
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Objective: To elucidate the clinical features of sporadic Creutzfeldt-Jakob disease (sCJD) which does not fulfill the WHO criteria.

Background: An incomplete form, aka forme fruste (FF), of sCJD grows popular owing to the diffusion-weighted imaging (DWI). However its clinical features remain unclear.

Methods: Twenty patients with prion disease were surveyed (with V180I mutation 5 cases, probable sCJD (pCJD) 8 and FF 7). Mean age and male to female ratio were as follows respectively. V180I 81.0, 2:3; pCJD 70.4, 3:5; FF 69.1, 5:2. FF showed progressive dementia and high signal intensity cortical lesions in DWI, but represented only less or equal one out of four clinical features advocated by WHO. We compared symptoms & signs, MRI and EEG among three groups.

Results: Myoclonus and PSD was found in 60%, 0% of V180I, both 88% of pCJD and both 43% of FF. The average time to its appearance from the onset was 9 months in V180I, both 2 months in pCJD and 18, 14 months in FF. Some cases showed the prolonged focal sign before the rapid decline of dementia. DWI abnormality was observed in all cases. It appeared from the early stage of the illness even in FF. The whole duration of illness was 19 months in V180I, 18 months in pCJD and 41 months in FF on average.

Conclusions: The ‘forme fruste’ is a distinct subtype of sCJD characterized by slow progression, delayed and rare appearance of myoclonus and PSD. Early MRI examination including DWI is needed for diagnosis.

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EP1248

Neurophobia: localising the deficit
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Introduction: Neurophobia is prevalent among medical students and junior doctors (Flanagan et al., 2007). We investigated the extent and underlying reasons for neurophobia, prompting the creation of a junior doctor-led (“near-peer”) neurology revision course for final year medical students.

Methods: An online questionnaire was designed to evaluate which specialties were perceived to be most challenging to learn at medical school and why. Final year students and junior trainees in London participated voluntarily. Following analysis of the results, a one day neurology revision course was organised and offered to London final year students by junior doctors. Pre course standardisation briefing of teachers was undertaken. The course included interactive lectures, an EMQ session, and clinical examination circuit of patients. Course feedback was collected from both students and tutors.

Results: The online questionnaire received 179 responses: 136 (76%) were medical students and 43 (24%) junior trainees. The majority of respondents identified neurology as the specialty they found most challenging at medical school (59.2%; CI 95% ±7.2%) and were least confident in when taking their final exams (71.5%; CI 95% ± 6.6%) (Figures 1-3). All students and tutors (n=44) felt their skills, knowledge and confidence in neurology had improved following participation in the revision course. The most useful aspect of the course was the examination circuit (75%).

Conclusions: Students and trainees feel most challenged when assessing neurological patients. This diffidence may be related to perception of limited dedicated undergraduate teaching in neurology. Near-peer teaching improves confidence in neurological assessment and may desensitize neurophobia.

Disclosure: Nothing to disclose

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Abstract withdrawn

EP1250

Empedocles and Galen on the functional expression of the soul
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Introduction: Empedocles was a pre-Socratic philosopher and Galen a doctor of Hellenistic era.

Methods: We attempted to fine common places between Empedocles philosophy on the soul and brain, based on the fragments of his poems and Galen’s theories based on his numerous dissertations.

Results: The functions of the soul are continuously renewed, since they are generated and grow by the production of the cerebral spirit. The reasoning faculty of the soul is mortal. Galen clamed that the anterior part of the brain is able to receive sensations to form imaginations and to apprehend any kind of thoughts. The sensus communis is perceptive to new impressions and able to support the creation of new thoughts Abnormal sense perception may result to illusions and hallucinations. When the thinking faculty is paralyzed the patient suffers from dementia. The degree of awareness depends mainly on the state and the condition of the brain itself. Memory is the retention and conservation of those impressions, which soul discerned at an earlier time. Virtue seems to require an act of good will. Reason must be trained in order to control the erroneous thoughts and the inappropriate behaviour. Anger and desire are regarded as afflictions of the soul. They may be restrained and controlled by the judgment of the reason. Empedocles clamed that soul is eternal. The brain tries to create ideal condition for the function of the soul by establishing love and tranquility in the place of fear and enemity.

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EP1251

Tuberculous meningoencephalitis - clinico-radiological correlations and therapeutic response

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Introduction: Cerebral tuberculosis is the most severe complication of secondary dissemination of Koch bacillus. Though it frequently presents as tuberculous meningitis, we encounter brain involvement as vasculitis, tuberculomas, hydrocephalus, aneurysms. With the advent of efficacious antibiotherapy, its early introduction in the management plan may ameliorate the clinical picture.

Methods: We present six cases of tuberculous meningoencephalitis in adults showing clinical and radiological profiles that illustrate the whole range of cerebral involvement with the corresponding diagnostic and management pitfalls.

Results: There was commonly an insidious neurological onset for 3 to 10 days, culminating into a coma in 3 patients while the brain MRI showed various lesions ranging from tuberculomas and hydrocephalus to vasculitis and medial cerebral artery aneurysm. (Please find a sample of the radiological findings in the attachment.) The results of the lumbar puncture oriented the diagnostic but failed to sustain it by a positive PCR or cultures in one patient, whose definite diagnostic was established late on CSF cultures drawn from the ventricular shunt. As for the management, the main challenge was optimizing the blood brain barrier penetration of antituberculous drugs though fortunately only one of the cultures demonstrated multidrug-resistant Mycobacterium.

Conclusions: With a still low sensibility of the TB PCR and the delayed results of Mycobacterium cultures, a high degree of suspicion and early initiation of antituberculous treatment are requisite for a favourable outcome. However, the issues to discuss would be the optimal dose of intravenous steroids as well as the correct management of brain tuberculomas.

Disclosure: Nothing to disclose

EP1252

The contribution to neurological research by Professor Michailo Lapinsky

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Introduction: Professor M.M.Lapinsky was the founder of neurology as a clinical discipline at medical faculties of Kyiv St. Volodymyr University (Ukraine) and Zagreb University (Croatia). At the beginning of the XX century he gained wide European recognition for his clinical, pathomorphological and experimental works on neurology. Nevertheless most data of his professional activity are slightly known by modern medical community.

Methods: This paper presents a brief review of the literature regarding the main approaches of professor M.M.Lapinsky’s scientific research.

Results: Throughout his career, the first Head of the Nervous Disease Department of Kyiv University, Professor Michailo Lapinsky published more than 150 articles and monographic works. He has noted the stages of arterial lesions caused by peripheral nerve transaction, changes of brain capillaries under different pathological conditions, role of a. carotis sympathetic innervation and phenomena of visceral pain (Lapinsky’s pelvic syndrome, Lapinsky’s femoral reflexive point). He experimentally generated epileptic seizures by irritation of frog brain cortex with salts of bile acids. His works on efferent system developed the conception of motor functional presentation in the spinal cord. Thus the clinical variety of spinal cord injuries and phenomena of diascisis have been recognized.

Conclusions: The repercussions of Lapinsky’s findings are essential to the current fields of medical science. His has given a significant impulse to raising the profile for neurology in Ukraine and worldwide as his many ideas have become the cornerstone of different neurological concepts and principles.

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Paralytic rabies: two case reports
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Background: There are two forms of human Rabies: the well-known encephalitic (furious) and the paralytic (dumb) form. Both are progressive and generally lead to death. Paralytic rabies (PR) accounts for 20% of all rabies.

Objective: We report two atypical cases of PR followed by furious encephalitis.

Case reports: A 30-year-old woman and a 44-year-old man were admitted for progressive weakness initially of lower limbs followed after one week by the upper limbs. Examination found quadriplegia with areflexia, without meningeal signs. Brain MRI was normal. Laboratory tests showed normal amount of white blood cells and C reactive protein. Cerebrospinal fluid examination showed albumin-cytological dissociation. The two patients were diagnosed initially as acute polyradiculoneuritis. Viral tests for hepatitis markers and HIV were negative. Over a hospital stay of 2 days, they developed confusion, agitation, furiousness, vomiting, and breathlessness, followed by consciousness deterioration. The first patient expired on day 5 and the second on day 7. Autopsy confirmed the diagnosis of rabies. No history of animal bite was found.

Discussion: PR is recognized to be more difficult to diagnose, as more than 50% of patients lack the classical symptoms such as hydrophobia or aerophobia. Our patients also did not have these symptoms, and their initial presentation was mimicking Guillain-Barré syndrome. The pathological basis of paralysis in PR is not well understood, peripheral nerve demyelination seems to be the main mechanism.

Conclusion: PR should always be suspected regardless of history of animal exposure where clinical findings are not typical for Guillain-Barré syndrome.

Disclosure: Nothing to disclose

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**Prognostic value of Transcranial Doppler in bacterial meningitis**

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**Background and purpose:** Transcranial Doppler (TCD) is an established tool in determining stroke risk in children with sickle cell disease, detection and monitoring of vasospasm. This prospective clinical study aimed to determine the accuracy of TCD in the prognosis of meningitis.

**Patients and methods:** Patients from Jose Reyes Memorial Medical Centre (JRRMMC) with bacterial meningitis were prospectively enrolled. All the basal arteries of the brain were insonated. Mean flow velocity (MFV) and pulsatility index (PI) were measured and findings were correlated with the patient’s Glasgow Outcome Scale (GOS).

**Results:** Forty six patients with bacterial meningitis were consecutively enrolled. The 22% were bacterial while 78% were tuberculous in origin. Correlation between the mean flow velocity and severe outcomes were statistically significant.

**Conclusion:** TCD data have shown that it can accurately prognosticate which patient will better or will have poor outcome. Our study has shown that the mean flow velocity is 71% sensitive and highly specific at 93% in determining who will have a good prognosis.

**Disclosure:** Nothing to disclose