

A stylized, glowing blue brain is the central focus of the top half of the page. It is surrounded by bright blue lightning bolts and several glowing yellow-green points of light, suggesting neural activity or electrical impulses. The brain is set against a dark blue background with a subtle grid pattern.

Speakers Session

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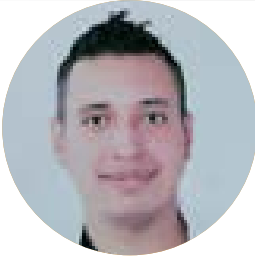
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NEUROLOGICAL DISORDERS 2022

WEBINAR

2022
March 11,
Webinar

11th International Conference on Stroke and Cerebrovascular Diseases

**David Navarrete Baron**

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Intracranial aneurismatic formation. Case review

Intracranial aneurysmal formations are still not fully understood today it is multifactorial pathology where living conditions, eating habits and, socioeconomic characteristics play a fundamental role in their development and subsequent rupture, complicating and deteriorating the disease. the clinical condition of our patients; In this way, vascular diseases such as hypertension, atherosclerotic disease, modifiable and non-modifiable risk factors such as smoking, genetic and hereditary traits, respectively, are involved in the formation of aneurysms. Aneurysmal pathophysiology, who could develop it and how they are currently managed, in addition, the main complications will be discussed, the most common anatomical relationships in the clinical presentation for most aneurysms, for which a theoretical exercise will be developed that consists of the discussion of a clinical case about a patient who consulted the emergency department with global headache, drowsiness and, disorientation.

Case description

A 72-year-old female patient who consulted for presenting a clinical picture of 3 days of evolution consisting of right hemi cranial headache associated with multiple emetic episodes, with subsequent deterioration in consciousness, was admitted to the hospital with Glasgow 13/15 sleepy, disoriented with hemiplegia left. Patient with a history of arterial hypertension without medical management. On admission, a simple skull tomography was performed with evidence of intraparenchymal hematoma and subarachnoid hemorrhage. Fisher IV Hunt and Hess 4, suspecting bleeding of aneurysmal etiology.

Biography

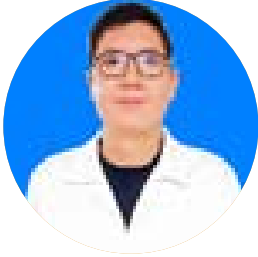
David Navarrete is a doctor with a passion for neurosciences who, since his undergraduate training, always wanted to investigate neurosurgical pathologies and how they are faced in the current health system, passionate about research and the academy is currently pursuing a specialization in clinical epidemiology recruiting tools that improve health care.

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Brain arteriovenous malformations

Introduction: Brain arteriovenous malformations (bAVMs) are congenital anomalies of dysplastic blood vessels with direct connections between arteries and veins without intervening capillaries called a nidus. Recent findings from novel animal models and genetic studies suggest that arteriovenous malformations, which were long considered congenital, arise from aberrant vasculogenesis, genetic mutations and/or angiogenesis after injury. Most of these lesions are discovered incidentally during imaging for other indications; symptomatic bAVMs most commonly present with hemorrhage and seizures. **Epidemiology:** The crude annual detection rate or incidence is estimated at 1.3 per 100,000 patient years with relatively stable detection rates across populations. Morbidity and mortality from AVM hemorrhage varies widely. An estimate is 10% mortality, 30–50% morbidity (neurological deficit)

Pathophysiology: This is unclear, but the possible causes might be miscues or miscommunications during embryogenesis at the time that arteries and veins are in direct contact without intervening capillaries.

Methodology: A systematic review of the most recent literature was carried out in the main databases including Cochrane Library, EMBASE, EBSCO, PubMed in search of the main updates on arteriovenous malformations during the last 10 years, including articles in English and Spanish.

Discussion: The use of the Spetzler – Martin grade scale continues to be used with great frequency to define the surgical behavior and the prognosis of patients with this diagnosis, which has opened the field for the realization of new diagnostic approaches within which it is included to perform diagnostic approaches according to the characteristics of each patient since the definitive treatment also depends on this.

Conclusion: In the light of the most recent knowledge, the diagnostic suspicion based on the symptoms and the characteristics of each patient stands out as a tool for a diagnostic approach in order to use the most appropriate diagnostic aids and propose minimally invasive management.

Biography

I am Robinson Trujillo Cabanilla, a physician passionate about neurosciences since the beginning of my professional training and with a great passion for research mainly in this area, I have participated in several projects at the Hospital Central Militar with additional training in different disciplines of neuroscience within which includes pain management. Currently, I continue developing research work in neurosurgery.

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Strategy of petrous meningiomas surgery

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Subjects: Petrous Meningioma are benign lesions, their total surgical excision is the only method for complete cure, However ,their excision are confronted by deep location and critical anatomical relation and exact site of origin from the petrous bone, this study was aimed to plan a surgical strategy based on site of attachment of the lesion in the petrous bone.

Methods: Twenty Five were studied preoperatively by neuro –imaging especially magnetic resonance imaging (MRI) to classify the types of petrous meningiomas ,all cases were studied operatively for the extent of the tumor removal, clinical status also, follow up with histo-pathological verification.

Results: Radical Surgical removal was achieved in sixtteen patients (64%), subtotal removal in five cases (20%) and incomplete removal in another four cases (16 %).

Conclusion: Complete Surgical excision of the petrous meningioma can be planned preoperatively depending on exact site of attachment to the petrous bone. There were four different zones on surface of petrous bone on which, different type of surgical approach can be used to achieve a better result as regards. The safety of the patient and the radicality of tumor excision.

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Neurovascular dysfunction in covid-19

Viral infection is initiated from the surface spike glycoprotein, which binds to ACE2 receptor in brain vascular endothelium and smooth muscle cells and enter the cells by endocytosis. After priming by TMPRSS2 (transmembrane protease serine 2), it is activated and then internalized, results in an imbalance in homeostatic procoagulant and anticoagulant pathways, Cytokine storm, endothelial dysfunction and dysregulated activation of macrophages contributes to hyperinflammation and thrombosis. Overactivation of NADPH oxidase-2 (Nox2), resulting in increased reactive oxidant species, is implicated in arterial vasoconstriction, clotting, and platelet activation. Virus directly infecting stromal cells via interaction with CD13 or CD66a adhesion molecules and induce platelet aggregation via PAC-1 binding. Persisting changes of blood cell physical phenotypes contribute to long-term microcirculatory dysfunction. Cytokines induce cytoskeletal changes in myeloid cells and erythrocytes and impaired oxygen delivery. In severe COVID-19, low-density phenotype that is prone to neutrophil extracellular trap formation (NET), with elevated size and deformability as a source of vascular occlusion. Sars-CoV-2 propagates in hematopoietic progenitor, erythroid, and megakaryocytic cells as the main cause of thrombotic events. Viral cytopathic effects in peripheral smear and the peculiar morphological findings would suspect a diagnosis in the absence of a negative RT-PCR or antibody results. The coagulopathy characterized by an increase in procoagulant factors such as fibrinogen with a strong increase of D-dimers have been associated with higher mortality. The incidence of cerebral infarction in COVID-19 is 4.5%. Thromboprophylaxis with LMWHs is recommended in hospitalized patients with high levels of D-dimer indicating hypercoagulable state. Intravenous recombinant tissue plasminogen activator (rt-PA) for selected patients. MSCs therapy could help to cure the inflammation and coagulopathy by a vascular effect. Very small embryonic like stem cells (VSELs) have endothelial angiogenic potential. Exogenous ACE2 with human recombinant soluble ACE2 is a novel treatment for stroke and reverse endothelial dysfunction. JAK inhibitors reduce hyperinflammation.

Biography

Ramachandran Muthiah, Consultant at Zion hospital, Azhagamandapam and Morning Star hospital, Marthandam, Kanyakumari District, India.. Completed primary education at Anaan vilai in keezhkulam and secondary education at Concordia Higher secondary school, Pootteti. MBBS in 1988 (Madurai Kamaraj), M.D. in 1996, D.M. in 2003 Dr.MGR Medical University, Chennai, 6 months course in Interventional cardiology at Batra Hospital, New Delhi in 2006 (Ministry of health, Govt of India). Worked as medical officer in Rural health services for 5 years (keezhachekkarakudi, Aryappapuram Primary health centres, ESI hospital, Singanallur, coimbatore), teaching category as Assistant Professor at Madras, Coimbatore and Thoothukudi medical colleges. Published papers in Cardiosource, American College of Cardiology Foundation, Case Reports in Clinical Medicine (SCIRP) and Journal of Saudi Heart Association.

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Ischemic stroke in the vertebrobasilar system plus ipsilateral hemiataxia in a 13y old

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We present the case of a 13y old girl that suffered motor deficit in the left hemibody following a car accident, being previously known for 2 years with hemiataxia caused by VZV.

In the neurological exam she had left arm in semiflexion posture. Vocal tics. Fixation nystagmus in both eyes. Left facial nerve paresia central type 3/5

Motor examination revealed reduced force in the left arm 2/5 on the MRC scale. Hemiataxia more pronounced in the superior limb (nose finger and finger chase tests) with some residual trunk ataxia. The MRI revealed a small infarct area located in the right pons. She received antiplatelet drugs daily for the following year with good prognosis.

Currently she is receiving neurotrophic treatment, physical therapy and presents for periodic neurologic and MRI tests.

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