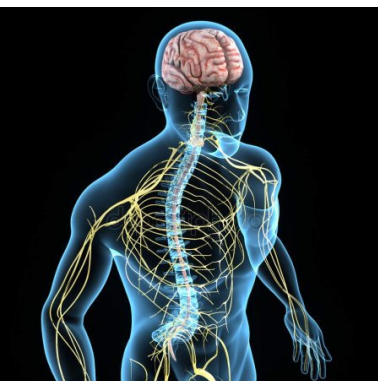
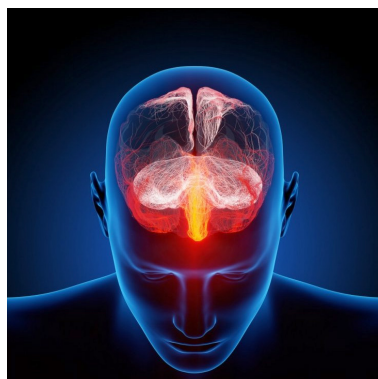


Keynote Forum  
March 14, 2019

***Vascular Dementia 2019***  
***Stroke 2019***



12<sup>th</sup> International Conference on  
**Vascular Dementia and Dementia**  
&  
8<sup>th</sup> International Conference on on  
**Neurological Disorders and Stroke**  
March 14-16, 2019 | London, UK

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## **Patricia A Quigley**

*Nurse Consultant LLC, USA*

### **Redesigning fall and fall injury prevention strategies for Stroke patients**


Falls and fall-related injuries remain a frequent complication of strokes. Fall and injury prevention based on fall risk scores and level of fall risk, such as low, moderate or high, is insufficient, requiring that clinicians redesign fall prevention programs based on patients' individualized fall and injury risk factors. Accepting that stroke is one of the leading causes of disability world-wide, all efforts should be made to protect these patients from falls and fall-related injuries. It is well known that falls result in fear of falling, greater disability and even loss of life. While the evidence for stroke-specific fall prevention interventions is still emerging, clinical experts must rely on clinical expert knowledge to conduct stroke-specific fall risk assessment needed to individualize fall prevention plans of care, while assuring injury risk and prevention strategies are included. This population-based approach presented in this lecture redesigns traditional universal programs in order to enhance infrastructure and capacity to individualized fall and injury risk factors and history, and protection from injury should a fall occur. Increased attention is essential to protect stroke

patients from fall-related injuries. Clinical expertise is essential for safe practices for these patients. Equipment use specifically designed to reduce trauma during a fall, such as hip protectors and floor mats, must be reliably integrated into patient care. Even though acute care units have diverse patients, known fall and injury risk factors specific to type and severity of stroke must be implemented and tested for effectiveness.

#### **Speaker Biography**

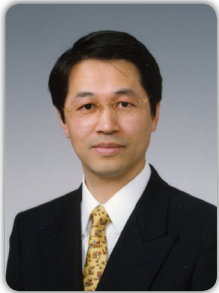
Patricia A Quigley is a Nurse consultant, both a clinical nurse specialist and a nurse practitioner in rehabilitation. Her contributions to patient safety, nursing and rehabilitation are evident at a national and international level – with emphasis on clinical practice innovations designed to promote elders' independence and safety. For over 40 years, she has practiced in the field of rehabilitation nursing, 32.5 years with the Veterans Administration. She has conducted large-scale studies to examine trends and cost savings on national interventions to reduce harm from falls. She has served as principal or co-investigator in 35 research studies, totaling over \$7.5 million. Also, authored and co-authored over 60 peer-reviewed manuscripts and over 50 non-peer reviewed manuscripts, book chapters, products and media works and provides on-going consultation to the nursing staff, quality management and patient safety coordinators for management of complex patients at risk for falls.

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**Koji Abe**

*Okayama University, Japan*

**A new simple score for assessing Behavioral and Psychological symptoms of Dementia (Abe's BPSD score = ABS)**


In addition to cognitive impairment, behavioral and psychological symptoms of dementia (BPSD) are another important aspect of most dementia patients including post-stroke dementia. We attempted to create a new BPSD score for dementia with 10 BPSD items. This new simple BPSD score was compared to a standard-detailed BPSD score neuropsychiatric inventory (NPI) for a possible correlation (n=792) and a time to complete (n=136). Inter-rater reliability was examined comparing scores between main and second caregivers (n = 70) for AD. Based on the clinical survey for local caregivers, a new BPSD score for dementia (ABS, Abe's BPSD score) was newly created, in which each BPSD item was allotted by an already-weighted score (maximum 1–9) based on the frequency and severity, and was finalized with taking temporal occurrences into account. ABS was filled by the main caregiver with a full score of 44, was well correlated with NPI ( $r = 0.716$ ,  $**p < 0.01$ ) in 792 AD patients (age  $78.6 \pm 7.0$  years, MMSE  $19.0 \pm 5.9$ ),

and took a shorter time as only  $56.8 \pm 38.8$  s ( $**p < 0.01$ ) than NPI score ( $132.7 \pm 94.0$  s) with 136 AD patients. A high inter-rater reliability was obtained ( $r = 0.964$ ,  $**p < 0.01$ ) with a little smaller score (0.877 time) of ABS in secondary than the main caregivers. Thus ABS provides a new simple and quick test for BPSD assessment, with a good correlation to NPI but a shorter time, and with a high inter-rater reliability.

#### Speaker Biography

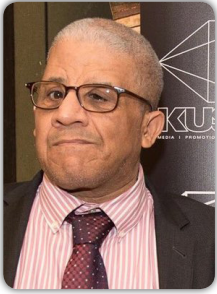
Koji Abe is chairman of Neurology at Okayama University Medical School in Japan. He graduated Tohoku University School of Medicine (M.D.) and then got PhD title from Tohoku University under the direction of Prof. Kyuya Kogure. He published more than 600 papers on cerebral blood flow and metabolism and neurodegenerative diseases. He is the past president of the International Society of Cerebral Blood Flow and Metabolism (CBFM) and organized World CBFM meeting in Osaka in 2007 and Japan-Asia CBFM meeting Okayama city in 2014. He is currently serving Presidents of both Vas-Cog Japan and Vas-Cog Asia societies.

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## **David Truswell**

*SomeFreshThinking Ltd., UK*


### **The impact of Dementia on UK Black, Asian and minority ethnic communities**

While there is recognition of the challenges that dementia brings to the UK national health economy, less well understood is the impact of dementia as a health issue for UK Black, Asian and minority ethnic communities. In a book due for publication in November 2019 on the subject with contributions from academic researchers and the experience of careers and people living with dementia in these communities the presenting author considers not only the shared characteristics that are typical of the experience of all minority ethnic communities in the UK but also throws a spotlight on the details for different communities. These include the African-Caribbean, Irish, South Asian, Chinese and Jewish. The presentation will review some of the key findings and conclusions from the book and their relevance for awareness raising, career support and access to services and deconstructing some of the stereotypes and assumptions about minority communities' response to dementia.

#### **Speaker Biography**

David Truswell has worked in community based mental health services in the UK for over thirty years developing services for people with complex care needs and enduring mental health problems in a career spanning the voluntary sector, local authority services, and the NHS at a senior level. He has two Masters level degrees, including a distinction level MBA. From 2009 - 2011 he was the Dementia Implementation Lead for Commissioning Support for London, working with commissioners across London to improve dementia services. He is currently Executive Director of the Dementia Alliance for Culture and Ethnicity ([www.demace.com](http://www.demace.com)) a UK social enterprise developed by local and national voluntary organizations working with dementia and is an independent writer and researcher on dementia support and services for Black, Asian and minority ethnic communities. His book on the subject is due for publication in November 2019. He is also the director of *somefreshthinking limited*, a healthcare consultancy working on service redesigns and change management in health and social care services. He specializes in Health Service redesign, Mental Health, Dementia.

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## ***Hisham Bassiouni***

*Klinikum St Marien Amberg, Germany*


### **Minimal-Invasive Surgery in Spinal Lesions**

Different approaches for the resection of spinal intradural tumors are used including laminectomy, laminoplasty, hemilaminectomy, etc. In order to reduce spinal surgical trauma and simultaneously achieve complete resection of the lesion with decompression of neural structures we perform minimal invasive lesion-tailored approaches. In this presentation we demonstrate minimal invasive approaches at different spinal levels to various spinal lesions focusing primarily on intradural tumors. Accurate preoperative planing and meticulous intraoperative microsurgical technique permits treatment of spinal lesions via least invasive surgical approaches. Lesion-tailored microsurgical approaches help to preserve spinal biomechanical integrity, permit complete resection of spinal tumorous lesions with restoration of neural function.

#### **Speaker Biography**

Hisham Bassiouni is Director of Neurosurgical Departments of Klinikum St. Marien Amberg and Klinikum Weiden and Associate Professor of Department of Neurosurgery. He is the full member of German Neurosurgical Society (DGNC), European Neurosurgical society (EANS), German skull base society (DGSB). He completed his Neurosurgical training at University Hospital Aachen and University Hospital Essen, Germany. He is the first author of 13 publications in high-ranged neurosurgical journals and authored several chapters in international neurosurgical reference books. Also, the peer-reviewer for several international journals including Brain Research, Neurologia India, Journal of Neurology, Clinical Neurology & Neurosurgery, Neurosurgical Review, Surgical Neurology etc. His neurosurgical experience includes microsurgery on > 2000 brain tumors and > 800 intracranial vascular malformations with routine application of latest technology including neuronavigation, microscopic fluorescent techniques, intraoperative monitoring, neuroendoscopy etc.

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## **Hisham Bassiouni**

*Klinikum St Marien Amberg, Germany*

### **Preservation of patients life quality in modern Microneurosurgery**

In recent years several major technical advances particularly in the treatment of vascular malformations (aneurysms, AVMs, and cavernomas), brain and spinal tumours, and skull base surgery have been introduced into neurosurgery. These include refinements in microsurgical techniques, microscopic fluorescent techniques (e.g. 5-ALA, ICG-Angiography, etc.) for maximizing safe resection of intrinsic brain tumors and treatment of aneurysms and AVMs, introduction of neuroendoscopy, and routine usage of intraoperative neuromonitoring in appropriate cases. We present these latest technical advances in the treatment of vascular malformations as important and potentially curable causes of stroke, in neurooncology (glioma, meningioma, neurinoma, etc.) and in the resection of skull base lesions demonstrating their impact on preserving neurological integrity with resultant preservation of patients life quality after microneurosurgery. Appropriate selection and application of these new techniques under discussion in neurosurgery has resulted in a better outcome after microsurgical treatment of brain and spinal tumors, vascular malformations, and skull

base lesions. This includes more radical tumor resection and avoidance of new neurological deficits with preservation of patients neurological integrity, prolonged life expectancy in malignant brain tumors and preservation of patients life quality after surgical treatment of vascular malformations.

#### **Speaker Biography**

Hisham Bassiouni is Director of Neurosurgical Departments of Klinikum St. Marien Amberg and Klinikum Weiden and Associate Professor of Department of Neurosurgery. He is the full member of German Neurosurgical Society (DGNC), European Neurosurgical society (EANS), German skull base society (DGSB). He completed his Neurosurgical training at University Hospital Aachen and University Hospital Essen, Germany. He is the first author of 13 publications in high-ranked neurosurgical journals and authored several chapters in international neurosurgical reference books. Also, the peer-reviewer for several international journals including Brain Research, Neurologia India, Journal of Neurology, Clinical Neurology & Neurosurgery, Neurosurgical Review, Surgical Neurology etc. His neurosurgical experience includes microsurgery on > 2000 brain tumors and > 800 intracranial vascular malformations with routine application of latest technology including neuronavigation, microscopic fluorescent techniques, intraoperative monitoring, neuroendoscopy etc.

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## **Radu Mutihac**

*University of Bucharest, Romania*

### **Human connectome alterations in Dementia at rest**


Recent studies of the human brain connectivity alterations using resting-state/sleep functional magnetic resonance imaging (rsfMRI), diffusion tensor imaging (DTI), and, more recently diffusion spectroscopic imaging (DSI) data have advanced and enlarged our knowledge on the organization of large-scale structural and functional brain networks, which consist of spatially distributed, but functionally linked regions that continuously share information. Brain's energy is largely consumed at rest during spontaneous neuronal activity (~20%), while task-related increases in metabolism energy are minor (<5%). Spontaneous low-frequency correlated fluctuations in blood oxygenation level dependent (BOLD) rsfMRI signals at the level of large-scale neural systems are not noise, but orderly and organized in a series of functional networks that permanently maintain a high level of temporal coherence among brain areas that are structurally segregated and functionally linked in resting-state networks (RSNs). Some RSNs are functionally organized as dynamically competing systems both at rest and during task-related experiments. The default mode network (DMN), the most important RSN, is involved in realization of tasks like memory retrieval, emotional process, and social cognition. Cortical connectivity at rest was reportedly altered in several forms of dementia and psychiatric disorders. Most recently, human brain function has been imaged in fMRI, and thereby accessing both sides of the mind-brain interface (subjective

experience and objective observations) has simultaneously been performed. As such, functional neuroimaging moves onto new potential applications like reading the brain states, brain-computer interfaces, lie detection, aso. The present contribution aims to highlight the fundamentals and review the up-to-date findings in imaging modalities dedicated to alterations in human connectomics investigated by diffusion tensor imaging (DTI) for white matter (WM) and rsfMRI for grey matter (GM) studies, respectively, with direct impact on diagnostics and prognostics of dementia.

#### **Speaker Biography**

Radu Mutihac, Chair of Medical Physics, University of Bucharest, and works in Neuroscience, Signal Processing, Microelectronics, and Artificial Intelligence. He has conducted his research at the University of Bucharest, International Centre for Theoretical Physics (Italy), Ecole Polytechnique (France), Institut Henri Poincaré (France), KU Leuven (Belgium). Data mining and exploratory analysis of neuroimaging time series were addressed during two Fulbright Grants in Neuroscience (Yale University, CT, and University of New Mexico, NM, USA). His research in fused biomedical imaging modalities was carried out at the Johns Hopkins University, National Institutes of Health, and Walter Reed Army Institute of Research, MD, USA. He published over 120 scientific papers in reputed peer-reviewed journals, 12 monographs, and contributed with chapters in other 11 textbooks published by renowned scientific publishing houses. Following his scientific activity, He has also been nominated as Member of the Editorial Board of 8 journals in the field of Neuroscience: J. Romanian College of Medical Physicists, J. Childhood & Developmental Disorders, J. Neurology and Clinical Neuroscience, Medical and Clinical Reviews, J. of Translational Neurosciences, Epilepsy J., The Neurologist - Clinical and Therapeutics J., and Advances in Neurology and Neuroscience.

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 Notes:



## Simon Hooper

Health-Connected Ltd (RemindMeCare), UK

### New trends in the use of digital interventions in care: Digi therapeutics and electronic life records

Technology's causing treatment paradigms to be reconsidered. Previously, it was almost impossible to match treatment with cognitive and behavioral changes. Now Digital Therapeutics and Digiceuticals enable more flexible treatment and monitoring alternatives.

Digital Therapeutics is defined as immersive programs that act reliably and remotely to change individual's behaviors to achieve positive clinical outcomes and reduce medical cost growth. They're often used in conjunction with medication but may replace conventional prescribing. Digi Pharma is consumer focused, such as nutritional supplements. They're typically not reimbursed, FDA/NHS authorized and low priced, with consumers paying directly after marketing discovery. ReMe discovers personal content through interactive response to activities, that positively impacts on behavior and calms agitation, reducing or complementing the use of medication. This unique new data set called ELR (Electronic Life Records) enables personalizing activities such that


ReMe is definable as the world's first elderly and dementia Digi therapeutic, by reducing premature resort to medication through knowing the content that reduces agitation and delivering activities that optimize engagement. ReMe achieves improved wellbeing, shows a propensity to support cognitive retention and recall and can be used in therapy and acute care strategies. So, in terms of definition, ReMe falls into both categories, subject to the deployment used.

Current studies in Kingston Hospital, London, aim to establish ReMe's potential to reduce medication, improve admission processes, enhance person centered care, as well as achieve efficiency and cost savings through digital reporting, reduced staffing, earlier discharge and optimal step down. If it can be shown that ReMe's digital intervention achieve these outcomes then this dual role of Digi Pharma in the community and Digi therapy in the formal care setting, warrants ReMe being prescribed either as a supplement or alternative to traditional medication. ReMe enables the transfer of GDPR compliant personal data across health and social care sectors and supports connectivity between the people cared for, family, care home and ward, thereby impacting on the key issues of independent and assisted living, better residential care and bed blocking in hospitals. The impact of digital prescribing on cost savings could be substantial and as a result business payment models will be developed that fit the new treatments. Answers will come when the evidence is there. ReMe offers an insight into what one new treatment configuration of the future could look like.

#### Speaker Biography

Simon Hooper, co-founder of RemindMeCare. He has a tech background that is non-medical but which he has brought to bear on the care process, courtesy of his experience with the care needs of his family. Supported by academia and health care professionals, ReMe is the result of extensive work in numerous care settings. The company has worked closely with care facilities, day care centers and hospitals to create systems that are directed at improving care delivery.

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 Notes:

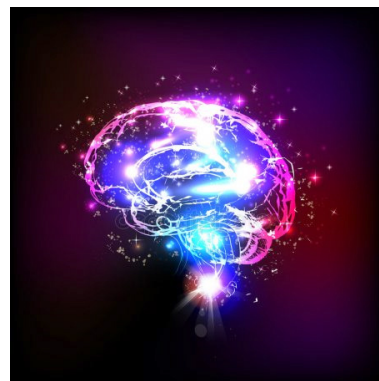
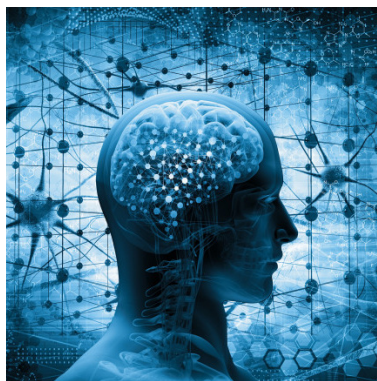
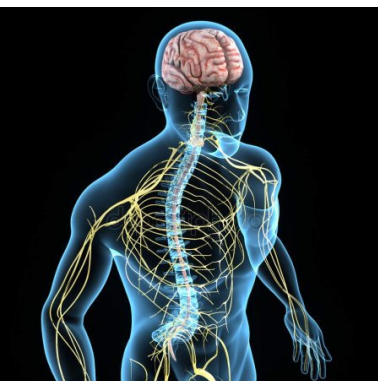


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March 15, 2019

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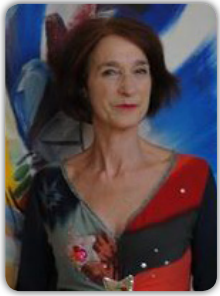
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## **Veronica Franklin Gould**

*Arts 4 Dementia, UK*


**Reawakening the mind: Arts programs to re-energies and inspire families and individuals affected by a Dementia**

**A**rtistic skills and appreciation, imagination and creativity can remain vibrant for years after onset of a dementia. For people affected by a dementia, active involvement with culture and the arts restores identity and sense of purpose in the community, combats stigma and loneliness. Weekly arts programs are led by artists, dancers, actors and musicians trained to understand their communication challenges. Preserving resilience for as long as possible, stimulating opportunities, useful for referral by memory and care services, adapts to participants' conditions, so as to override symptoms, boost brain function and generate imaginative responses – mindful that music uplifts mind, body and soul to the end.

### **Speaker Biography**

Veronica Franklin Gould founded Arts 4 Dementia (A4D) in 2011 to help develop re-energising programmes at arts venues, for early stage dementia. She is working with universities specializing in arts for health, her reports and symposia showcase best-practice. Reawakening the Mind was awarded her with the London 2012 Inspire Mark and Positive Breakthrough in Mental Health Dementia Award 2013 and she was named for The Sunday Times "Changemakers" finalist (2014). On publication of Music Reawakening (2015), she was appointed A4D's president and head of research and set up a regional programme, Reawakening Integrated: Arts & Heritage (2017), collaborating with Dr Trish Vella-Burrows to align with NHS England's Transformation Framework, The Well Pathway for Dementia.

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## **Andras Folyovich<sup>1</sup>**

**Biczó D<sup>1</sup>, Al Muhanna N<sup>1</sup>, Jarecsny T<sup>1</sup>, Béres Molnár KA<sup>1</sup>, Pintér F<sup>2</sup>, Pintér Á<sup>3</sup>,  
Fejős Á<sup>2</sup>, Pálosi M<sup>4</sup> and Bereczki B<sup>5</sup>**

<sup>1</sup>Szent János Hospital, Hungary

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<sup>3</sup>Budapest University of Technology and Economics

<sup>4</sup>National Institute of Health Insurance Fund Management

<sup>5</sup>Semmelweis University, Hungary

### **Analysis of the onset of Ischemic Stroke and an atmospheric parameter (anomalous Equivalent Potential Temperature – EPT)**

**Introduction:** Among the risk factors of stroke meteorological conditions are present. They are forecastable and have practical importance in the acute care. Previously we demonstrated a meteorological parameter, the equivalent potential temperature (EPT), anomalous value of which (aEPT) indicates an unfavourable effect on acute ischemic stroke (AIS) outcome. As compare ischemic stroke and myocardial infarction, we found different behaviour of these two disorders. The EPT characterizes air masses from different regions, a significant deviation from the 30-year average is the anomalous period or day (AD). In present work aEPT was compared to the onset of AIS. The indicator for AIS was the number of thrombolysis (TT). The narrow time window of TT enables the precise determination of the disease onset. Patients and method: We compared the number of TTs and aEPT periods in Budapest region during 01.12.2014-28.02.2015 (the period was chosen to have possibility of comparison with previous data). Because of the atmospheric conditions of the Carpathian Basin we analyzed the winter months. Patients' data were analyzed anonymously. The daily numbers of TTs were provided by the National Institute of Health Insurance Fund Management. Statistics were done by Student's t-test.

Results: Of the 90 days 32 were ADs. The number of TTs was 243,


69 (28.4%) of it were performed on ADs. The average number of TTs was 2.16 on ADs and 3.00 on non-ADs. TT rate was 1.86 during positive, 2.8 during negative aEPTs periods. There was no statistically significant difference ( $p=0,3684$ ) between ADs and non-ADs.

Conclusion: we did not find an increase (but rather a decrease) in AIS during aEPT periods. This apparently contradicts the relationship between the aEPT value and the fatal outcome of stroke. The reason may be that patients treated with TT are not among the most serious cases, which increase the mortality rate.

#### **Speaker Biography**

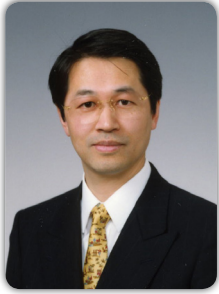
Andras Folyovich graduated at the Medical Faculty of Semmelweis University, and trained at the Department of Neurology of the same university. He obtained Board Certification in Neurology in 1983, in Psychiatry in 1993 and in Vascular Neurology in 2015. His PhD dissertation dealt with socio-economical aspects of stroke. He has been a pioneer in widening medical enteral nutrition of acute stroke patients in Hungary. He is the editorial board member of Clinical Neuroscience/Ideggyógyászati Szemle and Journal of Hungarian General Practitioners. Membership of scientific societies: Hungarian Neurological Society, Hungarian Stroke Society, Hungarian Medical Nutrition Society, Hungarian Meteorological Society. He is the medical director of Hungarian National Stroke Prevention and Rehabilitation League.

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**Koji Abe**

*Okayama University, Japan*

**Chronic Cerebral Hypoperfusion accelerates Alzheimer's Disease pathology with Cerebrovascular Remodeling in a novel mouse model**


A rapidly progressing aging society has raised attention to white matter lesions in Alzheimer's disease. Such an aging societies have shown an increasingly strong relationship between Alzheimer's disease (AD) and chronic cerebral hypoperfusion (HP). In the present study, we created a new mouse model for AD with HP, and investigated its clinical and pathological characteristics. Alzheimer's disease transgenic mice (APP23) were subjected to bilateral common carotid arteries stenosis with ameroid constrictors for slowly progressive cerebral HP. In contrast to simple APP23 mice, cerebral HP exacerbated motor and cognitive dysfunctions with white matter lesions and meningo-parenchymal amyloid- $\beta$  (A $\beta$ ) burdens. Strong cerebrovascular inflammation and severe amyloid angiopathy with cerebrovascular remodeling were also observed in APP23 + HP mouse brains. Compared with the wild type and simple APP23 mice, APP23 + HP mice showed a progressive loss of MAG and NF186 from 6 to 12 months, broken misdistribution of

MBP, and extended relocation of Nav1.6 and AnkG beyond the primary nodal region in the corpus callosum. The present study demonstrates that chronic cerebral HP enhanced cognitive/motor dysfunctions with parenchymal/cerebrovascular A $\beta$  accumulation and cerebro-vascular remodeling, and that cerebral HP strongly disrupted white matter integrity (WMI) at intermodal, paranodal, and Ranvier's nodal sites which may be associated with cognitive decline.

**Speaker Biography**

Koji Abe is chairman of Neurology at Okayama University Medical School in Japan. He graduated Tohoku University School of Medicine (M.D.) and then got PhD title from Tohoku University under the direction of Prof. Kyuya Kogure. He published more than 600 papers on cerebral blood flow and metabolism and neurodegenerative diseases. He is the past president of the International Society of Cerebral Blood Flow and Metabolism (CBFM) and organized World CBFM meeting in Osaka in 2007 and Japan-Asia CBFM meeting Okayama city in 2014. He is currently serving Presidents of both Vas-Cog Japan and Vas-Cog Asia societies.

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## **Gibran Franzoni Rufca**

*Hospital Santa Casa de Ourinhos, Brazil*

### **Minimally Invasive/Percutaneous Spinal Surgery in the treatment of Thoracolumbar fractures: Current concepts**


Approximately 11,000 new cases of spinal injuries occur every year in the United States of America and approximately 250,000 people in this country have associated spinal cord injury. Regarding the most affected anatomical levels, 50% occur in the thoracic and lumbar regions. The estimated cost of a spinal cord injury with neurological deficit is \$ 200,000 for the first year and 21,000 annually. The life expectancy for patients with neurological lesions is shortened from 15 to 20 years. In South America, the incidence of this lesion is 40 new cases/year/million inhabitants, being more frequent in males, young adults and low level of schooling. In the treatment, the posterior approach, with midline incision and separation of muscle groups associated with decompression through laminectomy and fusion through pedicular screws, longitudinal rods and cross-links, is one of the most used techniques. However, is associated with aggression of healthy tissue with extensive muscle injury, increased rate of bleeding and posterior ligament injury. In this context, minimally invasive techniques of arthrodesis (MISS) have been increasingly used for the treatment of thoracolumbar fractures, as they cause less damage to healthy tissues, with less blood loss, reducing

the occurrence of morbidities and complications. In the case of traumatic injuries, many patients have multiple comorbidities due to polytraumatism and benefit from a less aggressive treatment, therefore, more and more centers have performed percutaneous arthrodesis techniques. Because it is a recent high-tech surgical technique that is feasible after advances in fluoroscopy and image navigation, the benefits have been greatly studied in relation to the conventional technique. Therefore, we will discuss the updates and novelties regarding the treatment of thoracolumbar fractures through minimally invasive surgery.

#### **Speaker Biography**

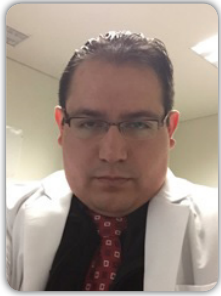
Gibran Franzoni Rufca completed his degree in Medicine and Neurosurgery from the School of Medicine of São José do Rio Preto. His main institution is the Hospital Santa Casa de Ourinhos, where he and his team provide neurosurgical treatments, mainly for the pathologies of the vertebral column. They brought to the region where he works the first endoscopic, functional surgeries and the first minimally invasive procedures of the spine. He is currently also a master's degree student in the Post-Graduation Program of the University of São Paulo - Campus Botucatu and working in the research of pain and minimally invasive surgeries of the spine, under the coordination of Prof. Dr. Flávio Ramalho Romero.

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 Notes:

Joint Event  
12<sup>th</sup> International Conference on  
**Vascular Dementia and Dementia**  
&  
8<sup>th</sup> International Conference on  
**Neurological Disorders and Stroke**

March 14-16, 2019 | London, UK



## **Uriel Rael Moreno Araujo**

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### **Neurocysticercosis clinical manifestations and treatment**

**C**ysticercosis is one of the most common parasitic diseases of the nervous system in humans, and constitutes a major public health problem for most of the developing world. The clinical manifestations of Neurocysticercosis (NCC) largely depend on the host immune response against the parasite. NCC diagnosis is based upon neuroimaging studies (Computerized Tomography, Magnetic Resonance Imaging) and antibody/antigen detection in the serum and the cerebrospinal fluid. Anticysticercal therapy has been marked by an intense controversy.

#### **Speaker Biography**

Uriel Rael Moreno Araujo is a medical surgeon for the Autonomic National University of Mexico (UNAM) at the age of 25. He completed his 2 years of general surgery in the health secretary of the city of México (SEDESA) and 4 years of Neurosurgery at Durango's Secretary of Health (SSD).

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