XLIX CONGRESSO SOCIETÀ ITALIANA DI NEUROLOGIA

Roma, 27-30 Ottobre 2018

Centro Congressi La Nuvola

27 OTTOBRE 2018

CORSO D'AGGIORNAMENTO A NUMERO CHIUSO (1)
(richiesto accreditamento a numero chiuso)
ore 13.00 - 17.30

SEMEIOLOGIA E DIAGNOSI DIFFERENZIALE DEI DISORDINI DEL MOVIMENTO

Moderatori
P. CORTELLI (*Bologna*) - G. DEFAZIO (*Cagliari*)

Prima parte
13.00 **Malattia di Parkinson e parkinsonismi**
U. BONUCCELLI (*Pisa*)

13.35 **Tic**
F. CARDONA (*Roma*)

14.10 **Corea**
C. SCAGLIONE (*Bologna*)

14.45 **Mioclono**
A.R. BENTIVOGLIO (*Roma*)

Seconda parte

Moderatori
G. ABBRUZZESE (*Genova*) - R. CERAVOLO (*Pisa*)

15.30 **Distonia**
G. DEFAZIO (*Cagliari*)

16.00 **Disordini del movimento funzionali**
F. MORGANTE (*Messina*)

16.30 **Cognitività e disordini del movimento**
P. BARONE (*Salerno*)

17.00 **Sonno e disordini del movimento**
F. PROVINI (*Bologna*)

27 OTTOBRE 2018

CORSO D'AGGIORNAMENTO A NUMERO CHIUSO (2)
(richiesto accreditamento a numero chiuso)
ore 13.00 - 17.30

RUOLO DELLA RISONANZA MAGNETICA CONVENZIONALE E AVANZATA NELLA DIAGNOSI E PROGNOSI DELLE PRINCIPALI PATOLOGIE NEUROLOGICHE

Moderatori
M. FILIPPI (*Milano*) - G. TEDESCHI (*Napoli*)

Prima parte

13.00 **Sclerosi Multipla**
M.A. ROCCA (*Milano*)

13.35 **Malattie vascolari**
A. BOZZAO (*Roma*)

14.10 **Tumori**
A. FALINI (*Milano*)

14.45 **Vasculiti del sistema nervoso centrale**
N. DE STEFANO (*Siena*)

Seconda parte

Moderatori
N. DE STEFANO (*Siena*) - M.A. ROCCA (*Milano*)

15.30 **Malattia di Alzheimer**
E. CANU (*Milano*)

16.00 **Demenza fronto-temporale**
F. AGOSTA (*Milano*)

16.30 **Sclerosi laterale amiotrofica**
R. TROJSI (*Napoli*)

17.00 **Malattia di Parkinson**
A. TESSITORE (*Napoli*)

27 OTTOBRE 2018

CORSO D'AGGIORNAMENTO A NUMERO CHIUSO (3)
(richiesto accreditamento a numero chiuso)
ore 13.00 - 17.30

URGENZE NEUROLOGICHE

Moderatori
R. ELEOPRA (*Milano*) - G. MICIELI (*Pavia*)

Prima parte

13.00 **Il neurologo in pronto soccorso: teoria, pratica ed evidenze**
S. RICCI (*Città di Castello, PG*)

13.35 **Disturbo organico o funzionale?**
C. SERRATI (*Genova*)

14.10 **Febbre e segni neurologici: reperti liquorali in acuto**
B. GIOMETTO (*Trento*)

14.45 **Complicanze neurologiche da eclampsia**
A. CICCONE (*Mantova*)

Seconda parte

Moderatori
F.A. DE FALCO (*Napoli*) - L. PROVINCIALI (*Ancona*)

15.30 **Disturbi ipocinetici acuti**
C. COLOSIMO (*Terni*)

16.00 **Mielopatie vascolari acute**
P. CERRATO (*Torino*)

16.30 **Vertigine: da causa periferica o centrale?**
S. COLNAGHI (*Pavia*)

17.00 **Trauma cranico lieve-moderato**
M. DIOMEDI (*Roma*)

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CORSO D'AGGIORNAMENTO A NUMERO CHIUSO (4)
(richiesto accreditamento a numero chiuso)
ore 13.00 - 15.30

IL CERVELLETTO: FISIOLOGIA, ASPETTI CLINICI, NEUROIMMAGINI E TRATTAMENTO

Moderatori
A. FILLA (*Napoli*) - F. TARONI (*Milano*)

13.00 **Meccanismi fisiologici del cervelletto**
M. BOLOGNA (*Roma*)

13.30 **Cervelletto: le neuroimmagini**
S. COCOZZA (*Napoli*)

14.00 **Atassie ereditarie**
A. BRUSCO (*Torino*)

14.30 **Atassie sporadiche nell'adulto**
A. FILLA (*Napoli*)

15.00 **Terapie innovative per le atassie ereditarie**
F. TARONI (*Milano*)

CORSO D'AGGIORNAMENTO A NUMERO CHIUSO (5)
(richiesto accreditamento a numero chiuso)
ore 13.00 - 15.30

L'INTENSA IMMUNOSOPPRESSIONE SEGUITA DA TRAPIANTO AUTOLOGO DI CELLULE STAMINALI EMATOPOIETICHE IN NEUROLOGIA

Moderatori
P. MURARO (*Londra, UK*) - R. SACCARDI (*Firenze*)

13.00 **Tecnologia del trapianto e dati del registro europeo**
R. SACCARDI (*Firenze*)

13.35 **Neurological indications**
J. BURMAN (*Uppsala, SW*)

14.10 **Meccanismi di reinduzione della self-tolerance**
P. MURARO (*Londra, UK*)

14.45 **Esperienza italiana**
G. BOFFA (*Genova*)

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CORSO D'AGGIORNAMENTO A NUMERO CHIUSO (6)
(richiesto accreditamento a numero chiuso)
ore 13.00 - 15.30

MALATTIE MUSCOLARI:
NUOVE CLASSIFICAZIONI ED ENTITÀ CLINICHE EMERGENTI

Moderatori
M. MOGGIO (*Milano*) - L. RUGGIERO (*Napoli*)

13.00 **La miastenia: raccomandazioni su diagnosi e terapia**
A. EVOLI (*Roma*)

13.30 **Distrofia muscolare facio-scapolo-omerale: l'evoluzione del quadro clinico**
G. RICCI (*Pisa*)

14.00 **Le miopatie assiali: differenti fenotipi e diagnosi differenziale**
T. MONGINI (*Torino*)

14.30 **Disturbi psichiatrici e cognitivi nelle miopatie**
E. PEGORARO (*Padova*)

15.00 **Fenotipi emergenti nelle miotonie**
G. ANTONINI (*Roma*)

CORSO D'AGGIORNAMENTO A NUMERO CHIUSO (7)
(richiesto accreditamento a numero chiuso)
ore 13.00 - 15.30

LA NUOVA CLASSIFICAZIONE
DELLE CRISI EPILETTICHE E DELLE EPILESSIE

Moderatori
U. AGUGLIA (*Catanzaro*) - O. MECARELLI (*Roma*)

13.00 **Introduzione**
G. AVANZINI (*Milano*)

13.30 **La coscienza e la consapevolezza nelle crisi epilettiche**
G. DI GENNARO (*Pozzilli, IS*)

14.00 **Classificazione delle crisi**
L. TASSI (*Milano*)

14.30 **Classificazione delle epilessie**
E. FERLAZZO (*Catanzaro*)

15.00 **Classificazione dello stato epilettico**
S. MELETTI (*Modena*)

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CORSO D'AGGIORNAMENTO A NUMERO CHIUSO (8)
(richiesto accreditamento a numero chiuso)
ore 13.00 - 15.30

LA DIAGNOSTICA NEUROCOGNITIVA E NEUROCOMPORTAMENTALE DELLE MALATTIE NEURO-DEGENERATIVE

Moderatori
C. CALTAGIRONE (*Roma*) - C. SERRATI (*Genova*)

13.00 **Lo screening neuropsicologico nelle malattie neurodegenerative: usi e abusi**
F. LUCCHELLI (*Rho, MI*)

13.30 **La valutazione dei deficit di linguaggio**
C. MARRA (*Roma*)

14.00 **La valutazione dei deficit di memoria**
G.A. CARLESIMO (*Roma*)

14.30 **La valutazione dei deficit delle funzioni esecutive**
P. CAFFARRA (*Parma*)
15.00 **La valutazione dei deficit di cognizione sociale**
S. CAPPA (*Pavia*)

CORSO D'AGGIORNAMENTO A NUMERO CHIUSO (9)
(richiesto accreditamento a numero chiuso)
ore 13.00 - 15.30

IL DOLORE IN NEUROLOGIA

Moderatori
G. CRUCCU (*Roma*) - P. MARCHETTINI (*Milano*)

13.00 **Recenti acquisizioni di fisiopatologia del dolore neuropatico**
A. TRUNI (*Roma*)

13.30 **Il dolore nella sclerosi multipla**
G. MANCARDI (*Genova*)

14.00 **Il dolore secondario a stroke**
S. PAOLUCCI (*Roma*)

14.30 **La neuropatia delle piccole fibre**
M. NOLANO (*Napoli*)

15.00 **Il trattamento del dolore cronico oltre la terapia farmacologica**
R. TORTA (*Torino*)

27 OTTOBRE 2018

WORKSHOP
ore 15.30 - 17.30

PATOLOGIE INFETTIVE EMERGENTI DEL SISTEMA NERVOSO CENTRALE

Moderatori
S. MONACO (*Verona*) - E. COSTANZO (*Catania*)

15.30 **Infezioni virali emergenti del sistema nervoso centrale**
C. MASTROIANNI (*Roma*)

16.00 **Encefaliti post-infettive**
E. ANTELMI (*Verona*)

16.30 **Diagnostica radiologica delle encefaliti**
F. ALESSANDRINI (*Verona*)

17.00 **Complicanze neurologiche delle immunodeficienze non HIV-correlate**
E. MARCHIONI (*Pavia*)

17.00-17.30 **Pausa caffè**

WORKSHOP
ore 15.30 - 17.30

CRISI NON EPILETTICHE PSICOGENE

Moderatori
A. GAMBARDELLA (*Catanzaro*) - R. MICHELUCCI (*Bologna*)

15.30 **Aspetti clinici**
A. LABATE (*catanzaro*)

16.00 **Diagnosi differenziale e situazioni di confine**
C. DI BONAVENTURA (*Roma*)

16.30 **Fisiopatologia e comorbidità psichiatriche**
M. MULA (*Londra, UK*)

17.00 **Presa in carico e terapia**
C.M. CORNAGGIA (*Monza*)

17.00-17.30 **Pausa caffè**

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WORKSHOP
ore 15.30 - 17.30

SICUREZZA DELLE NUOVE TERAPIE MODIFICANTI IL DECORSO DELLA SCLEROSI MULTIPLA

Moderatori
F. PATTI (*Catania*) - A. BERTOLOTTO (*Orbassano, TO*)

15.30 **Aspetti di sicurezza nelle terapie immunomodulanti della Sclerosi Multipla**
R. CAPRA (*Brescia*)

Eventi avversi di:
16.00 **Alemtuzumab: identificazione e gestione**
P. GALLO (*Padova*)

16.30 **Ocrelizumab: identificazione e gestione**
D. CENTONZE (*Roma*)

17.00 **Cladribina: identificazione e gestione**
C. POZZILLI (*Roma*)

17.00-17.30 **Pausa caffè**

WORKSHOP
ore 15.30 - 17.30

NOVITÀ IN NEUROFTALMOLOGIA

Moderatori
F.M. CORSI (*Roma*) - A. RUFA (*Siena*)

15.30 **Inquadramento diagnostico e terapia delle Neuriti Ottiche "Atipiche" (non SM correlate)**
C. TORTORELLA (*Roma*)

16.00 **Prospettive terapeutiche nella Neuropatia Ottica Ereditaria di Leber (LHON)**
A.M. DE NEGRI (*Romaa*)

16.30 **Attualità sullo studio dei movimenti oculari e delle pupille nella diagnostica neurologica**
A. RUFA, P. FEDERIGHI (*Siena*)

17.00 **Eye movements in Movement Disorders**
A.G. SHAIKH (*Cleveland, USA*)

17.00-17.30 **Pausa caffè**

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WORKSHOP
ore 15.30 - 17.30

BIOMARCATORI IN NEUROLOGIA

Moderatori
C. FERRARESE (*Monza*) - L. PARNETTI (*Perugia*)

15.30 **Malattia di Alzheimer**
D. GALIMBERTI (*Milano*)

16.00 **Malattie diemielinizzanti e infiammatorie del SNC (sistema nervoso centrale)**
L. GAETANI (*Perugia*)

16.30 **Encefalopatie autoimmuni**
M. GASTALDI (*Pavia*)

17.00 **Neuroncologia**
A. FALINI (*Milano*)

17.00-17.30 **Pausa caffè**

WORKSHOP
ore 15.30 - 17.30

"DIGITAL TECHNOLOGY, WEB AND SOCIAL MEDIA":
STATO DELL'ARTE NELLA NEUROLOGIA ITALIANA

Moderatori
L. LAVORGNA (*Napoli*) - L. LEOCANI (*Milano*)

15.30 **"Digital opinion leaders" in Neurologia**
S. BONAVITA (*Napoli*)

16.00 **"Telemonitoring" nel management del paziente neurologico**
M. RADAELLI (*Milano*)

16.30 **La comunicazione inter-pares nell'era digitale:**
"web-communities" e associazioni di pazienti
G. BORRIELLO (*Roma*)

17.00 **Piattaforme di teleriabilitazione: modelli innovativi di continuità di cura del paziente neurologico**
F. BAGLIO (*Milano*)

17.00-17.30 **Pausa caffè**

27 OTTOBRE 2018

CERIMONIA DI INAUGURAZIONE

18.00 Presentazione del Congresso
A. Berardelli *(Roma)*

18.20 Relazione del Presidente della Società Italiana di Neurologia
G.L. Mancardi *(Genova)*

19.00 Saluto delle Autorità

19.30 conosegna benemerenze Società Italiana di Neurologia

20.00 cocktail di benvenuto

28 OTTOBRE 2018

SESSIONE PLENARIA
ore 08.30 - 10.30

ENCEFALOMIELITI AUTOIMMUNI
E NEUROMIELITE OTTICA

Moderatori
D. FRANCIOTTA (*Pavia*) - B. GIOMETTO (*Trento*)

08.30 **Encefaliti autoimmuni: diagnostica e immunopatologia**
L. ZULIANI (*Treviso*)

09.00 **Encefaliti autoimmuni: approccio clinico e terapeutico**
B. GIOMETTO (*Trento*)

09.30 **Neuromielite ottica spectrum disorders: diagnostica liquorale e autoanticorpi**
D. FRANCIOTTA (*Pavia*)

10.00 **Neuromielite ottica spectrum disorders: aspetti clinici e terapeutici**
A. BERTOLOTTO (*Orbassano, TO*)

28 OTTOBRE 2018

COMUNICAZIONI ORALI: CASI CLINICI 1
ore 11.00 - 13.00

11.00 Long-term remission of tumefactive relapsing multiple sclerosis after alemtuzumab rescue treatment in an adolescent patient.
DAMIANO BARONCINI, Gallarate

11.10 Hepatitis B reactivation in a patient affected by multiple sclerosis under ocrelizumab treatment: a pre-emptive approach
MARIA ROSA CIARDI, Roma

11.20 Embolic stroke related to infective endocarditis: a great clinical challenge for the physician.
MARISA DISTEFANO, Roma

11.30 Early severe neutropenia after the first alemtuzumab course in multiple sclerosis: a case report
GALGANI SIMONETTA, Roma

11.40 Transorbital ultrasound during epidural blood patch in patients with spontaneous intracranial hypotension
LORENZUT SIMONE, Udine

11.50 Mitochondrial disorder hiding Myasthenia Gravis and autoimmune dysthyroidism: Chinese boxes of rare and autoimmune diseases.
MAROTTA JESSICA, Roma

12.00 Is it possible to continue a really effective therapy in a patient with a severe hypersensitivity drug reaction? The importance of desensitization procedures in the monoclonal antibodies era
MOIOLA LUCIA, Milano

12.10 Spinal involvement in neuroborreliosis, atypical presentation in three patients
NICOLAO PIERO, Feltre

12.20 Presence of CSF *(cerebrospinal fluid)* oligoclonal bands is associated with periventricular NAWM *(normal-appearing white matter)* damage gradient severity in clinically isolated syndrome subjects
PARDINI MATTEO, Genova

12.30 Neuronal ceroidolipofuscinosis type 2 (CLN2) disease: clinical features, diagnosis and an innovative therapeutic opportunity
SOLLAZZO MARIA TERESA, Siena

12.40 When the truth is hard to handle: negative sentence verification in subjects with focal brain lesions
ZANELLINI SARA, Trento

12.50 Bendamustine-Rituximab (Br) combined therapy for treatment of immuno-mediated neuropathies associated to hematological disorders
ZUPPA ANGELA, Genova

28 OTTOBRE 2018

COMUNICAZIONI ORALI: MALATTIE CEREBROVASCOLARI 1
ore 11.00 - 13.00

11.00 Low dimensional structure of neurological impairment in a prospective sample of first-time stroke patients
BISOGNO ANTONIO LUIGI, Padova

11.10 3T Magnetic Resonance spectroscopy identifies Neural Progenitor Cells in Human Stroke
DE MICHELE MANUELA, Roma

11.20 Prevalence of atrial fibrillation in the Italian elderly population. Final results from the Progetto FAI. La Fibrillazione Atriale in Italia.
DI CARLO ANTONIO, Firenze

11.30 Ischemic Volume and Neurological Deficit: Correlation of Computed Tomography Perfusion with the National Institutes of Health Stroke Scale Score in Acute Ischemic Stroke.
FURLANIS GIOVANNI, Trieste

11.40 Cerebral Amyloid Angiopathy presenting with Transient Focal Neurological Episodes: clinical and radiological variables predicting lobar hemorrhage occurrence
GIOPATO FEDERICO, Padova

11.50 White matter hyperintensity severity predicts development of cerebral oedema in patients with ischemic stroke treated with iv thrombolysis: implications for infarct growth and functional outcome
LORENZANO SVETLANA, Roma

12.00 Diffuse microvascular dysfunction and loss of white matter integrity predict poor outcomes in patients with acute ischemic stroke
LORENZANO SVETLANA, Roma

12.10 Integration of Computed Tomography angiography Spot Sign and non-contrast CT (Computed Tomography) Hypodensities to Predict Hematoma Expansion
MOROTTI ANDREA, Pavia

12.20 Reperfusion injury after ischemic stroke study (risks)
NENCINI PATRIZIA, Firenze

12.30 Mortality and risk stratification of esus patients in a hospital-based population
RIOLO MARIANNA, Palermo

12.40 Enlarged cerebral perivascular spaces in Fabry disease: a pilot experience
ROMANI ILARIA, Firenze

12.50 The contribution of newly diagnosed atrial fibrillation to the incidence and prognosis of first-ever ischemic stroke
TISEO CINDY, L'Aquila

28 OTTOBRE 2018

COMUNICAZIONI ORALI: DISORDINI DEL MOVIMENTO 1
ore 11.00 - 13.00

11.00 Functional network connectivity predicts spreading of cortical atrophy in Parkinson's disease
AGOSTA FEDERICA, Milano

11.10 Mild Behavioral Impairment in Parkinson's Disease: data from the PArkinson's disease Cognitive impairment Study
BASCHI ROBERTA, Palermo

11.20 Clinical correlates of suicidal ideation in Parkinson's disease
BELVISI DANIELE, Roma

11.30 Cardiac autonomic function and Mild Cognitive Impairment in Parkinson's disease. The PaCoS study (*Parkinson's disease cognitive impairment study*).
CICERO CALOGERO EDOARDO, Catania

11.40 Functional brain connectome in drug naïve Parkinson's disease patients: correlation with motor and non-motor phenotypes and prediction of levodopa requirement
DE MICCO ROSA, Napoli

11.50 Intraneural skin nerve synuclein deposits in Multiple System Atrophy
DONADIO VINCENZO, Bologna

12.00 Timed bright light exposure in dementia with Lewy bodies: a pilot study
FRAGIACOMO FEDERICA, Padova

12.10 Anti-glutamatergic effect of safinamide in Parkinson's Disease: a TMS *(Transcranial Magnetic Stimulation)* study
GUERRA ANDREA, Roma

12.20 Hippocampal impairment in Essential Tremor: something more than a co-occurrence?
NOVELLINO FABIANA, Catanzaro

12.30 Multimodal MRI *(Magnetic Resonance Imaging)* evaluation of Subcortical Structures in Essential Tremor
NOVELLINO FABIANA, Catanzaro

12.40 Vertical supranuclear gaze palsy and falls in PSP: a combined morphometric and diffusion MRI *(Magnetic Resonance Imaging)* study
QUATTRONE ANDREA, Catanzaro

12.50 Safety and efficacy of Transcranial Magnetic Resonance-guided Focused Ultrasound Surgery (MRgFUS) integrated with a 1.5T scanner for treatment of Essential Tremor.
VALENTINO FRANCESCA, Palermo

28 OTTOBRE 2018

COMUNICAZIONI ORALI: SCLEROSI MULTIPLA 1
ore 11.00 - 12.00

11.00 Slowly evolving lesions and relation to disability in a secondary progressive multiple sclerosis (SPMS) cohort
CALVI ALBERTO, Milano

11.10 Shift from fingolimod to alemtuzumab: what happens next?
FRAU JESSICA, Cagliari

11.20 Non-random neurodegeneration of inner retinal layers connectome in relapsing remitting multiple sclerosis
LANDI DORIANA, Roma

11.30 Italian prospective multicenter observational study on real-life experience with alemtuzumab in naive patients with aggressive Relapsing Remitting Multiple Sclerosis: initial impressions from ALEM-NAIVE group
MOIOLA LUCIA, Milano

11.40 Baseline cerebellar volume as predictor of clinical disability in Multiple Sclerosis: MRI *(Magnetic Resonance Imaging)* Findings from the CombiRx trial
PETRACCA MARIA, New York

11.50 Subclinical retinal neurodegeneration in neuromyelitis optica and multiple sclerosis: a longitudinal study
PISA MARCO, Milano

SIMPOSIO
ore 12.00 - 13.15

ALEMTUZUMAB: EARLIER AND BETTER
con il contributo incondizionato di Sanofi Genzyme

Moderatore
P. GALLO (*Padova*)

12.00 **Induzione: early and better**
P. GALLO (*Padova*)

12.15 **Alemtuzumab: l'evoluzione in pratica, ieri, oggi e domani. When switching better?**
E. COCCO (*Cagliari*)

12.35 **Alemtuzumab: l'evoluzione in pratica, ieri, oggi e domani. When switching eralier?**
F. SACCÀ (*Naoli*)

12.55 **Alemtuzumab: back to the future**
P. ANNOVAZZI (*Gallarate, VA*)

28 OTTOBRE 2018

COMUNICAZIONI ORALI: NEUROPSICOLOGIA CLINICA
ore 11.00 - 13.00

11.00 Relationship between cortical grey matter volume and cognitive impairment perception in Multiple Sclerosis
ARRU MAURO, Cagliari

11.10 The embodiment of voice: insight from right brain damaged patients
CANDINI MICHELA, Bologna

11.20 Sentence production and syntactic-processing brain network in primary progressive aphasia
CANU ELISA, Milano

11.30 An Attempt to look for difference between degenerative and vascular aphasia: a data-driven cluster analysis.
CICCARELLI NICOLETTA, Milano

11.40 The cerebellar involvement in social behavior and in autism-like symptoms: A clinical and neuroimaging study in patients with cerebellar damage and subjects with autism spectrum disorder.
CLAUSI SILVIA, Roma

11.50 Cortical abnormalities and cognitive impairment in pediatric Multiple Sclerosis patients
DE MEO ERMELINDA, Milano

12.00 Predicting progression to Alzheimer's disease in subjects with amnestic Mild cognitive impairment using recall and recognition tests performance
DE SIMONE MARIA STEFANIA, Roma

12.10 The role of the left Inferior Frontal Gyrus in word selection processing in left- and right-sided Parkinson disease patients
DI TELLA SONIA, Milano

12.20 The functional neuroanatomy of sentence comprehension: Evidence from aphasia
MICELI GABRIELE

12.30 Cognitive impairment in benign multiple sclerosis: a multiparametric structural and functional MRI *(Magnetic Resonance Imaging)* study
ROCCA MARIA ASSUNTA, Milano

12.40 Decision making deficits in Myotonic dystrophy type-1 are related to the Ventral Tegmental Area dysfunctioning
SERRA LAURA, Roma

12.50 Mathematical modelling characterises fatigability as a distinct phenomenon in patients with Multiple Sclerosis
TOMMASIN SILVIA, Roma

28 OTTOBRE 2018

COMUNICAZIONI ORALI: CEFALEE 1
ore 11.00 - 13.00

11.00 Prevalence and clinical profile of migraine with aura in a cohort of young patients with minor stroke: a retrospective analysis.
ALTAMURA CLAUDIA, Roma

11.10 The Italian chROnic migraiNe (IRON) Registry: first report from 28 headache centers
BARBANTI PIERO, Roma

11.20 Clinical features of headache in patients with definite vestibular migraine: data from the NIVE (Network Italiano Vertigine Emicranica) project
COLOMBO BRUNO, Milano

11.30 Abnormal resting-state between-networks functional connectivity in patients with chronic migraine
COPPOLA GIANLUCA, Latina

11.40 Abnormal cerebello-thalamo-cortical inhibitory activity in chronic migraine
COPPOLA GIANLUCA, Latina

11.50 Increased intracortical facilitation in the presence of normal intracortical inhibition within the migraine motor cortex. A paired-pulse TMS *(Transcranial Magnetic Stimulation)* study
COSENTINO GIUSEPPE, Palermo

12.00 CSF *(cerebrospinal fluid)* pressure fluctuations as a marker of isolated CSF *(cerebrospinal fluid)* hypertension in headache sufferers
DEMONTE GIULIO, Catanzaro

12.10 Association between Obstructive sleep apnea (OSA) and Chronic daily headache (CDH) with Idiopathic intracranial hypertension (IIH): a prospective study.
DEMONTE GIULIO, Catanzaro

12.20 Primary headaches classification using a supervised machine learning approach: a multimodal MRI *(Magnetic Resonance Imaging)* study
MESSINA ROBERTA, Milano

12.30 Default mode network predicts cutaneous allodynia in episodic migraine without aura.
SILVESTRO MARCELLO, Napoli

12.40 A real life Italian multicenter experience with OnabotulinumtoxinA for Chronic Migraine.
VERNIERI FABRIZIO, Roma

12.50 The functional head impulse test with rotating background for the diagnosis of vestibular migraine
VERSINO MAURIZIO, Varese

28 OTTOBRE 2018

COMUNICAZIONI ORALI: RIABILITAZIONE NEUROLOGICA
ore 11.00 - 13.00

11.00 Transcranial random noise stimulation combined with graded repetitive arm supplementary program (GRASP) in motor rehabilitation of the upper limb in subacute ischemic stroke patients
ARNAO VALENTINA, Palermo

11.10 Resting-state functional connectivity increase after upper-limb task-oriented motor rehabilitation in progressive Multiple Sclerosis
BOFFA GIACOMO, Genova

11.20 Prevalence and phenotyping of Post Traumatic Syringomyelia: a longitudinal study in 320 Spinal Cord Injuries
CIARAMITARO PALMA, Torino

11.30 Action observation training modulates dynamic functional connectivity in patients with multiple sclerosis
CORDANI CLAUDIO, Milano

11.40 Clinical and neurophysiological prognostic markers for short-term outcome in prolonged disorders of consciousness: a multi-centric longitudinal study of the International Brain Injury Association, Disorders of Consciousness-Special Interest Group
ESTRANEO ANNA, Telese Terme (BN)

11.50 Upper limb rehabilitation with a mechanic orthosis may improve simple and complex motor skills in Parkinson's disease
FUNDARO' CIRA, Montescano

12.00 Extents variation of virtual reality: analysis of the psycho-physical response in healthy people.
LA STARZA SARA, Roma

12.10 Cognitive improvement after a six-week physiotherapy training in patients with Parkinson's disease
LEOCADI MICHELA, Milano

12.20 An interactive home-based platform promoting child-to-child interaction improves hand function in unilateral cerebral palsy.
NUARA ARTURO, Parma

12.30 The role of Cognitive Reserve in the choice of upper limb rehabilitation treatment after stroke. Robotic or Conventional? A multicenter study of the Don Carlo Gnocchi Foundation
PADUA LUCA, Roma

12.40 Action observation and motor imagery in Parkinson's disease patients with postural instability and gait disorders: clinical and functional brain changes after six weeks of training
PIRAMIDE NOEMI, Milano

12.50 Premorbid physical activity, cognitive reserve and trait personality modulate rehabilitation effect in multiple sclerosis
PROSPERINI LUCA, Roma

28 OTTOBRE 2018

COMUNICAZIONI ORALI: EPILESSIA
ore 11.00 - 13.00

11.00 Seizures with migraine-like attacks after radiation therapy (SMART). A new meaning of an old acronym
ASCOLI MICHELE, Catanzaro

11.10 The impact of precision medicine in genetic epilepsies
BALESTRINI SIMONA, Londra UK

11.20 Imitators of epileptic seizures: a video challenge for non-epileptologists experienced physicians
BATTAGLIA GIULIA, Catania

11.30 White matter involvement in Mild Mesial Temporal Lobe Epilepsy: a cross-sectional and longitudinal MRI *(Magnetic Resonance Imaging)* study
CALIGIURI MARIA EUGENIA, Catanzaro

11.40 Sleep-related movement disorders, parasomnias and physiological sleep variants in adult patients with focal epilepsy: a video-polysomnographic study in 100 patients
GIULIANO LORETTA, Catania

11.50 Autonomic functions in focal epilepsy: a comparison between lacosamide and carbamazepine monotherapy
IZZI FRANCESCA, Roma

12.00 Cognition in patients affected by late-onset epilepsy with an undetermined cause: a 12-month follow-up study.
LIGUORI CLAUDIO, Roma

12.10 Scenery of Idiopathic Generalized Epilepsy in Adulthood: data from a Third Level Epilepsy Centre
MICALIZZI ELISA, Milano

12.20 Predictors of chronic epilepsy and refractory seizures in autoimmune encephalitis
MORANO ALESSANDRA, Roma

12.30 Efficacy of vagus nerve stimulation in patients with drug resistant epilepsy: a prospective case control study.
PALADIN FRANCESCO, Venezia

12.40 Electroclinical features of autosomal recessive Kufs' Disease associated with a novel CLN6 mutation.
SAMMARRA ILARIA, Catanzaro

12.50 Not only seizures: the impact of the stigma of epilepsy
TOMBINI MARIO, Roma

28 OTTOBRE 2018

COMUNICAZIONI ORALI: MALATTIE DEGENERATIVE
ore 11.00 - 13.00

11.00 Diagnostic value of cerebrospinal fluid biomarkers in patients with frontotemporal dementia spectrum
ABU RUMEILEH SAMIR, Bologna

11.10 Clinical and Biomarker Changes in Presymptomatic Genetic Frontotemporal Dementia
BENUSSI ALBERTO, Brescia

11.20 FDG-PET *(fluorodesossiglucosio - Positron Emission Tomography)* predictor patterns of neuropathology in corticobasal syndrome patients
CERAMI CHIARA, Milano

11.30 Bilateral striatal necrosis: insights into the pathophysiology of the selective vulnerability of basal ganglia
CIRILLO GIOVANNI, Napoli

11.40 LTP-like (*long term potentiation*) cortical plasticity is associated with verbal memory impairment in Alzheimer's disease patients
DI LORENZO FRANCESCO, Roma

11.50 FDG-PET *(fluorodesossiglucosio - Positron Emission Tomography)* hypometabolic correlates of language impairments in CBD *(cannabidiolo)* and PSP *(Progressive supranuclear palsy)* patients
DODICH ALESSANDRA, Milano

12.00 Abnormal α-synuclein deposits in skin nerves: intra- and inter-laboratory reproducibility
DONADIO VINCENZO, Bologna

12.10 New frontiers for the use of eye tracking in neurology
FEDERIGHI PAMELA, Siena

12.20 Regional FDG-PET *(fluorodesossiglucosio - Positron Emission Tomography)* metabolism allows to identify sub-threshold bvFTD (*fronto temporal diesease*) in subjects with isolated apathy.
PARDINI MATTEO, Genova

12.30 SCAs genes as disease modifiers in Huntington's disease
PELUSO SILVIO, Napoli

12.40 Natural history of a cohort of X-linked adrenoleukodystrophy female carriers.
SCHIRINZI TOMMASO, Roma

12.50 Assessment of saccadic movements as potential biomarkers in early-onset Friedreich's ataxia
SUMMA SUSANNA, Roma

28 OTTOBRE 2018

COMUNICAZIONI ORALI: NEURO ONCOLOGIA
ore 11.00 - 13.00

11.00 Brain metastasis from Hodgkin's Lymphoma: case report and literature review
BORTOLANI SARA, Torino

11.10 IDH-Wild Type Grade II Gliomas: A Retrospective Series Of Italian Association Of Neuro-Oncology
BRUNO FRANCESCO, Torino

11.20 Neuromuscular syndromes related to checkpoint inhibitors (CIs): description of three cases.
DIAMANTI LUCA, Pavia

11.30 Clinico-radiological, therapeutic and prognostic features of pcnsl of the adult: results from an institutional series
FRANCHINO FEDERICA, Torino

11.40 Characterization of chimeric astrocytic/neuronal primary cultures from human anaplastic astrocytoma
NOTARO ANTONIETTA, Palermo

11.50 Chemotherapy-Induced Neuropathy Monitoring and Assessment (C.I.NE.M.A): a neurophysiological and biochemical observational study on women with breast cancer treated with taxanes
PIZZAMIGLIO CHIARA, Novara

12.00 Multicenter study on the value of the prognostic nutritional index in de novo glioblastoma
SALMAGGI ANDREA, Lecco

12.10 An AINO-SIN *(associazione italiana neuro-oncologia – società italiana di neurologia)* multicentric retrospective study on adult medulloblastoma Patients
SILVANI ANTONIO, Milano

12.20 Efficacy and tolerability of systemic chemotherapy with Hydroxyurea (HU) or VAC (Vincristine, Adriamycin and Cyclophosphamide) in recurrent meningioma patients
SILVANI ANTONIO, Milano

12.30 Abstract reasoning in elderly Glioma patients
TANZILLI ANTONIO, Roma

12.40 Neurocognitive evaluation in elderly Glioma patients
VILLANI VERONICA, Roma

12.50 Third line chemotherapy with weekly Carboplatin in recurrent malignant gliomas
VILLANI VERONICA, Roma

28 OTTOBRE 2018

SIMPOSIO
ore 13.30 - 15.00

DISFAGIE NEUROGENE:
ASPETTI INNOVATIVI IN TEMA DI INQUADRAMENTO
E TRATTAMENTO
in collaborazione con Società Italiana di Riabilitazione Neurologica SIRN

Moderatori
C. CISARI (*Novara*) - G. MANCARDI (*Genova*)

13.30 **Nuovi inquadramenti diagnostici**
C. TASSORELLI (*Pavia*)

14.00 **La criticità della gestione delle disfagie in fase acuta dello stroke**
M. COCCIA (*Ancona*)

14.30 **Approcci innovativi al trattamento**
E. ALFONSI (*Pavia*)

SIMPOSIO
ore 13.30 - 15.30
ESPANDERE GLI ORIZZONTI: SCLEROSI MULTIPLA E OLTRE
con il contributo incondizionato di Biogen

Moderatori
C. POZZILLI (*Roma*) - A. UCCELLI (*Genova*)

13.30 **Nuovi algoritmi terapeutici in Sclerosi Multipla**
D. CENTONZE (*Roma*)

13.50 **L'innovazione nella tradizione: il valore dell'Interferone Pegilato**
A. BERTOLOTTO (*Orbassano, TO*)

14.10 **Dimetilfumarato, studi pivotali e pratica clinica: il bilancio delle evidenze**
C. POZZILLI (*Roma*)

14.30 **Natalizumab: 12 anni di certezze**
A. UCCELLI (*Genova*)

14.50 **Sclerosi Multipla e oltre: uno sguardo al futuro**
L.M. GRIMALDI (*Cefalù, PA*)

15.10 Discussione sui temi trattati

28 OTTOBRE 2018

CONFERENZA DIDATTICA
ore 14.00 - 14.30

DEMENTIA: NEW VISTAS AND OPPORTUNITIES

Relatore: V. Hachinsky *(Londra, UK)*

CONFERENZA DIDATTICA
ore 14.00 - 14.30

ALFASINUCLEINA E MALATTIA DI PARKINSON:
DALLA PATOGENESI AGLI STUDI CLINICI

Relatore
P. CALABRESI (*Perugia*)

LETTURA
ore 14.00 - 15.00

ICTUS E MALATTIA DI FABRY
con il contributo incondizionato di Shire

Relatore
D. INZITARI (*Firenze*)

LETTURA
ore 14.30 - 15.00

MALATTIA DI PARKINSON:
UNA NUOVA OPZIONE PER I PAZIENTI CON FLUTTUAZIONI
con il contributo incondizionato di BIAL

Moderatore
F. STOCCHI (*Roma*)

Relatore
F. MORGANTE (*Londra, UK*)

28 OTTOBRE 2018

SIMPOSIO
ore 14.30 - 15.00

SONNO, SOGNI, ALLUCINAZIONI
E DISTURBI DEL MOVIMENTO: LA NARCOLESSIA
con il contributo incondizionato di Bioprojet

Moderatore
P. CORTELLI (*Bologna*)

Relatore
C. PLAZZI (*Bologna*)

LETTURA
ore 14.30 - 15.00

L'IMPORTANZA DELLA TERAPIA DI PRECISIONE
NELL'ATTACCO ACUTO DI EMICRANIA
con il contributo incondizionato di Istituto Luso Farmaco d'Italia

Moderatore
G. TEDESCHI (*Napoli*)

Relatore
P. BARBANTI (*Roma*)

CONFERENZA DIDATTICA
ore 14.30 - 15.00

SGUARDO CLINICO AI MODELLI ANIMALI
DELLE MALATTIE NEURODEGENERATIVE

Relatore
B.N. MERCURI (*Roma*)

28 OTTOBRE 2018

CONFERENZA DIDATTICA
ore 14.30 - 15.00

LA VIDEORIPRESA NELLE MALATTIE NEUROLOGICHE:
INDICAZIONI E PROBLEMATICHE

Relatore
C. COLOSIMO (*Terni*)

SIMPOSIO
ore 15.00 - 16.00
ERENUMAB: LA PRIMA TARGET THERAPY PER LA PREVENZIONE DELL'EMICRANIA
con il contributo incondizionato di Novartis

Moderatori: P. Calabresi (Perugia) – G. Tedeschi (Napoli)

15.00 Emicrania: impatto e burdain di una malattia neurologica nascosta
C. Tassorelli (Pavia)

15.20 Erenumab: il Target farmacologico e il meccanismo di azione
P. Geppetti (Firenze)

15.40 Il nuovo paradigma di cura per la profilassi dell'emicrania
P. Barbanti (Roma)

28 OTTOBRE 2018

SIMPOSIO
ore 15.00 - 16.00

LA GESTIONE DEL PAZIENTE ANZIANO FRAGILE TRA DEPRESSIONE E DISTURBI COGNITIVI
con il contributo incondizionato di Angelini

Moderatore
L. PROVINCIALI (*Ancona*)

15.00 **Strumento per una corretta gestione dei disturbi congnitivi: dai primi sintomi dell'invecchiamento al Mild cognitive impairment**
S. LUZZI (*Ancona*)

15.30 **Gestione appropriata della depressione e dei disturbi comportamentali del decadimento cognitivo. Ruolo del trazodone**
C. VAMPINI (*Verona*)

SIMPOSIO
ore 15.00 - 17.00
LE MALATTIE CEREBROVASCOLARI
in collaborazione con Italian Stroke Association ISO

Moderatore
G.L. MANCARDI (*Genova*) - D. TONI (*Roma*)

15.00 **Dalla fibrinolisi sistemica alla trombolisi meccanica. Update sulle linee guida**
M. DE MICHELE (*Roma*)

15.20 **Trombectomia o trombo aspirazione alla luce della EBM *(Evidence-based medicine)***
S. MANGIAFICO (*Firenze*)

15.40 **Il trattamento endovascolare nei pazienti con ictus lieve**
L. RENIERI (*Firenze*)

16.00 **Il trattamento endovascolare degli ictus di circolo posteriore**
A. CONSOLI (*Parigi, F*)

16.20 **Il trattamento endovascolare dell'ictus nei pazienti anziani**
A. ZINI (*Roma*)

16.40 **Criteri di selezione per la trombolisi meccanica. Neuroradiologia tra perfusione e circoli collaterali**
E. FAINARDI (*Ferrara*)

oppure

Il trattamento endovascolare nell'ictus: competenze e percorso formativo
S. PESCHILLO (*Roma*)

28 OTTOBRE 2018

SIMPOSIO
ore 15.30 - 16.00
OTTIMIZZARE LA GESTIONE DELLA FASE AVANZATA DELLA MALATTIA DI PARKINSON
con il contributo incondizionato di ABBVIE

Relatore
A. ANTONINI (*Milano*)

SIMPOSIO
ore 15.30 - 17.30
Ocrelizumab: una nuova realtà terapeutica per le forme recidivanti e progressive di Sclerosi Multipla
con il contributo incondizionato di Roche

Moderatori:
G. Comi *(Milano)* – F. Patti *(Catania)*

15.30 Introduzione
F. Patti (*Catania*)

15.40 Le cellule B, un nuovo protagonista nella fisiopatologia della Sclerosi Multipla
L. Battistini (*Roma*)

16.00 Ocrelizumab nella Sclerosi Multipla recidivante: evidenze a supporto di un posizionamento precoce
D. Centonze (*Roma*)

16.25 Il primo trattamento approvato per la Sclerosi Multipla primariamente progressiva: evidenze a supporto
C. Gasperini (*Roma*)

17.00 Ocrelizumab nella pratica clinica
P. Annovazzi (*Gallarate VA*)

17.20 Take home messages & general discussion
G. Comi (*Milano*)

28 OTTOBRE 2018

LETTURA
ore 16.00 - 16.30

VERSO NUOVI ORIZZONTI NELLA GESTIONE TERAPEUTICA DELL'EMICRANIA
con il contributo incondizionato di Teva

Relatore: F. FREDIANI *(Milano)*

28 OTTOBRE 2018

WORKSHOP
ore 16.00 - 17.30
I DISTURBI COMPORTAMENTALI NELLE DEMENZE:
DAI MECCANISMI BIOLOGICI ALLE SCELTE TERAPEUTICHE
in collaborazione con Società Italiana per le Demenze Sindem
e Associazione Italiana di Psicogeriatria AIP

Moderatori
C. FERRARESE (*Monza*) - M. TRABUCCHI (*Milano*)

16.00 **Meccanismi biologici**
L. TREMOLIZZO (*Milano*)

16.20 **Aspetti clinici**
A. BIANCHETTI (*Brescia*)

16.40 **Scale e strumenti**
E. FARINA (*Milano*)

17.00 **Scelte terapeutiche**
G. BELLELLI (*Brescia*)

WORKSHOP
ore 17.30 - 19.30
TERAPIE INNOVATIVE PER LE NEUROPATIE PERIFERICHE

Moderatori
A. SCHENONE (*Genova*) - E. NOBILE-ORAZIO (*Milano*)

17.30 **Terapia delle neuropatie genetiche: amiloidosi ed altro**
G. VITA (*Messina*)

18.00 **Nuove acquisizioni nella terapia delle neuropatie diabetiche**
G. LAURIA PINTER (*Milano*)

18.30 **Terapia delle neuropatie immunomediate: steroidi, IVIg *(immunoglobuline endovena)* e cos'altro?**
C. BRIANI (*Padova*)

19.00 **La terapia sintomatica nelle neuropatie**
G. CAVALETTI (*Monza*)

28 OTTOBRE 2018

WORKSHOP
ore 17.30 - 19.30

DISTONIA CERVICALE E TOSSINA BOTULINICA:
STRATEGIE TERAPEUTICHE E CONTROVERSIE

Moderatori
M.C. ALTAVISTA (*Roma*) - F. BONO (*Catanzaro*)

17.30 **Le innovazioni e la diagnosi**
G. FABBRINI (*Roma*)

18.00 **Le strategie terapeutiche: tecniche, dosaggi, effetti avversi**
S. BARBIERI (*Milano*)

18.30 **Tossina botulinica verso altre terapie: evidenze a favore**
M. ESPOSITO (*Napoli*)

19.00 **Tossina botulinica verso altre terapie: evidenze contrarie**
F. VALZANIA (*Reggio Emilia*)

28 OTTOBRE 2018

WORKSHOP
ore 17.30 - 19.30

ATTIVITÀ SIMPATICA E FUNZIONALITÀ CARDIOVASCOLARE

Moderatori
G. CALANDRA BUONAURA (*Bologna*) - G. PELLICCIONI (*Ancona*)

17.30 **Basi fisiologiche dell'interazione fra sistema simpatico e sistema cardiovascolare**
A. SILVANI (*Bologna*)

18.00 **Alterazioni del controllo simpatico del sistema cardiovascolare e disturbi del sonno**
C. ROCCHI (*Roma*)

18.30 **Attivazione simpatica, fibrillazione atriale e stroke**
G. MICIELI (*Pavia*)

19.00 **Controllo vegetativo del sistema cardiovascolare nei pazienti con lesione spinale**
P. GUARALDI (*Bologna*)

28 OTTOBRE 2018

WORKSHOP
ore 17.30 - 19.30

CONTROVERSIE IN NEUROLOGIA

Moderatori
F. IODICE (*Roma*) - N. PIETRAFUSA (*Roma*)

17.30 **Gli antipsicotici e le benzodiazepine negli anziani, pro e contro**
M. RAJA (*Roma*)

18.00 **La diagnosi di Malattia di Alzheimer può essere fatta esclusivamente con l'utilizzo di biomarker?**
F. AGOSTA (*Milano*)

18.30 **C'è un vantaggio nel continuare a provare nuovi farmaci antiepilettici indefinitamente nei pazienti refrattari?**
N. SPECCHIO (*Bari*)

19.00 **Seconda Edizione dei Neurogames SIgN**

WORKSHOP
ore 17.30 - 19.30

LA TERAPIA CHIRURGICA NEI DISTURBI DEL MOVIMENTO.
COME CAMBIANO I CRITERI DI SELEZIONE
CON LE NUOVE MODALITÀ DI STIMOLAZIONE
E LE NUOVE METODICHE

Moderatori
R. QUATRALE (*Mestre, VE*) - M. ZIBETTI (*Torino*)

17.30 **Elettrodi direzionali e nuove modalità di programmazione DBS (*Deep brain stimulation*) nei disturbi del movimento**
M.C. SENSI (*Ferrara*)

18.00 **Effetti 'non motori' della DBS (*Deep brain stimulation*) nella Malattia di Parkinson**
M. ZIBETTI (*Torino*)

18.30 **DBS (*Deep brain stimulation*) adattativa nella Malattia di Parkinson**
A. PRIORI (*Milano*)

19.00 **Ruolo delle nuove metodiche lesionali (FUS - focused ultrasound surgery) nei disturbi del movimento**
A. FASANO (*Toronto, CND*)

28 OTTOBRE 2018

WORKSHOP
ore 17.30 - 19.30

NUOVI CRITERI DIAGNOSTICI
E LORO IMPATTO SULLA FREQUENZA, DIAGNOSI E PROGNOSI
DELLE MALATTIE NEUROLOGICHE

Moderatori
G. LOGROSCINO (*Bari, Tricase, LE*) - M. PUGLIATTI (*Ferrara*)

17.30 **L'impatto delle nuove classsificazioni sul *"burden"* dell'epilessia**
E. BEGHI (*Milano*)

18.00 **I *biomarker* nella classificazione della demenza di Alzheimer: nuova definizione o nuova entità clinica?**
G. LOGROSCINO (*Bari, Tricase, LE*)

18.30 **L'epidemiologia dell'ischemia cerebrale oggi**
S. RICCI (*Città di Castello, PG*)

19.00 **Nuova revisione dei criteri diagnostici e impatto sull'eccesso alle cure nella Sclerosi Multipla**
M.D. BENEDETTI (*Verona*)

WORKSHOP
ore 17.30 - 19.30
CURE PALLIATIVE IN NEUROLOGIA

Moderatori
L. PROVINCIALI (*Ancona*) - E. PUCCI (*Fermo, AP*)

17.30 **La dimensione crescente delle cure palliative nella Neurologia di domani: distinzioni e sinergie con la Società Italiana di Cure Palliative**
G. MORETTO (*Verona*)

18.00 **Le esigenze di competenza nell'applicazione e nell'implementazione delle leggi vigenti: dalle esperienze regionali agli sviluppi futuri**
I.R. CAUSARANO (*Milano*)

18.30 **Gli obiettivi della formazione e della ricerca in neurologia palliativa e le ricadute organizzative**
S. VERONESE (*Torino*)

19.00 **Quali competenze neurologiche qualificano l'assistenza nelle fasi terminali della vita, alla luce delle recenti disposizioni di legge?**
L. ORSI (*Crema, CR*)

28 OTTOBRE 2018

WORKSHOP
ore 17.30 - 19.30
LA GESTIONE DEL PAZIENTE COMPLESSO
CON MALATTIA NEUROLOGICA RARA

Moderatori
S. SERVIDEI (*Roma*) - V. TUGNOLI (*Modena*)

17.30 **Le atassie spinocerebellari: un difficile algoritmo diagnostico**
C. MARIOTTI (*Milano*)

18.00 **La gestione del paziente complesso con malattia neurologica rara: il paradigma delle malattie mitocondriali**
S. SERVIDEI (*Roma*)

18.30 **La diagnosi genetica: perché è necessario dare un nome alle malattie**
A. FERLINI (*Ferrara*)

19.00 **European Reference Network (ERN): una nuova opportunità o una chimera?**
A. FEDERICO (*Siena*)

WORKSHOP
ore 17.30 - 19.30

LINEE GUIDA IN NEUROONCOLOGIA:
COME TRASFERIRLE NELLA PRATICA CLINICA?

Moderatori
A. SILVANI (*Milano*) - R. SOFFIETTI (*Torino*)

17.30 **I gliomi: come utilizzare i markers molecolari nella pianificazione del trattamento**
R. RUDÀ (*Torino*)

18.00 **Linfomi primitivi cerebrali: quali strumenti diagnostici nelle diagnosi differenziali?**
A. SILVANI (*Milano*)

18.30 **Meningiti neoplastiche: più importante la risonanza o il liquor?**
A. SALMAGGI (*Lecco*)

19.00 **Decisioni di trattamento di fine vita in pazienti con deficit cognitivi**
A. PACE (*Roma*)

29 OTTOBRE 2018

SESSIONE PLENARIA
ore 8.30 - 10.30

LE DIVERSE MALATTIE DEGENERATIVE
CON ACCUMULO DI "MISFOLDED PROTEINS"

Moderatori G.L. MANCARDI (*Genova*) - F. TAGLIAVINI (*Milano*)

08.30 **Inquadramento neuropatologico**
F. TAGLIAVINI (*Milano*)

09.00 **Imaging molecolare**
D. PERANI (*Milano*)

09.30 **I marcatori liquorali**
L. PARNETTI (*Perugia*)

10.00 **Sviluppo di biomarcatori molecolari periferici con tecniche avanzate**
F. MODA (*Milano*)

29 OTTOBRE 2018

COMUNICAZIONI ORALI: CASI CLINICI 2
ore 11.30 - 13.30

11.30 Lambert-Eaton Myasthenic Syndrome and IgG4-Related Disease - A Possible Novel Association
BALDELLI ENRICO, Brescia

11.40 The connectional anatomy of visual search and line bisection performance in spatial neglect
BARTOLOMEO PAOLO, Parigi F

11.50 Rapidly Progressive Thalamic Dementia Induced by Dural Arteriovenous Fistula
CASCIO RIZZO ANGELO, Roma

12.00 Late onset Refsum disease mimicking mitochondrial myopathy
COLACCIO GIOVANNI, Roma

12.10 Intravenous alteplase for acute ischemic stroke in a patient with Multiple Sclerosis
de FALCO ARTURO, Napoli

12.20 Anti-MOG (*Anti-Myelin oligodendrocyte glycoprotein*) positive encephalomyelitis: going beyond the NMOSD (*Neuromyelitis optica spectrum disorder*) and Multiple Sclerosis? An unusual case of demyelinating disorder
FELICA VINCENZO, Bari

12.30 Autoimmune sensory and cerebellar ataxia: neurological manifestation in benign autoimmune lymphoproliferative syndrome (ALPS).
GUGLIELMINO VALERIA, Roma

12.40 A rare case of movement disorder with basal nuclei iron accumulation: discovering the Woodhouse-Sakati syndrome (WSS)
MANFREDI CHIARA, Siena

12.50 Cardiac MIBG (*MetaIodoBenzilGuanidina*) scintigraphy study in Parkinson's disease patients with different GBA glucocerebrosidasi mutations
MANFREDINI LUCIA ILARIA

13.00 Anti-NMDAR *(acido N-metil-D-aspartico)* receptor encephalitis and white matter demyelinating lesions: a case report
NARDI CESARINI ELENA, Perugia

13.10 Positional tremor in Parkinson Disease associated with Glucocerebrosidase Mutation
NISTICO' RITA, Catanzaro

13.20 Obstructive sleep apnea syndrome causing intracranial hypertension in sclerosteosis: the first italian family
RAPISARDA LAURA, Catanzaro

29 OTTOBRE 2018

COMUNICAZIONI ORALI: DEMENZA 1
ore 11.30 - 13.30

11.30 Added value of multimodal MRI *(Magnetic Resonance Imaging)* to the clinical diagnosis of primary progressive aphasia variants
AGOSTA FEDERICA, Milano

11.40 Italian inter-societal recommendations for the biomarker-based diagnosis in patients attending Memory Clinics
CAPPA STEFANO, Brescia

11.50 Application of the AT(N) classification system in a large cohort of Italian patients with cognitive impairment: from biological biomarkers to clinical syndromes
CARANDINI TIZIANA, Milano

12.00 TMS *(Transcranial Magnetic Stimulation)* evaluation in mild cognitive impaired patients according to new criteria for Alzheimer Ddisease: a 36 months follow up study.
DI LORENZO FRANCESCO, Roma

12.10 Adherence to the Mediterranean diet pattern and performance in neuropsychological tests in an elderly non-institutionalized population
DI SANTO SIMONA GABRIELLA, Roma

12.20 The dual role of premorbid intelligence in Subjective Cognitive Decline and Mild Cognitive Impairment. A 7-years Follow-Up study.
MAZZEO SALVATORE, Firenze

12.30 Functional brain connectome organization associated with atrophy and hypometabolism in posterior cortical atrophy
MIGLIACCIO RAFFAELLA, Parigi F

12.40 Motor impairment in early Alzheimer's Disease underlies an amyloid-mediated cholinergic dysfunction.
SCHIRINZI TOMMASO, Roma

12.50 Cognitive reserve modulates brain atrophy in the parahippocampal gyrus in the mild cognitive impairment stage of dementia
SERRA LAURA, Roma

13.00 MRI *(Magnetic Resonance Imaging)* Lateralization Index of hippocampal subfields could characterize progression of Mild Cognitive Impairment to Alzheimer's disease
VASTA ROBERTA, Catanzaro

13.10 Age- and gender-linked differences in MRI *(Magnetic Resonance Imaging)* Lateralization Index of hippocampal subfields
VASTA ROBERTA, Catanzaro

13.20 Visual Hallucinations in DLB (*Demenza da corpi di Lewy*) patients are related to disconnection of attention networks in the right hemisphere
ZORZI GIOVANNI, Padova

29 OTTOBRE 2018

COMUNICAZIONI ORALI: DISORDINI DEL MOVIMENTO 2
ore 11.30 - 13.30

11.30 Increased of Scyllo-Inositol levels in the Supplementary Motor Area of patients with Progressive Supranuclear Palsy: a preliminary proton MR *(magnetic resonance)* spectroscopy study
BARBAGALLO GAETANO, Catanzaro

11.40 Cognitive impairment and structural brain damage in multiple system atrophy-parkinsonian variant
CASO FRANCESCA, Milano

11.50 Is Synaptojanin 1 involved in autophagy?
CRISCUOLO CHIARA, Napoli

12.00 Effects of Safinamide on cognitive and behavioral symptoms in fluctuating Parkinson's disease patients: a prospective longitudinal study
DE MASE ANTONIO, Napoli

12.10 The association of primary dystonia with tics - chance or new syndrome?
DEL GAMBA CLAUDIA, Pisa

12.20 Technology-based assessment of bradykinesia, gait and balance in newly diagnosed, drug free Parkinson's disease patients
DI LAZZARO GIULIA, Roma

12.30 Non-motor features of Parkinson's Disease motor subtypes
ERCOLI TOMMASO, Cagliari

12.40 Movement disorders in Angelman syndrome
GASPARINI SARA, Catanzaro

12.50 Cortical FDG-PET *(fluorodesossiglucosio - Positron Emission Tomography)* patterns predict long-term motor progression and disability milestones in Parkinson's disease
IMARISIO ALBERTO, Brescia

13.00 LRRK2 genetic model of Parkinson's Disease: electrophysiological evidence for dopamine D2 receptor mediated neuroprotection
MANCINI ANDREA, Perugia

13.10 A new MR imaging index for differentiation of progressive supranuclear palsy-parkinsonism from Parkinson's disease
MORELLI MAURIZIO, Catanzaro

13.20 Total CSF *(cerebrospinal fluid)* alpha-synuclein inversely correlates with non-motor symptoms in a population of Parkinson's Disease patients.
SCHIRINZI TOMMASO, Roma

29 OTTOBRE 2018

COMUNICAZIONI ORALI: SCLEROSI MULTIPLA 2
ore 11.30 - 12.30

11.30 A comparison of multiple sclerosis no-evidence of disease activity outcomes between patients treated with natalizumab and fingolimod
IAFFALDANO PIETRO, Bari

11.40 Results from an Italian Consensus Conference on prevention and management of infections in Multiple Sclerosis patients treated with biological and non biological drugsdisease modifying drugs
MOIOLA LUCIA, Milano

11.50 Environmental and lifestyle risk factors for cognitive impairment in multiple sclerosis
NICCOLAI CLAUDIA, Firenze

12.00 Measuring disease activity in Multiple Sclerosis: the essential role of spinal cord MRI *(Magnetic Resonance Imaging)*
RUGGIERI SERENA, Roma

12.10 Patient and caregiver involvement in formulation of guideline questions: Findings from the EAN (European Academy of Neurology) Guideline on Palliative Care of People with Severe Multiple Sclerosis
SOLARI ALESSANDRA, Milano

12.20 Infectious risk stratification in a cohort of Italian Multiple Sclerosis patients: real world data from San Raffaele Hospital
ZANETTA CHIARA, Milano

29 OTTOBRE 2018

SIMPOSIO
ore 12.30 - 13.30

FINGOLIMOD: ESPERIENZA E INNOVAZIONE
con il contributo incondizionato di Novartis

Moderatori: C. Pozzilli (Roma) M. Trojano (Bari) – A. Uccelli (Genova)

12.30 L'azione multi-dimensionale sul sistema immunitario
D. Centonze (Roma)

12.45 I vantaggi dell'early switch nella protezione neuronale
P. Gallo (Padova)

13.00 La sfida nella popolazione pediatrica
A. Ghezzi (Gallarate – VA)

13.15 Affidabilità e manegevolezza
G. Comi (Milano)

29 OTTOBRE 2018

COMUNICAZIONI ORALI: MALATTIE CEREBROVASCOLARI 2
ore 11.30 - 13.30

11.30 Incidence and long-term prognosis of transient ischemic attack: results from a population-based study
DEGAN DIANA, L'Aquila

11.40 An observational study of acute stroke care in the stroke unit of the Avezzano hospital - Italy (2013-2018)
EVANGELISTA LUANA, L'Aquila

11.50 Cervical artery dissection: a case of delayed ischemic stroke presentation
INTRONA ALESSANDRO, Bari

12.00 Endovascular therapy: is ischemic stroke management still a neurologist affair?
IODICE FRANCESCO, Roma

12.10 Mothership versus Drip & Ship model in the acute ischemic stroke treatment: an observational study
LONGONI MARCO, Milano

12.20 Safety and efficacy of reperfusion therapies for acute ischemic stroke patients with active malignancy - a single center experience.
MASCOLO ALFREDO PAOLO, Roma

12.30 Decrease of stroke incidence and long-term case-fatality over two decades
ORNELLO RAFFAELE, L'Aquila

12.40 Decompressive Hemicraniectomy in MCA *(Middle cerebral artery*) malignant infarction: preliminary results of Modena Registry
PICCHETTO LIVIO, Modena

12.50 Decompressive hemicraniectomy in malignant syndrome of MCA*(Middle cerebral artery*: a meta-analysis of randomized trials
SANGIORGI SIMONE, Como

13.00 Embolic stroke of undetermined source: a descriptive analysis
SQUITIERI MARTINA, Firenze

13.10 Hemorrhagic transformation in acute ischemic stroke patients: predictors and outcomes
TISEO CINDY, L'AQUILA

13.20 Endovascular treatment for ischemic stroke beyond 6 hours from symptom onset: a meta-analysis of randomized trials
VIDALE SIMONE, Como

29 OTTOBRE 2018

COMUNICAZIONI ORALI: MALATTIE NEUROMUSCOLARI 1
ore 11.30 - 13.30

11.30 Brainstem tracts abnormalities in DM1 brains involve both motor and sensory functions.
BECHI GABRIELLI GIULIA, Roma

11.40 A case of overlap myositis associated with antibodies to nuclear pore complexes: anti-nup syndrome really exist
CASAGRANDE SILVIA, Firenze

11.50 Chiari Malformation with or without Syringomyelia prospective study: post-surgery versus conservative long-term outcome in 760 adults
CIARAMITARO PALMA, Torino

12.00 Small fibre neuropathy in Myotonic Dystrophy type 1: clinical, genetic and skin biopsy analysis of 22 patients.
DE PASQUA SILVIA, Bologna

12.10 Atypical CIDP *(polineuropatia demielinizzante infiammatoria cronica)*: frequency, treatment response and predictive factors for progression. Data from the Italian CIDP*(polineuropatia demielinizzante infiammatoria cronica)* Database
DONEDDU PIETRO EMILIANO, Rozzano MI

12.20 Pulmonary Function in Patients With Advanced Duchenne Muscular Dystrophy: Eteplirsen-Treated Patients Compared With Multiple Natural History Cohorts
GORDISH-DRESSMAN HEATHER, Washington, DC USA

12.30 Predictors of response to immunoglobulins and steroid treatment in chronic inflammatory demyelinating polyradiculoneuropathy: data from the italian cidp *(polineuropatia demielinizzante infiammatoria cronica)* database
LIBERATORE GIUSEPPE, Rozzano MI

12.40 Development of Golodirsen by the SKIP-NMD Consortium and Design of a Phase 1/2 Trial of Golodirsen for the Treatment of Duchenne muscular dystrophy Amenable to Exon 53 Skipping
MONFORTE MAURO, Roma

12.50 Clincal, morphological and genetic aspects in a cohort of patients with vacuolar lipid storage myopathy responsive to riboflavin
MUSUMECI OLIMPIA, Messina

13.00 Towards validation of specific motor outcome measures in myotonic dystrophy type 2
RASTELLI EMANUELE, Roma

13.10 Brain structural disconnection in DM1 explains emotional deficits
SERRA LAURA, Roma

13.20 The clinical pathway of patients with transthyretin-related hereditary amyloidosis (hATTR): a survey among Italian specialists
VITA GIUSEPPE, Messina

29 OTTOBRE 2018

COMUNICAZIONI ORALI: SONNO
ore 11.30 - 13.00

11.30 The role of vitamin D and OSAS (*Sindrome delle Apnee Ostruttive del Sonno*) in patients with Restless Legs Syndrome (RLS) / Ekbom Willis syndrome.
ARICO' IRENE, Messina

11.40 The fate of patients with REM *(rapid eye movements)* sleep behavior disorder and Mild Cognitive Impairment
ARNALDI DARIO, Genova

11.50 Sleep disturbances can influence the outcome of patients with multiple sclerosis
BURATTI LAURA, Ancona

12.00 Cerebral vasomotor reactivity in chronic insomnia
LEONE RUGGIERO, Barletta

12.10 Do patients affected by isolated REM *(rapid eye movements)* sleep Behavior Disorder present a specific brain [18F] FDG PET *(fluorodesossiglucosio - Positron Emission Tomography)* pattern?
LIGUORI CLAUDIO, Roma

12.20 Anticataplectic efficacy of pitolisant, the first potent and highly selective histamine h3-receptor antagonist/inverse agonist in clinics
SACCO TOMMASO, Milano

12.30 Long-term evaluation of safety and efficacy of pitolisant, an histamine h3r antagonist, in narcolepsy
SACCO TOMMASO, Milano

12.40 REM-sleep behavior disorder in Essential Tremor: a clinical, polysomnographic and scintigraphic study
SALSONE MARIA, Catanzaro

12.50 Development of Red Flags for early referral of people with symptoms suggestive of narcolepsy: An initiative of a national multidisciplinary panel
VIGNATELLI LUCA, Bologna

29 OTTOBRE 2018

COMUNICAZIONI ORALI: MALATTIE MOTONEURONE
ore 11.30 - 13.30

11.30 Structural and functional organization of the brain connectome in patients with different motor neuron diseases: a multicenter study
AGOSTA FEDERICA, Milano

11.40 Interplay between spinal cord and cerebral cortex metabolism in amyotrophic lateral sclerosis
CABONA CORRADO, Genova

11.50 Lifetime Sport Practice and Brain Metabolism in Amyotrophic Lateral Sclerosis: a 18F-FDG-PET study
CANOSA ANTONIO, Torino

12.00 Progression of cognitive and behavioral disturbances in motor neuron disease
CASTELNOVO VERONICA, Milano

12.10 Frontotemporal degeneration in amyotrophic lateral sclerosis (ALS): a longitudinal RS-fMRI and VBM (*voxel based morphometry*) one-year study.
FEMIANO CINZIA, Napoli

12.20 Encals survival prediction model: reliability in a sourthern italy population
INTRONA ALESSANDRO, Bari

12.30 Upgrade of El Escorial clinical diagnostic criteria in ALS (*amyotrophic lateral sclerosis*): is there a role for Motor Evoked Potentials?
MASTRONARDI ANTONELLA, Bari

12.40 Plasma Creatinine levels in Amyotrophic Lateral Sclerosis: a reliable predictor of disease severity and progression?
SCARAFINO ANTONIO, Bari

12.50 Brain white matter MRI *(Magnetic Resonance Imaging)* differentiates Kennedy's disease from other motor neuron disease phenotypes
SPINELLI EDOARDO GIOELE, Milano

13.00 Survival prediction in motor neuron disease using clinical, cognitive and multimodal brain MRI *(Magnetic Resonance Imaging)* data
SPINELLI EDOARDO GIOELE, Milano

13.10 Eye movements analysis in Amyotrophic Lateral Sclerosis (ALS): early diagnostic clue of cognitive dysfunctions.
ZAINO DOMENICA, Siena

13.20 A single-blind, randomized, controlled, clinical trial to evaluate the effects of intensive motor rehabilitation in ALS (Amyotrophic Lateral Sclerosis)
ZUCCHI ELISABETTA, Modena

29 OTTOBRE 2018

COMUNICAZIONI ORALI: DOLORE
ore 11.30 - 12.20

11.30 Neurophysiological and neuroimaging study of typical and atypical trigeminal neuralgia
DI STEFANO GIULIA, Roma

11.40 Pain due to Ehlers-Danlos syndrome is associated with deficit of the endogenous pain-inhibitory control
FASOLINO ALESSANDRA, Roma

11.50 Trigeminal small-fibre function assessed with cold evoked potentials (CEPs) in humans
LEONE CATERINA, Roma

12.00 Dipolar source modeling of contact heat evoked potentials (CHEPs) to both hand and foot stimulation
VALERIANI MASSIMILIANO, Roma

12.10 RP11-819C21.1 and ZNRD1-AS long non-coding RNA *(RiboNucleic Acid)* changes following painful laser stimulation correlate with laser-evoked potential habituation in healthy subjects
VOLLONO CATELLO, Roma

29 OTTOBRE 2018

CONFERENZA DIDATTICA
ore 13.30 - 14.30

METODOLOGIE DI DIAGNOSTICA E DI RICERCA NELLE DEMENZE

Relatore
F.M. ROSSINI (*Roma*)

SIMPOSIO
ore 13.30 - 14.30

LUCI E OMBRE DEL NUOVO ORIZZONTE TERAPEUTICO NELLA SCLEROSI MULTIPLA
con il contributo incondizionato di Teva

Moderatori:
G. Comi (Milano) - G.L. Mancardi (Genova)

13.30 Quali evidenze sono necessarie a supporto della scelta terapeutica
A. Laroni (Genova)

13.50 La forza delle evidenze a supporto di una gestione clinica in evoluzione
A. Gallo (Napoli)

14.10 Uso razionale della risorse in uno scenario terapeutico in cambiamento
C. Gasperini (Roma)

LETTURA
ore 14.00 - 14.30

MALATTIA DI ALZHEIMER: CURA O PREVENZIONE?
con il contributo incondizionato di Biogen

Moderatore: A. Padovani (Brescia)

Relatore: E. Scarpini (Milano)

29 OTTOBRE 2018

CONFERENZA DIDATTICA
ore 14.00 - 14.30

L'IMAGING MUSCOLARE: APPLICABILITÀ E LIMITI

Relatore
G. SICILIANO (*Pisa*)

CONFERENZA DIDATTICA
ore 14.00 - 15.00

LA NEUROLOGIA SUB SAHARIANA

Relatore
M. LEONE (*Milano*)

SIMPOSIO
ore 14.00-16.00

LA STIMOLAZIONE MAGNETICA TRANSCRANICA RIPETITIVA NEI DISORDINI NEUROPSICHIATRICI
in collaborazione con Società Italiana di Psicopatologia SOPSI

Moderatori
A. BERARDELLI (*Roma*) - A. SIRACUSANO (*Roma*)

14.00 **Basi neurofisiologiche della rTMS (***(Transcranial Magnetic Stimulation)*
V. DI LAZZARO (*Roma*)

14.40 **Applicazioni della rTMS** *(Transcranial Magnetic Stimulation)* **nei disordini del movimento e in altri disordini neurologici**
A. SUPPA (*Roma*)

15.20 **L'uso della rTMS** *(Transcranial Magnetic Stimulation)* **nei disturbi affettivi e nelle dipendenze**
G. DI LORENZO *(Roma),* M. RIBOLSI (*Roma*)

29 OTTOBRE 2018

SIMPOSIO
ore 14.30-16.30

NEURODEGENERAZIONE ED EPILETTOGENESI:
UN CIRCOLO VIZIOSO?
in collaborazione con Società Italiana Neuroscienze (SINS)

Moderatori
C. FERRARESE (*Monza*) - M. MORELLI (*Cagliari*)

14.30 **Epilessia come fattore di rischio di demenza**
J. DI FRANCESCO (*Roma*)

15.00 **Beta amiloide e sinaptopatia**
E. MARCELLO (*Milano*)

15.30 **Beta amiloide, neurodegenerazione ed epilettogenesi**
C. COSTA (*Perugia*)

16.00 **Neuroinfiammazione, neurodegenerazione ed epilettogenesi**
A.M. VEZZANI (*Milano*)

29 OTTOBRE 2018

SIMPOSIO
ore 14.30-16.30

20 ANNI DI MERCK IN SCLEROSI MULTIPLA:
PRESENTE E FUTURO
con il contributo incondizionato di Merck Serono

Prima sessione
Interferone beta-1° Cladribina nel trattamento della Sclerosi Multipla

Moderatori
M.P. AMATO (*Firenze*) - G. COMI (*Milano*)

14.30 **Efficacia dell'interferone beta-1° nei pazienti lievi e moderati. Evidenze dal real world**
D. PAOLICELLI (*Bari*)

14.50 **Cladribina: fattori di successo nella sclerosi multipla**
P. ANNOVAZZI (*Milano*)

15.10 **Caratterizzazione del paziente: algoritmi decisionali per un approccio personalizzato al trattamento**
L. MOIOLA (*Milano*)

Seconda sessione
La gestione della sclerosi multipla tra patient empowerment e Dr. Google: opportunità e criticità

Moderatori
M.G. MARROSU (*Cagliari*) - M. TROJANO (*Bari*)

15.30 **Empowerment del paziente e centralità del medico: 20 anni di evoluzione del rapporto medico / paziente**
G. DI BATTISTA (*Roma*) - E. SIGNORELLO (*Napoli*)

16.00 **TAVOLA ROTONDA sui temi trattati**
P. CAVALLA (*Torino*)
L. LAVORGNA (*Napoli*)
A. PAOLILLO (*Roma*)
E. SANTORO (*Roma*)
C. TORTORELLA (*Roma*)

29 OTTOBRE 2018

LETTURA
ore 15.00 - 15.30

IMPORTANZA DEL TRATTAMENTO PRECOCE DEL MORBO DI PARKINSON E NUOVE EVIDENZE PER LA TERAPIA AGGIUNTIVA ALLA LEVODOPA
con il contributo incondizionato di Istituto Luso Farmaco d'Italia

Moderatore
A. BERARDELLI (*Roma*)

Relatore
F. STOCCHI (*Roma*)

LETTURA
ore 15.00 - 15.30

LA MALATTIA DI FABRY
con il contributo incondizionato di Sanofi Genzyme

Moderatore
R. LIGUORI (*Bologna*)

15.00 **Il coinvolgimento delle fibre periferiche nella malattia di Fabry**
V. DONADIO (*Bologna*)

15.15 **La biopsia cutanea come strumento di stadiazione della malattia e la terapia nella malattia di Fabry**
A. BURLINA (*Bassano del Grappa, TV*)

LETTURA
ore 15.00 - 15.30

DAGLI STUDI REGISTRATIVI ALLA REAL WORLD EVIDENCE: 10 ANNI DI ESLICARBAZEPINA ACETATO NELLA GESTIONE DEI PAZIENTI EPILETTICI
con il contributo incondizionato di BIAL

Relatore
A. LA NEVE (*Bari*)

29 OTTOBRE 2018

LETTURA
ore 15.30 - 16.30

BROADER IS BETTER
VANTAGGI DELL'UTILIZZO DEI FARMACI AD AMPIO SPETTRO NEL TRATTAMENTO DEL PAZIENTE AFFETTO DA EPILESSIA: QUALI NUOVE EVIDENZE?
con il contributo incondizionato di EISAI

Moderatore:
A. Giallonardo *(Roma)*

Relatore
E. Ferlazzo *(Messina)*

LETTURA
ore 15.45 - 17.00

L'IMPORTANZA DELLA PRATICA CLINICA NELLA VALUTAZIONE DEI FARMACI: L'ESPERIENZA CON SAFINAMIDE
con il contributo incondizionato di Zambon Group

Moderatori
G. FABBRINI (*Roma*) - L. LOPIANO (*Torino*)

15.45 **Inibitori MAOB** *(Monoamine oxidase B)* **e non solo**
F. NICOLETTI (*Roma*)

16.00 **Efficacia e tollerabilità di safinamide: studio osservazionale**
S. RAMAT (*Firenze*)

16.15 **Safinamide, disturbi del sonno e sonnolenza diurna**
C. LIGUORI (*Roma*)

16.30 **Usare safinamide nei pazienti anziani**
A. BENTIVOGLIO (*Roma*)

29 OTTOBRE 2018

CONFERENZA DIDATTICA
ore 16.00 - 16.30

LA CEFALEA NELL'URGENZA VASCOLARE IN PRONTO SOCCORSO

Relatore
F. FREDIANI (*Milano*)

SIMPOSIO
ore 16.00 - 17.00

NUOVI RAZIONALI PER LA SCELTA DELLA MONOTERAPIA NELLE CRISI FOCALI
con il contributo incondizionato di UCB

Moderatori: U. Aguglia *(Catanzaro)* – G. Zaccara *(Firenze)*

16.00 Lacosamide: evidenze scientifiche dagli studi registrativi in monoterapia
S. Meletti *(Baggiovara - Modena)*

16.30 La pratica clinica per comprendere il ruolo di lacosamide in monoterapia
A. Gambardella *(Catanzaro)*

29 OTTOBRE 2018

SIMPOSIO
ore 16.00 - 17.00

LA NEUROLOGIA TERRITORIALE
in collaborazione con Associazione Nazionale Neurologi Territoriali AINAT

Moderatori
G. MANCARDI (*Genova*) - C. CAPRA (*Sassari*)

16.00 **I risultati del gruppo di lavoro SIN sull'attività della neurologia territoriale**
M. ZAPPIA (*Catania*)

16.15 **La neurologia territoriale: esperienze sul campo**
F. R. RODOLICO (*Catania*)

16.30 **Rapporti tra la Società Italiana di Neurologia e l'Associazione Nazionale Neurologi Territoriali**
G. MANCARDI (*Genova*)

16.45 **Rapporti tra l'Associazione Nazionale Neurologi Territoriali e la Società Italiana di Neurologia**
C. CAPRA (*Cagliari*)

LETTURA
ore 16.30 - 17.00

SMA (ATROFIA MUSCOLARE SPINALE)
DALLA DIAGNOSI ALLA TERAPIA
con il contributo incondizionato di Biogen

Relatore
V. SANSONE (*Milano*)

29 OTTOBRE 2018

SIMPOSIO
ore 16.30 - 17.30

TERIFLUNOMIDE: IL FUTURO IN MENTE
con il contributo incondizionato di Sanofi Genzyme

Moderatore
M. TROJANO (*Bari*)

16.30 **I benefici di un trattamento precoce**
M. CALABRESE (*Verona*)

16.50 **Nuove voci dalla real life: la parola ai centri Sclerosi Multipla**
F. PATTI (*Catania*)
L. MOIOLA (*Milano*)
L. PROSPERINI (*Roma*)

WORKSHOP
ore 17.30 - 19.30

LA TROMBECTOMIA MECCANICA NELL'ICTUS ISCHEMICO ACUTO: DALLE LINEE GUIDA ALLE PROSPETTIVE FUTURE

Moderatori
A. CAROLEI (*L'Aquila*) - D. TONI (*Roma*)

17.30 **Dai "trials" clinici alle linee guida**
D. TONI (*Roma*)

18.00 **Registro Endovascolare Italiano: dati dal mondo reale**
S. MANGIAFICO (*Firenze*)

18.30 **Ruolo delle neuroimmagini nella selezione dei pazienti candidati a rivascolarizzazione meccanica**
E. FAINARDI (*Firenze*)

19.00 **Circoli collaterali come possibile target terapeuico?**
S. BERETTA (*Monza*)

29 OTTOBRE 2018

WORKSHOP
ore 17.30 - 19.30

GLI ANTICORPI MONOCLONALI NELLA TERAPIA DELL'EMICRANIA: EVOLUZIONE O RIVOLUZIONE?

Moderatori
F. FREDIANI (*Milano*) - F. PIERELLI (*Latina*)

17.30 **L'importanza del CGRP (*Calcitonin Gene Related Peptide*) nella patogenesi dell'attaco**
P. GEPPETTI (*Firenze*)

18.00 **Il contributo dei modelli sperimentali**
C. TASSORELLI (*Pavia*)

18.30 **Le evidenze scientifiche nel trattamento di prevenzione**
S. CEVOLI (*Bologna*)

19.00 **Anticorpi anti-CGRP (*Calcitonin Gene Related Peptide*): quali sviluppi e quali prospettive?**
P. BARBANTI (*Roma*)

WORKSHOP
ore 17.30 - 19.30

DISTURBI COGNITIVO - COMPORTAMENTALI NELLA MALATTIA DI PARKINSON

Moderatore
C. PAPAGNO (*Rovereto, TN*)

17.30 **La valutazione neuropsicologica del paziente con malattia di Parkinson**
A. DANIELE (*Roma*)

18.00 **Deficit di linguaggio nella malattia di Parkinson**
M.C. SILVERI (*Milano*)

18.30 **Deficit cognitivo - affettivi nella malattia di Parkinson**
L. TROJANO (*Caserta*)

19.00 **Aspetti neurofunzionali dei disturbi cognitivi nella malattia di Parkinson**
D. PERANI (*Milano*)

29 OTTOBRE 2018

WORKSHOP
ore 17.30 - 19.30

LA CRONICITÀ IN NEUROLOGIA

Moderatori
M. ZAPPIA (*Catania*) - R. MARCONI (*Grosseto*)

17.30 **Piano nazionale cronicità**
P. PISANTI (*Roma*)

18.00 **Le reti per il Parkinson**
R. MARCONI (*Grosseto*)

18.30 **L'esperienza lombarda per la presa in carico del paziente**
R. ELEOPRA (*Milano*)

19.00 **Sclerosi Multipla**
F. PATTI (*Catania*)

WORKSHOP
ore 17.30 - 19.30

NUOVE PROSPETTIVE PER LO STUDIO DEL SONNO E DEI SUOI DISTURBI

Moderatori
R. FERRI (*Troina, EN*) - F. PROVINI (*Bologna*)

17.30 **Retina, ritmi circadiani e malattie neurodegenerative**
C. LA MORGIA (*Bologna*)

18.00 **Il sistema orexinergico nei disturbi del sonno e del ritmo circadiano nella malattia di Alzheimer**
C. LIGUORI (*Roma*)

18.30 **Cataplessia ed emozioni: nuove prospettive dallo studio con immagini funzionali**
A.E. VAUDANO (*Parma*)

19.00 **Analisi proteomica e metabolomica del siero nel REM Sleep Behavior Disorder**
S. MONDELLO (*Troina, EN - Messina*)

29 OTTOBRE 2018

WORKSHOP
ore 17.30 - 19.30

IL RUOLO DELLA GENETICA NELLE MALATTIE NEUROMUSCOLARI

Moderatori
M. MANCUSO (*Pisa*) - A. TOSCANO (*Messina*)

17.30 **Miopatie Mitocondriali**
M. MANCUSO (*Pisa*)

18.00 **Neuropatie**
D. PAREYSON (*Milano*)

18.30 **Malattie del motoneurone**
V. SILANI (*Milano*)

19.00 **Distrofie muscolari dei cingoli**
A. TOSCANO (*Messina*)

WORKSHOP
ore 17.30 - 19.30

STIMOLAZIONE CEREBRALE NON INVASIVA

Moderatori
M. BOLOGNA (*Roma*) - V. DI LAZZARO (*Roma*)

17.30 **Stimolazione cerebrale non invasiva: apprendimento motorio e movimento**
L. AVANZINO (*Genova*)

18.00 **Stimolazione cerebrale non invasiva: sistema somatosensoriale**
A. CONTE (*Roma*)

18.30 **Stimolazione cerebrale non invasiva e cognitiva**
M. FIORIO (*Verona*)

19.00 **Stimolazione cerebrale non invasiva e demenza**
F. RANIERI (*Roma*)

29 OTTOBRE 2018

WORKSHOP
ore 17.30 - 19.30

LA NEUROFISIOLOGIA NELLE URGENZE

Moderatori
R. LIGUORI (*Bologna*) - L. SANTORO (*Napoli*)

17.30 **Esiste l'urgenza in Neurofisiologia Clinica?**
P. GIRLANDA (*Messina*)

18.00 **Alterazioni di coscienza e stato epilettico non convulsivo**
A.T. GIALLONARDO (*Roma*)

18.30 **Le paralisi flaccide: il ruolo dell'elettromiografia**
R. LIGUORI (*Bologna*)

19.00 **I deficit visivi acuti**
S. BIANCHI-MARZOLI (*Milano*)

WORKSHOP
ore 17.30 - 19.30

MALATTIE DEL MOTONEURONE

Moderatori
A. CALVO (*Torino*) - J. MANDRIOLI (*Modena*)

17.30 **Mappatura genetica della SLA *(Sclerosi Laterale Amiotrofica)* in Italia: risultati dei due consorzi ITALSGEN e SLAGEN**
A. CHIÒ (*Torino*)

18.00 **La SLA *(Sclerosi Laterale Amiotrofica)*: sindrome multisistemica. Nuove evidenze**
F. TROJSI (*Napoli*)

18.30 **Update sui nuovi "trials" terapeutici**
L. MAZZINI (*Novara*)

19.00 **DAT (*Dichiarazioni Anticipate di Trattamento)* e SLA *(Sclerosi Laterale Amiotrofica)*: stato dell'arte in Italia**
S. VERONESE (*Torino*)

29 OTTOBRE 2018

WORKSHOP
ore 17.30 - 19.30

LA INTEGRAZIONE OSPEDALE-TERRITORIO
E LA PRESA IN CARICO.
LA GESTIONE DEI SERVIZI NEUROLOGICI TERRITORIALI

Moderatori
V. NAPOLETANO (*Monopoli, BA*) - P. PALUMBO (*Prato*)

17.30 **La neurologia oltre i confini tradizionali: ospedale e territorio, un falso problema?**
M. DEL VECCHIO (*Milano*)

18.00 **Cosa si aspetta il territorio dalla neurologia?**
M. ZAPPIA (*Catania*)

18.30 **Le reti cliniche che integrano l'attività ospedaliera per acuti e post acuti con l'attività territoriale**
A. GHIRARDINI (*Roma*)

19.00 **TAVOLA ROTONDA**
La presa in carico territoriale ambulatoriale e domiciliare
Intervengono:
F.R. RODOLICO (*Catania*)
E. MONTANARI (*Fidenza, PR*),
G. MORETTO (*Verona*)
C. CAPRA (*Cagliari*)
R. POMARICO (*Bari*)

30 OTTOBRE 2018

COMUNICAZIONI ORALI: CASI CLINICI 3
ore 09.00 - 11.00

9.00 Biallelic mutations in PNPLA6 in a patient with late-onset ataxia and hypogonadotropic hypogonadism
AFRICA LIANA MARIA, Siena

9.10 Pseudochoreoathetosis as presenting symptom of sporadic creutzfeldt-jakob disease.
BONIFACIO FRANCESCO PAOLO, Napoli

9.20 Restricted diffusion in adult onset leukoencephalopathy should suggest hereditary leukoencephalopathy with axonal spheroids: a case report
CAPUANO ROCCO, Napoli

9.30 The challenging case of a misdiagnosed long-lasting juvenile metachromatic leukodystrophy
FALCICCHIO GIOVANNI, Bari

9.40 Broadening the spectrum of adulthood x-linked adrenoleukodystrophy: two new clinical phenotypes
FOSCHI MATTEO, Bologna

9.50 Anti Glu3-R associated encephalitis presenting as opoclonus-myoclonus syndrome with severe behavior disorder in a patient treated with anti-TNF alfa therapy for spondylitis.
GERACE CARMELA, Roma

10.00 A clinical case of steroid resistant cerebellar syndrome in a melanoma patient treated with Ipilimumab.
NARRACCI MILENA, Bari

10.10 SCA 17 with low-range expansion mimics brain imaging findings of parkinsonism: a case report
PAOLINI PAOLETTI FEDERICO, Perugia

10.20 Atypical MRI *(Magnetic Resonance Imaging)* findings in a sporadic case of Creutzfeldt-Jakob Disease presenting with cerebellar syndrome.
PARISI MOSE', Bari

10.30 Proprioceptive Focal Stimulation may improve quality of gait in middle-advanced Parkinson's disease patients. Double-blind, double-dummy, randomized, crossover, Italian Multicentric study.
PEPPE ANTONELLA, Roma

10.40 Hummingbird sign in a patient with definite idiopathic normal pressure hydrocephalus
QUATTRONE ANDREA, Catanzaro

10.50 Atypical clinical presentation of acute q-fever with neurological involvement: a case report and review of the literature
ZANETTA CIARA, Milano

30 OTTOBRE 2018

COMUNICAZIONI ORALI: DEMENZA 2
ore 09.00 - 11.00

9.00 Is cerebral vasoreactivity related to amyloid load in cognitive impairment?
CIPOLLINI VIRGINIA, Roma

9.10 Niemann-Pick Type C Disease: just a rare inherited metabolic disease or also a form of dementia early-onset?
CUFFARO LUCA, Palermo

9.20 Cognitive disorders in the immigrant population: a retrospective analysis in an outpatient service (2001 - 2017) in Milan
DEL TEDESCO FEDERICA, Milano

9.30 The Italian version of the quick mild cognitive impairment (Qmci-I) screen: normative study on 307 healthy subjects
IAVARONE ALESSANDRO, Napoli

9.40 Prodromal Alzheimer's Disease and chorio-retinal disorders: possible contribution of Optical Coherence Tomography (OCT) and OCT-Angiography (OCT-A)
LUCHETTI ELISA, Perugia

9.50 Differential expression of inflammatory cytokines in patients with different cerebrospinal fluid Alzheimer's disease-related pathology.
MOTTA CATERINA

10.00 Assessment of cerebrospinal fluid Aβ42 and t-Tau levels using a fully-automated system (LumipulseG-600II): implications in diagnostic routine
PACIOTTI SILVIA, Perugia

10.10 Neurodegenerative markers and structural brain atrophy in adult PKU (fenilchetonuria) patients
PILOTTO ANDREA, Brescia

10.20 Alzheimer's disease, vascular dementia and other cause mortality in a rural southern Italian population: data from the Zabùt Aging Project.
RESTIVO VINCENZO, Palermo

10.30 Analysis of p62 concentrations in cerebrospinal fluid of patients with Alzheimer's disease and Frontotemporal dementia
RUBINO ELISA, Torino

10.40 Correlation between salivary and cerebrospinal fluid Abeta42 concentrations in patients with Alzheimer's disease
RUBINO ELISA, Torino

10.50 Ventral tegmental area shrinkage as a preclinical neurostructural predictor of Alzheimer's disease features
VENNERI ANNALENA, Sheffield UK

30 OTTOBRE 2018

COMUNICAZIONI ORALI: DISORDINI DEL MOVIMENTO 3
ore 09.00 - 11.00

9.00 Botulinum toxin for Pisa syndrome in Parkinson disease: MRI *(Magnetic Resonance Imaging)*, US, and EMG (*elettromiografia*) approach
ARTUSI CARLO ALBERTO, Torino

9.10 Voice Cepstral Analysis in Adductor-Type Spasmodic Dysphonia
ASCI FRANCESCO, Roma

9.20 Subthalamic and pallidal deep brain stimulation for status dystonicus: a single center experience.
BENATO ALBERTO

9.30 Minimal Clinically Important Change in levodopa-response detecting motor fluctuations in Parkinson Disease patients: usefulness of base-peak evaluation in clinical practice.
BONOMO ROBERTA, Catania

9.40 Tracking cortical changes throughout cognitive decline in Parkinson's disease: a longitudinal MRI *(Magnetic Resonance Imaging)* study
CANU ELISA, Milano

9.50 Breakdown of affective-cognitive network in functional dystonia
CANU ELISA, Milano

10.00 MR-guided Focused Ultrasound (MRgFUS) in the treatment of Essential Tremor and Parkinson Disease: a single-center experience
CERRONE PAOLO, L'Aquila

10.10 SARA-home (*Scale for the Assessment and Rating of Ataxia*): a Kinect based tele-assessment of young patients with ataxia
FAVETTA MARTINA, Roma

10.20 Do metabolic therapy offer an interesting approach to Huntington's disease?
MELONE MARINA, Napoli

10.30 Different patterns of brain activity during lower limb movements in Parkinson's disease patients with and without freezing of gait
PIRAMIDE NOEMI, Milano

10.40 Concurrent changes of phosphodiesterase-10A and A2A receptors in knock-in mouse model of DYT1 dystonia
SANCESARIO GIUSEPPE, Rooma

10.50 Parkinson disease and Microbiota: on-going analysis on large cohort at the University of Rome Tor Vergata
STEFANO ALESSANDRO, Roma

30 OTTOBRE 2018

COMUNICAZIONI ORALI: SCLEROSI MULTIPLA 3
ore 09.00 - 11.00

9.00 Multiple sclerosis and migration: a comparison between patients living in Sicily and born in different Countries
BIANCHI ALESSIA, Palermo

9.10 The long-term effect of autologous haematopoietic stem cell transplantation on MRI *(Magnetic Resonance Imaging)* measures of brain damage in multiple sclerosis
BOFFA GIACOMO, Genova

9.20 Patterns of regional changes in thalamic shape and volume are related to performance in specific cognitive domains in MS
CAPUANO ROCCO, Napoli

9.30 Additional Courses of Alemtuzumab Improved Clinical and MRI *(Magnetic Resonance Imaging)* Outcomes in Pooled CARE-MS I and II Patients With Disease Activity After Two Courses: Analysis of Patients Who Received ≥3 Courses
COMI GIANCARLO, Milano

9.40 Synaptic pathology and plasticity in active grey matter demyelinating lesions in Multiple Sclerosis
COSTANTINI GIANFRANCO, Torino

9.50 2017 Revision of Multiple Sclerosis diagnostic criteria compared to 2010 diagnostic criteria
DESTRO FRANCESCO, Cagliari

10.00 Resting-state functional correlates of social cognition in multiple sclerosis
DOCIMO RENATO, Napoli

10.10 Investigating white matter damage with Diffusion Kurtosis Imaging in primary progressive multiple sclerosis: a longitudinal study
MARGONI MONICA, Padova

10.20 Cognitive reserve is associated with better employment status in both adult and pediatric-onset multiple sclerosis
PASTO' LUANA, Firenze

10.30 Two-year assessment of No Evidence of Disease Activity (NEDA-3) and disability regression in patients with aggressive multiple sclerosis treated with Alemtuzumab
PROSPERINI LUCA, Roma

10.40 Cranio-caudal patterns of cervical cord atrophy progression in Multiple Sclerosis according to disease phenotype and clinical worsening: a multicenter study
ROCCA MARIA ASSUNTA, Milano

10.50 Lobular cerebellar atrophy and balance deficit in a cohort of patients with Multiple Sclerosis
RUGGIERI SERENA, Roma

30 OTTOBRE 2018

COMUNICAZIONI ORALI: CEFALEE 2
ore 09.00 - 11.00

9.00 Dopaminergic symptoms in migraine: a case series on 1148 patients
BARBANTI PIERO, Roma

9.10 Differences in audio-visual information processing and susceptibility to cross-modal illusions between migraineurs with and without aura
BUONFIGLIO MARZIA, Roma

9.20 The role of foods with a high glycemic index in migraine patients: a real life preliminary study
CECCHI GIANLUCA, Roma

9.30 Short-term paired associative stimulations do not change cortical visual hyperresponsivity of migraine patients between attacks
COPPOLA GIANLUCA, Latina

9.40 Neurophysiological effects of botulinum toxin type A in chronic migraine.
CORTESE FRANCESCA, Latina

9.50 Cerebral perfusion-computed tomography in the challenge of acute migrainous aura in Emergency Department
D'ACUNTO LAURA, Salerno

10.00 Migraine, thrombophilic alterations, and vascular disease: results from a case-control study
DEGAN DIANA, L'Aquila

10.10 High frequency repetitive TMS *(Transcranial Magnetic Stimulation)* in the treatment of medication overuse headache
GRANATO ANTONIO, Trieste

10.20 Defective functioning of posterior cingulate cortex and side-specific activation of dorsal anterior cingulate cortex in episodic cluster headache during the active phase.
PERROTTA ARMANDO, Pozzilli IS

10.30 White matter differences between episodic and chronic migraine: a diffusion-tensor imaging study.
PISTOIA FRANCESCA, L'Aquila

10.40 Hopelessness in Migraine: a new psychological marker for disease evolution and response to treatment
TORRENTE ANGELO, Palermo

10.50 Headache as a relevant co-pathology in intracranial haemorrhage
VITICCHI GIOVANNA, Ancona

30 OTTOBRE 2018

COMUNICAZIONI ORALI: MALATTIE NEUROMUSCOLARI 2
ore 09.00 - 11.00

9.00 Effectiveness of intensive rehabilitative treatment following medical therapy in Guillain-Barrè syndrome: a 51 case series
BENEDETTI LUANA, Genova

9.10 Vacuolated PAS-positive (*Periodic acid–Schiff*) lymphocytes as an hallmark of Pompe disease and other myopathies related to impaired autophagy
BRUNO GIORGIA, Napoli

9.20 A clinical, genetic and functional study in a family with autosomal recessive bethlem myopathy
CARIA FILOMENA, Brescia

9.30 Quality of life in a clinical study of maintenance treatment of CIDP *(polineuropatia demielinizzante infiammatoria cronica)* with IgPro20: The PATH Study (*Population Assessment of Tobacco and Health)*
DACCI PATRIZIA, Milano

9.40 Neuromuscular complications following target therapy in cancer patients
DEMICHELIS CHIARA, Genova

9.50 A multimodal approach to assess dose reduction of intravenous immunoglobulin in chronic inflammatory neuropathies
DONEDDU PIETRO EMILIANO, Rozzano MI

10.00 Serum and CSF *(cerebrospinal fluid)* neurofilament light chain levels in patients with acquired peripheral neuropathies
FERRARI SERGIO, Verona

10.10 Diagnostic approach in muscle diseases in the era of ngs (Next generation sequencing) medicine
GEMELLI CHIARA, Genova

10.20 Long term electrocardiographic follow-up in myotonic dystrophy type 1: a study to find risk factors for sudden death.
LEONARDI LUCA, Roma

13.00 Mitochondrial Involvement in Intellectual Disability and Autism
SCUDERI CARMELA, Troina EN

13.10 Functional and muscle MRI *(Magnetic Resonance Imaging)* features in Becker Muscular Dystrophy: the Givinostat trial cohort.
VELARDO DANIELE, Milano

13.20 Preliminary characterization of a knock-in mouse model for the hyperglycosylating P0D61N Myelin Protein Zero mutation.
VENERI FRANCESCA, Genova

30 OTTOBRE 2018

COMUNICAZIONI ORALI: NEUROIMMUNOLOGIA E NEUROINFETTIVOLOGIA
ore 09.00 - 11.00

9.00 T cell therapy for the treatment of Progressive Multifocal Leukoencephalopathy (PML): a case series
BERZERO GIULIA, Pavia

9.10 Ocular diplopia in a Ophthalmology Emergency Department: a retrospective, single center study on incidence, clinical and radiological characteristics.
CIOCCA MATTEO, Milano

9.20 Neurofilament light chain serum concentration reflects disease severity in patients with MOG-Ab associated disorders
FERRARI SERGIO, Verona

9.30 Clinico-serological features in autoimmune encephalitis: an Italian multicenter retrospective study
GASTALDI MATTEO, Pavia

9.40 Passive transfer of human CASPR2 antibodies into mice causes behavioral and neuropathological changes
GIANNOCCARO MARIA PIA, Bologna

9.50 Clinical Characteristics, Laboratory Investigations and Long-term Outcome in Patients with Autoimmune Encephalopathy: a 5 year Single-cohort Observational Study
IORIO RAFFAELE, Roma

10.00 Education is the key to develop teleneurology in sub-Saharan Africa: the DREAM2.0 multinations experience
LEONE MASSIMO, Milano

10.10 N-methyl-D-aspartate receptor antibody-related pathologies and pre-existent mental state disorders
MASSA FEDERICO, Genova

10.20 Clinical and prognostic meaning of Myelin Oligodendrocyte Glycoprotein antibodies (MOG-abs): a multicentre Italian study
RIGONI ELEONORA, Pavia

10.30 West Nile Virus epidemic outbreack in Mantova area: clinical characteristics and neurologic outcomes of patients from a four years observational study
SILIPO SAVERIO, Mantova

10.40 Application of second level diagnostic assays and clinical criteria in antibody-negative possible autoimmune encephalitis
ZULIANI LUIGI, Treviso

30 OTTOBRE 2018

COMUNICAZIONI ORALI: NEUROIMMAGINI
ore 09.00 - 11.00

9.00 Progression of Parkinson's disease: a longitudinal MRI *(Magnetic Resonance Imaging)* study of functional brain connectome in a large cohort of patients
AGOSTA FEDERICA, Milano

9.10 Automatic classification of early-onset neurodegenerative dementia patients using artificial neural networks
CIVIDINI CAMILLA, Milano

9.20 Endovascular treatment of Dural Arteriovenous Fistulae: venous approach embolization through a trans-jugular route
FERRANDI DELFINA, Alessandria

9.30 Longitudinal cortical changes associated with apathy in Parkinson's disease
IMPERIALE FRANCESCA, Milano

9.40 Brain metabolic patterns across core clinical features in Dementia with Lewy Bodies
NOBILI FLAVIO, Genova

9.50 Cerebellar structural alterations and social cognition dysfunctions: evidence from a comparison between Myotonic Dystrophy type 1 and Autism Spectrum Disorders.
OLIVITO GIUSY, Roma

10.00 Quantification of infratentorial atrophy in multiple sclerosis: an ultra-high MR field study
PETRACCA MARIA, New York USA

10.10 Functional Connectivity of the Cerebellum in Pathological Gamblers
PICCOLI TOMMASO, Palermo

10.20 Demyelination, inflammation and axonal loss explain different patterns of fractional anisotropy abnormalities in multiple sclerosis cortical normal appering gray matter and lesions.
PREZIOSA PAOLO, Milano

10.30 Influence of T2-hyperintense lesions on cervical spinal cord atrophy and disability in patients with multiple sclerosis
PREZIOSA PAOLO, Milano

10.40 In-vivo mapping of monoaminergic network disruption in Alzheimer's disease: implications for neuropsychiatric symptoms
SERRA LAURA, Roma

10.50 Role of peak width of skeletonized mean diffusivity (PSMD) in differentiating multiple sclerosis and CADASIL
VINCIGUERRA CLAUDIA, Sierna

30 OTTOBRE 2018

COMUNICAZIONI ORALI: NEUROGENETICA
ore 10.00 - 11.00

10.00 Novel SLC20A2 gene mutation causing idiopathic basal ganglia calcification in Ukrainian patient
CAPALDO GUGLIELMO, Napoli

10.10 Clinical, radiological and molecular assessment of a case of Cerebrotendinous Xanthomatosis linked to a new mutation of the CYP27A1 gene
DATO CLEMENTE, Napoli

10.20 Clinical and neuropathological phenotype of the novel V189I mutation in the Prion Protein Gene
DI FEDE GIUSEPPE, Milano

10.30 A new HTRA1 mutation associated with autosomal-dominant variant of CARASIL (Cerebral autosomal recessive arteriopathy with subcortical infarcts and leukoencephalopathy): are we pointing towards a disease spectrum?
FAVARETTO SILVIA, Castelfranco Veneto TV

10.40 Parkinsonism in mitochondrial diseases: expanding the genetic basis of an emerging clinical phenotype of mitochondrial dysfunction
LA MORGIA CHIARA, Bologna

10.50 Spasmodic dysphonia as a presenting symptom of Spinocerebellar ataxia type 12.
ROSSI JESSICA, Modena

30 OTTOBRE 2018

COMUNICAZIONI ORALI: NEUROFISIOLOGIA CLINICA
ore 9.00 - 11.00

9.00 A quantitative longitudinal EEG (elettroencefalografia) study in stroke patients: old and new markers of cortical plasticity
ASSENZA GIOVANNI, Roma

9.10 Neurophysiological and neuroradiological correlates in patients with Syringomyelia and Chiari Malformation: a central motor conduction time along the phrenic nerve and Fiber Tracking study
CIARAMITARO PALMA, Torino

9.20 Effects of transcranial alternating current stimulation on repetitive finger movements in healthy humans
COLELLA DONATO, Roma

9.30 Altered speech-related network in Primary Progressive non-fluent Aphasia: a TMS *(Transcranial Magnetic Stimulation)* study
FABBRINI ANDREA, Roma

9.40 Predictive value of pre-operative and intra-0perative neurophysiology in evaluating long-term facial function outcome in acoustic neuroma surgery: a prospective study
FRIGENI BARBARA, Bergamo

9.50 Use of double-cone coil for motor evoked potentials in progressive multiple sclerosis: a better alternative to clinical standard?
GIORDANO ANTONINO, Milano

10.00 Impact of combined transcranial alternating current stimulation-theta burst stimulation on human motor cortex plasticity
GUERRA ANDREA, Roma

10.10 The effects of antiepileptic drug mono and polytherapy on somatosensory evoked High frequency oscillations (sepHFO)
LANZONE JACOPO, Roma

10.20 Transcranial alternating current stimulation of primary motor cortex modifies motor learning in healthy humans
PAPARELLA GIULIA, Roma

10.30 Small-World Characteristics of Cortical Connectivity Changes in Acute Stroke
REALE GIUSEPPE, Roma

10.40 Altered recovery from inhibitory repetitive transcranial magnetic stimulation (rTMS) in subjects with photosensitive epilepsy.
SARTUCCI FERDINANDO, Pisa

10.50 Resting state brain networks are affetcted by cathodal direct current stimulation in the long term
SORRENTINO PIERPAOLO, Napoli

30 OTTOBRE 2018

SESSIONE PLENARIA
ore 11.30 - 13.30

TREMORI

Moderatori
A. BERARDELLI (*Roma*) - L. LOPIANO (*Torino*)

11.30 **Nuova classificazione e aspetti clinici**
M. TINAZZI (*Verona*)

12.00 **Meccanismi fisiopatologici**
A. BERARDELLI (*Roma*)

12.30 **Le neuroimmagini**
G. ARABIA (*Catanzaro*)

13.00 **Terapia chirurgica dei tremori**
L. LOPIANO (*Torino*)

13.30 **chiusura dei lavori congressuali**

RAZIONALE

Nel 2018 il Congresso della Società Italiana di Neurologia (SIN) si svolgerà a Roma.
La Neurologia della Sapienza è onorata dell'incarico ricevuto ed è lieta di affrontare l'organizzazione di un evento così importante per il quale si avvarrà anche del sostegno di altre realtà scientifiche del Lazio.
L'insegnamento della Neurologia a Roma vanta una gloriosa tradizione che inizia con Sciamanna nel 1883 e prosegue con Mingazzini nel 1905 presso il Policlinico Umberto I (inaugurato nel 1904) per poi, nel 1924, trasferirsi nell'attuale edificio neoclassico di Viale dell'Università 30. L'istituzione della Clinica delle Malattie Nervose e Mentali risale al 1921, con Mingazzini primo Direttore della Clinica. A Mingazzini succedettero Mario Gozzano negli anni Cinquanta e, negli anni Settanta, Cornelio Fazio e Vincenzo Floris. Dai primi anni Ottanta, l'insegnamento della Neurologia è svolto dai loro allievi.
La capitale ha ospitato per la prima volta il Congresso della Società Italiana di Neurologia (III Congresso Nazionale) nel 1911, organizzato da Giovanni Mingazzini. Successivamente, il Congresso SIN è stato organizzato da Mario Gozzano nel 1967, da Giovanni Alemà nel 1973, da Giorgio Macchi nel 1977, da Cristoforo Morocutti nel 1995. L'ultimo, il XXXIV Congresso, è stato organizzato da Mario Manfredi nel 2003 presso il Centro Congressi dell'EUR.
Nel 2018 il Congresso si svolgerà nuovamente a Roma, presso il nuovo Centro Congressi "La Nuvola", situato nel quartiere EUR e inaugurato nel 2017. È un Centro all'avanguardia in termini di innovatività, modernità e avanzamento tecnologico ed è considerato uno dei migliori centri congressuali a livello europeo e mondiale.
L'organizzazione scientifica del Congresso prevede la presenza di corsi di aggiornamento, sessioni plenarie, workshops e comunicazioni libere. Il programma scientifico è strutturato per coadiuvare i partecipanti all'aggiornamento sulle recenti acquisizioni riguardanti le malattie neurologiche e rappresenta un valido strumento di approfondimento per tutti i ricercatori che si dedicano con passione e determinazione allo studio delle patologie neurologiche. Un ampio spazio sarà, infatti, dedicato ai giovani neurologi che vorranno presentare le proprie attività di ricerca.
Il Congresso offrirà anche l'opportunità di sviluppare tavoli di discussione sulle problematiche e sui percorsi assistenziali che la Neurologia dovrà fronteggiare nei prossimi anni, sia per le malattie acute che per quelle croniche, incoraggiando una sempre più stretta collaborazione tra Università, Ospedali e rete territoriale.
La Neurologia Italiana ha raggiunto ormai una posizione di prestigio e di riconoscimento condiviso a livello internazionale. La produzione scientifica italiana, infatti, si colloca sempre più spesso fra i primi posti a livello mondiale. La qualità dell'assistenza medica, invece, seppur di buon livello, risente particolarmente delle difficoltà economiche che il Paese sta attualmente attraversando. La sfida per il futuro è impegnativa e sarà necessario uno sforzo comune per mantenere e migliorare i livelli scientifico e assistenziale in ambito neurologico.
Il Congresso SIN rappresenta il punto di sintesi e di unione di tutte le forze in campo e tutti noi siamo chiamati ad affrontare - e a vincere – la sfida.

PROFESSIONI ALLE QUALI SI RIFERISCE L'EVENTO FORMATIVO:

PSICOLOGO PSICOTERAPIA; PSICOLOGIA;
MEDICO CHIRURGO: GERIATRIA; MEDICINA E CHIRURGIA DI ACCETTAZIONE E DI URGENZA; MEDICINA FISICA E RIABILITAZIONE; MEDICINA INTERNA; NEUROLOGIA; NEUROPSICHIATRIA INFANTILE; PEDIATRIA; PSICHIATRIA; RADIOTERAPIA; CHIRURGIA GENERALE; NEUROCHIRURGIA; OFTALMOLOGIA; MEDICINA LEGALE; MEDICINA NUCLEARE; NEUROFISIOPATOLOGIA; NEURORADIOLOGIA; RADIODIAGNOSTICA; IGIENE, EPIDEMIOLOGIA E SANITÀ PUBBLICA; MEDICINA GENERALE (MEDICI DI FAMIGLIA); CONTINUITÀ ASSISTENZIALE; PEDIATRIA (PEDIATRI DI LIBERA SCELTA); PSICOTERAPIA; CURE PALLIATIVE; EPIDEMIOLOGIA;

DESCRIZIONE CASI CLINICI 1,2,3 E STUDIO PATH (pag. 66)

Broadening the spectrum of adulthood x-linked adrenoleukodystrophy: two new clinical phenotypes.

INTRODUCTION: X-linked adrenoleukodystrophy (x-ALD) is a rare genetic disorder caused by mutation in ABCD1 gene which encodes for a peroxisomal very long chain fatty acids (VLCFA) transporter. Clinically, x-ALD can present with a wide spectrum of different phenotypes: asymptomatic, Addison-only, cerebral x-ALD, myelopathy with/without evidence of peripheral axonopathy (adrenomyeloneuropathy).1
MATERIAL: Case 1: A 37-year-old man presented with a 2-year-long history of urinary urgency and spastic paraparesis. Case 2: A 64-year-old man presented with 7-year-long history of spastic paraparesis. 2 years later he complained of intense burning pain affecting both feet and markedly impairing his life quality.
METHODS: Brain MRI, haematochemical investigations including blood adrenocortical function and VLCFA levels, electromyography (EMG), genetic panel for spastic paraparesis (case 1 and 2). Skin biopsy analysis by immunofluorescence (only case 2).
Results. In case 1 brain MRI showed posterior commissure agenesis, right fornix and mammillary body hypoplasia, colpocephaly, right fronto-parietal cortical dysplasia, periventricular heterotropia. In case 2, skin biopsy revealed autonomic and somatic small fibers neuropathy (SFN). Both patients presented hypocortisolism and increased VLCFA levels; EMG resulted normal. Genetic testing disclosed in both cases heterozygous mutation in ABCD1 (A1394-2G, T254M respectively) associated with x-ALD.
DISCUSSION AND CONCLUSIONS: To our knowledge, we reported two new adulthood x-ALD clinical phenotypes: 1) congenital cerebral malformations, 2) clinically prevalent painful SFN with spared large myelinated peripheral fibers. While case 1 confirms the key rule of peroxisome functions in brain development2, case 2 suggests the possibility of a selective peripheral SF degeneration in x-ALD myelopathy.3

Autoimmune sensory and cerebellar ataxia: neurological manifestation in benign autoimmune lymphoproliferative syndrome (ALPS).

Abstract : We describe a patient manifesting relapsing, predominant, cerebellar ataxia as Neurological manifestation of benign autoimmune lymphoproliferative syndrome (ALPS). Neurological symptoms responded to immunomodulatory treatment.
Background : Autoimmune lymphoproliferative syndrome (ALPS) is a rare inherited syndrome due to impaired Fas-Fas ligand apoptotic pathway, characterized by nonmalignant, noninfectious lymphadenopathy and/or splenomegaly, and various, including neurological, autoimmune pathologies.
Aims : Cerebellar ataxia was seldom reported in ALPS. Here we describe a case of a woman manifesting this symptom as a main clinical manifestation of such a rare disease.
Materials and methods : a 49 year-old woman, with history of ulcerative colitis, about one year ago developed a severe dermatitis eczema, treated with omalizumab without benefit. Shortly after, she manifested gait and speech impairment: she had been evaluated in other medical centers by extensive diagnostic tests including neuroimaging studies resulted negative, CSF examination showing increased protein and cell content and positive oligoclonal bands, total body CT scan showing diffuse lymphoadenopathy. Blood tests showed severe B12 hypervitaminosis . Haematological disorders were ruled out ; systemic, onconeural and cerebellar autoantibodies were negative. Treatment with i.v Steroids had benefit both on cutaneous and neurological manifestations.
Few months later, she came to our observation because of the relapsing of ataxia. Diagnostic assessment included: brain and spinal cord MRI, total body CT, EMG studies, evoked potentials, extensive biochemical, haematological and autoimmune tests on blood and CSF.
Results : Neurological evaluation showed trunk and limb ataxia with positive Romberg sign, reduced O.T. reflexes and right Babinski sign. EMG studies documented a motor neuropathy in the lower limbs; brain MRI showed a T2- weighted and FLAIR hyperintense lesion in the right frontal white matter; TC total body displayed a mild splenomegaly. Blood tests revealed high glucose levels, indicative of a condition of Type 1 diabetes, hypereosinophilia, hypergammaglobulinemia, and very high vitamin B12 levels. Search for peripheral â€oedouble negative T cellsâ€• resulted elevated (1.7% of the CD3 + subset), supporting the diagnosis of ALPS. Elevated anti-GAD65 and anti islet-cells antibodies were also detected. She was treated by a course of high doses i.v Ig with clinical benefit, testified by improvement of SARA and ICARS scores and EMG findings. Search for m utations in FAS, FASL, CASP-8, and CASP10 genes, associated to ALPS, is in progress Discussion and conclusions : ALPS is a rare, primary immune disease often misdiagnosed.
Detection of very high levels of serum vitamin B12 is a key feature to suspect this condition.

Rapidly Progressive Thalamic Dementia Induced by Dural Arteriovenous Fistula

Introduction: Dural arteriovenous fistula (dAVF) is a rare vascular malformation characterized by a direct shunt between dural arteries and a venous sinus or cortical vein. Neurological symptoms result from dAVF-induced venous hypertension and depends on the location of the fistula(1). A rapidly progressive thalamic dementia is a less frequent manifestation with few published cases in literature(2). Case presentation: A 61-year old man, suffering from hypertension and diabetes mellitus type 2, was admitted because of a ten-days history of daytime sleepiness, confusion, memory disturbances and slowed mentation. Neuropsychological assessment confirmed an impairment of short and

long-term memory and of attentive and executive functions. Blood tests were normal except for a mild thrombocytopenia. Electroencephalogram showed a frequent, anterior, bilateral theta and delta activity. Lumbar puncture revealed only a mild protein augmentation(81 mg/dL). The search for neurotropic viruses, West Nile virus, prionic protein and onconeural antibodies were negative. Brain MRI showed bilateral thalamic T2/FLAIR hyperintensities with partial involvement of the midbrain and with a patchy post-contrast enhancement in the same regions. MR venography excluded a thrombosis of deep cerebral venous system. In the suspicion of a deficiency encephalopathy the patient underwent to supplementation therapy with Tiamine, B12 and folates. After two weeks no clinical improvement was appreciated. A second Brain MRI confirmed the previous signal abnormalities, but after a few days the patient got worse because of an acute intraparenchymal thalamic hemorrhage. Cerebral angiography revealed a dAVF located at the torcular herophili and transarterial embolization of the fistula was performed with partial resolution. However patient entered in a comatose state and died 2 months after treatment.
Discussion: DAVF-induced thalamic dementia is a rare clinical condition caused by a dural fistula usually located near the tentorial edge or near the torcula or the transverse sinus. DAVF induces an abnormal venous drainage into the deep venous system through the vein of Galen, with consequent venous hypertension that determines the neurological symptoms. Brain MRI always reveal a bilateral thalamic T2/FLAIR hyperintensities related to the edema, but the the gold standard for the diagnosis is the cerebral angiography. Endovascular embolization is the main treatment with elimination of the fistula and with complete or partial neurological recovery in most cases(3).
Conclusion: A case of rapidly progressive dementia with bilateral thalamic edema at MRI should be evaluated even with cerebral angiography because a prompt treatment could avoid neurological complications and can lead to dramatic resolution of the presenting symptoms.

Early severe neutropenia after the first alemtuzumab course in multiple sclerosis: a case report

Background.
Alemtuzumab is a humanized monoclonal antibody approved for the treatment of active relapsing-remitting multiple sclerosis (RRMS) as defined by clinical or imaging features. Alemtuzumab selectively targets the CD52, a surface antigen highly expressed on circulating lymphocytes, with little or no expression on neutrophils or bone marrow stem cells, leading to long-lasting T and B-cell depletion. Acute haematological toxicity was reported as unexpected alemtuzumab-related adverse event in several patients, including one fatal case and 2 cases of neutropenia requiring granulocyte colony-stimulating factor (G-CSF) treatment. This kind of adverse events, likely due direct or indirect mechanisms of myelotoxicity, differs from secondary autoimmune disorders usually occurring months or years after alemtuzumab administration. Here, we reported a case of an asymptomatic leukopenia with neutropenia detected one month after the first alemtuzumab course with spontaneous resolution.
Case report.
A 44-year-old Caucasian woman with RRMS received alemtuzumab 17 weeks after the last dose of fingolimod due to a severe relapse and magnetic resonance activity. At that time, she had a normal white blood cell (WBC) count of 6460/mmc, absolute neutrophil count (ANC) of 4700/mmc and absolute lymphocyte count (ALC) of 1300/mmc. Thirty days after the last alemtuzumab infusion, a routine blood test revealed grade 4 leukopenia and grade 3 neutropenia (WBC 850/mmc, ANC 760/mmc, ALC 10/mmc), with normal

haemoglobin and platelet count. She had been afebrile with no sign, symptom or laboratory test suggestive of infection. Other causes for neutropenia, including viral infections and autoimmune reactions, were ruled out. The patient was promptly treated with prophylaxis therapy based on fluconazole (200 mg daily), amoxicillin (3000 mg daily) and acyclovir (400 mg daily), up to normalization of WBC values in two weeks. Discussion. To our knowledge, this is the first case report of a patient with RRMS who developed an alemtuzumab-related, non-autoimmune, totally asymptomatic neutropenia, which resolved spontaneously. More than 20% of patients with haematologic malignancies are reported to have transient neutropenia following alemtuzumab treatment, typically 3-8 weeks after the first cycle, at dosages equivalent to those for RRMS (60 mg). Therefore, we strongly suggest an increased vigilance of neutropenia after alemtuzumab treatment to early detect and manage this uncommon but potentially fatal adverse event.

SCA 17 with low-range expansion mimics brain imaging findings of parkinsonism: a case report

Background. Spinocerebellar ataxia 17 (SCA 17) is a genetic cause of ataxia caused by the abnormal expansion of CAG/CAA sequence in the TATA-box Binding Protein (TBP) gene. A number of repeats higher than 49 is certainly related to the expression of disease, while subjects with a low range of expansions (between 41 and 48 repeats) may or may not develop symptoms(1). Patients with SCA 17 can present a broad spectrum of both phenotypic features and brain imaging findings. However, a specific correlation between number of repeats and these features has not yet been identified. Here, we report a case of SCA 17 with a low range of repeats, highlighting clinical and imaging findings.
Case report. A 53-year old woman presented at our Movement Disorder Centre for a one-year history of postural unsteadiness and gait difficulties. Both her past medical history and her familial history were negative for neurological diseases. Clinical assessment showed gait ataxia, slurred speech, mild dysmetria of the upper limbs, dysgraphia and limb muscular tone decrease. She presented with mild multiple-domain cognitive deficits affecting predominantly the executive and visuo-praxic functions. She had neither parkinsonian signs nor autonomic dysfunctions. Blood tests excluded metabolic, autoimmune and infectious causes of ataxia. Magnetic Resonance Imaging (MRI) evidenced the â€oehot cross bunâ€oe sign on T2-weighted images, traditionally associated to Multisystem Atrophy Cerebellar type (MSA-C). [123]I-FP-CIT SPECT detected deficits of dopamine transporter, involving particularly the putamen bilaterally. Genetic analysis for SCA revealed an expansion of CAG/CAA sequence with 44 repeats in one allele of TBP gene. Discussion. Previous literature reported low expanded TBP allele as genetic susceptibility factor for the development of parkinsonism(2). Our case report suggests first that SCA 17 can mimic not only clinical features(3), but also imaging findings of parkinsonism, especially MSA-C, when expansions are in a low range. Secondly, it seems that not only cerebellar system, but also nigrostriatal pathway is affected in SCA17, even in a pre-clinical stage when parkinsonian signs are not yet manifested.
Conclusion. Our recommendation is to screen patients presenting adult-onset ataxia for SCA, even when familial history is negative and even when clinical features or brain imaging findings are suggestive for other neurodegenerative disorders such as atypical parkinsonisms.

Long-term remission of tumefactive relapsing multiple sclerosis after alemtuzumab rescue treatment in an adolescent patient.

Introduction: tumefactive demyelinating lesions may be a diagnostic and therapeutic challenge [1], especially in pediatric patients [2]. Alemtuzumab showed efficacy in a fulminant form of multiple sclerosis (MS) [3].
Materials and methods: case report of an adolescent with tumefactive relapsing MS who underwent a sustained remission after alemtuzumab therapy.
Results: in February 2015, a 16 years old male, without remarkable previous clinical history, had a subacute sensorimotor right hemiparesis associated with headache and vomiting. Brain MRI showed five lesions (including corpus callosum) with ring-shaped enhancement, one with a tumor-like appearance with pronounced perilesional oedema. Spinal cord MRI, CSF, evoked potentials, autoantibody screening (including anti-NMO and anti-MOG) were normal. He was treated with an intravenous (iv) methylprednisolone course (ineffective), then with two courses of plasma exchange (partial recovery), finally with two Rituximab courses 15 days apart, with slow clinical improvement. In April 2015 brain MRI showed partial regression of one lesion, but worsening of the pseudotumoral one, associated with a further deterioration of symptoms. In May 2015 a second CSF analysis was negative, as well as the work up for lymphoproliferative diseases (total body CT, testicles ultrasound, eye fundus examination). In May 2015 cyclophosphamide was started (9 courses monthly), without a significant remission of disease activity. In July 2015 brain MRI showed inflammatory activity in almost all lesions with increased left fronto-temporal perilesional oedema. The patient presented marked dysarthria that was treated with iv methylprednisolone, with only partial recovery. In autumn 2015, problems of memory and attention arose. In February 2016 brain MRI showed a further reduction of posterior lesions, but new, large pseudotumoral bi-frontal contrast-enhancing lesions appeared. Brain biopsy confirmed the diagnosis of inflammatory demyelinating disease compatible with MS, excluding other mimickers (neoplasm, lymphoma, vasculitis, ADEM or infection). Alemtuzumab was then started in March 2016, with a sustained clinical improvement and complete remission of any activity at subsequent brain MRI. No adverse events were observed. Discussion and conclusions: alemtuzumab led to a long-term remission in a young patient with tumefactive relapsing MS, confirmed by neuropathological examination. Alemtuzumab should be considered early in the therapeutic algorithm of these forms.

INTRAVENOUS ALTEPLASE FOR ACUTE ISCHEMIC STROKE IN A PATIENT WITH MULTIPLE SCLEROSIS

Introduction Multiple sclerosis (MS) is a debilitating chronic disease characterized by inflammation, demyelination and neurodegeneration in the central nervous system. Although MS is thought to have an autoimmune etiology, other mechanisms contribute to disease progression such as intracerebral vascular changes. Vascular changes include blood-brain barrier leakage, areas of decreased or increased cerebral perfusion and vessel occlusion. In line with these vascular changes, recent systematic reviews revealed that patients with MS have a greater risk of ischemic stroke (IS). Here we report a case of acute IS treated with intravenous alteplase (IVA) in a patient with MS complicated by a parenchymal hematoma (PH). Case report The patient is a 47 year-old man with a 6-year history of relapsing-remittent MS in treatment with teriflunomide. He referred to our emergency room for acute left limbs weakness and hypoestesia with onset 2 hours before. The NIHSS was 5. A fast MR protocol was performed showing a lesion with restricted diffusion in right thalamus not yet recognizable on FLAIR weighted images. The DWI/FLAIR mismatch favoured the hypothesis of acute IS and IVA was administered. NIHSS decreased to 2. The 24-hour follow-up CT scan showed the presence of right temporal PH whereas a regular evolution of the thalamic ischaemic lesion was seen.

During subsequent days NIHSS decreased to 1 and the patient was discharged at home. Brain MR after one month showed the regular evolution of the ischemic area and the complete PH resorption. Discussion and conclusion Despite the increased prevalence of IS in MS patient, IS acute treatment with IVA in MS has never been described. This can be due to the challenging diagnosis between acute IS and MS relapse. In such cases a MR protocol searching for DWI/FLAIR mismatch is mandatory. In our case mismatch was evident in a typical vascular territory favouring IS diagnosis. IVA treatment was complicated by a PH. The incidence of this IVA collateral effect is generally associated with older age, previous stroke, multiple vascular risk factors particularly uncontrolled hypertension and diabetes, lowest ASPECT scores at basal CT scan and delayed treatment. In our patient none of these condition was present. Thus it is speculated that the known vascular changes associated with MS not only can be responsible of IS but also of the PH collateral effect. Finally teriflunomide therapy for MS can be considered a possible cause of the PH despite a clear and direct effect is not known.

When the truth is hard to handle: negative sentence verification in subjects with focal brain lesions

Although we easily understand negation since the first months of life, negative sentence comprehension is a complex process placed at the interface between language, logical reasoning and pragmatics (1). This intrinsic complexity can provide useful insights both into pure language processing skills and into other high-level cognitive abilities. Therefore, behavioral tasks with negative sentences offer a promising tool to assess language and cognitive impairments in case of brain injury.

We examined the comprehension of negation in 20 left brain-damaged patients. A sentence-picture verification task (2) (2x3 design) was prepared by pairing affirmative and negative sentences (e.g. The child eats/The child does not eat) with matching and mismatching pictures (a child eating/a child drinking/a child playing) in 6 experimental conditions: true, false related and false unrelated affirmative sentences and false, true related and true unrelated negative sentences. Participants were asked to judge whether a sentence was true or false with regard to a picture. Standard tests were used to assess general cognitive functioning (MMSE, RCPM, etc.), and picture naming tasks to evaluate the processing of nouns and verbs in isolation. Patients fared significantly worse than controls (n=46), both in the experimental test as a whole and in each condition ($p<.05$), with a main effect of polarity (negative sentences more difficult than affirmatives, $p<.001$) and a polarity*truth interaction ($p<.001$) . Some patients showed selective impairment with both true and false negative sentences (n=3), with true negative sentences (n=6), or with semantically-related verbs (n=3). Other patients presented more general difficulties ffecting semantic processing, sentence-picture comparison and decision making. Moreover, differently from degenerative dementia (3), patients did not simply fare worse than controls â€“ they showed a wide range of behavioral patterns, including the reversal of the difficulty profile attested for controls. Damage to language processing and higher cognitive abilities following brain lesions can take different forms. The occurrence of selective impairments of negative markers, semantic processing and truth judgments shows that poor performance in focal patients does not result from a non-specific difficulty dealing with complexity, but from the disruption of specific linguistic/cognitive mechanisms. Our experimental task engages both language comprehension and higher cognitive skills, such as processing mental representations and assigning truth values. The variability attested both between patients and controls and across patients suggests that focal brain damage acts selectively via a modulation rather than a reduction of cognitive abilities.

Transorbital ultrasound during epidural blood patch in patients with spontaneous intracranial hypotension

Introduction: Spontaneous intracranial hypotension (SIH) is most commonly caused by cerebrospinal fluid leakage causing intracranial ipovolemia and sagging of the brain. Optic nerve sheath diameter (ONSD) can be used to estimate intracranial pressure in a non invasive way. Studies have demonstrated that ONSD can be used in patients with SIH, to help in the diagnosis. A recent study also showed that ONSD increased after a successful epidural blood patch test in patients with post-dural puncture headache. The aim of our study was to evaluate the changing of ONSD during epidural blood patch (EBP) as a tool to guide the volume of blood injected and the effectiveness of the induced raise in intracranial pressure
Material and methods: we enrolled consecutive patients clinically affected by complicated SIH who failed conservative management. Diagnosis was confirmed by typical clinical picture and neuroimaging. After informed consent, we performed an EBP with continuous ultrasound measurement of ONSD with a 7,5 Mhz linear probe, in a fixed dose step injection method (5 ml of blood each time); all measurement were taken at least twice at baseline and after each 5 ml blood injections; all patients were in lateral decubitus position. All were premedicated with acetazolamide 250 mg 12 and 2 hours before EBP. Optic nerve diameter was taken 5 mm in depth. We injected blood according to real-time OSND enlargement, not using other criteria (nor back pain neither fixed-volume criteria were used), based on the results of the first patient treated, whose subdural hematomas resolved with an expansion of about 1 mm of the optic nerve. We also measured epidural pressures during the injections in all the patients. Results: we studied 4 patients with SIH. Three patients where female.. During blood patch test we obtained an expansion of ONSD of 0,875 mm (range 0,7-1 mm) in all patients (pre-treatment medium value 5,4 mm range 5,3-5,6 ; post treatment medium value 6,3 mm, range 6,1-6,6).. All patient showed benefit on symptoms; one patient had the subdurals completely reabsorbed; not adverse events were noted. The volume of blood injected was very variable from 5 ml to 17 ml.
Conclusion: continued ultrasound measurement of ONSD during EBP can became an important instrument to guide the correct execution of blood patch test in patient affected by spontaneous intracranial hypotension possibly mitigating the albeit rare potential side effects of the methodic and standardizing the results according to a pressure injection rationale instead of a volume-based method.

Is it possible to continue a really effective therapy in a patient with a severe hypersensitivity drug reaction? The importance of desensitization procedures in the monoclonal antibodies era

Objective: Alemtuzumab(ALEM) is a highly effective monoclonal anti-CD52 antibody approved for patients with active multiple sclerosis(MS). The most common ALEMâ€™s adverse events(AE) are infusion reactions(IRs). Three out of 100 IRs are severe and contraindicate treatment prosecution With the traditional schedule.
Material and Methods: a case report Results: a 45-year-old female, diagnosed with MS in 1998, was treated with several therapies, but only had a complete response to natalizumab. However, natalizumab had been discontinued for a high progressive multifocal leucoencephalopathy risk. After last treatment failure with fingolimod, she was started on ALEM without any AE and with an optimal clinical and Neuroradiological response. However, one year later, while she was receiving her second

infusion, she suddenly developed severe hypotension, cough, dysphagia and diffuse urticaria/angioedema. She was then treated with intravenous corticosteroids, antihistamines and fluids. Four months later, 1:1000 intradermal tests with ALEM were strongly positive at 20 reading. We had carried out other intradermal tests in 5 MS patients treated with alem in order to ruled out a hypersensitivity to other molecules. All tests results negative. A diagnosis of IgE-mediated anaphylaxis to ALEM was then confirmed. Since no other effective alternatives were available to treat her MS, ALEM was infused following Castells desensitization protocol. No mild or severe AE were observed. The treatment was effective with regard to disease activity and quality of life improvement Discussion: This is the first case of ALEM-desensitization in a MS patient. This procedure allowed a safe administration of the only effective treatment for this highly active patient, despite her previous severe IR to the drug.
Conclusion:Desensitization is a crucial procedure to induce temporary drug tolerance, when no effective alternatives are available. It can be used in collaboration with immunology experts for example for other monoclonal antibodies used in MS when severe IR occures during administration.

A rare case of movement disorder with basal nuclei iron accumulation: discovering the Woodhouse-Sakati syndrome (WSS)

Background: Woodhouse-Sakati syndrome (WSS) is a rare autosomal recessive multisystemic neuroendocrine disorder - first described in 1983 - characterized by alopecia, diabetes mellitus, hypogonadism, deafness, cognitive impairment and xtrapyramidal features. Seizures, polyneuropathy, thyroid dysfunction, white matter abnormalities, dysmorphic features and keratoconus may also be present. In some affected individuals, abnormal deposits of iron in the brain have been detected; for this reason, WSS is sometimes classified as part of a group of disorders called â€oeneurodegeneration with brain iron accumulationâ€• (NBIA). Clinical case: We report a case of a 53-years-old man who was referred to our department for investigation of gait abnormalities with progressive increase in frequency of falls. He was the progeny of first cousins; there was no family history of movement disorders or dementia. He had a story of mild intellectual disability with learning difficulties since the primary school. At age 51, he developed diabetes mellitus. On examination, he had an eunochoid appearance with hair loss, sparse eyebrows and hypodontia. Neurological examination showed gait ataxia and diminished deep tendon reflexes. Methods: Blood analysis (including thyroid function, sexual hormones, insulin-like growth factor 1 - IGF1), electromyography (EMG), brain magnetic resonance imaging (MRI) and whole exome sequencing were performed. Results: Blood tests revealed low levels of testosterone and IGF1; thyroid function was normal. The EMG showed a mild peripheral predominantly axonal neuropathy in lower limbs. Brain MRI pointed out an extensive leukoencephalopathy with enlarged ventricles and an iron deposition in the globus pallidus and the posterior thalamus bilaterally. Whole exome sequencing analysis identify a homozygous truncating mutation in DCAF17 gene (c.906G>A; (p.(Trp302*)) Discussion: To our knowledge this is the second Italian pedigree involved, carrying the same mutation of the first cases described, thus suggesting the existence of a founder effect. Though, while the neurologic examination of the first Italian family was characterized by an extrapyramidal syndrome, our patient showed an ataxic phenotype, confirming the great phenotypic variability of the disease. Conclusion: WSS is a rare condition of which movement disorder specialist should be aware. It could be suspected in individuals with extrapyramidal or ataxic disorders and multisystemic involvement. Apart from neurological abnormalities, alopecia is a hallmark feature

found in all described cases. We encourage clinicians to report further cases to broaden the phenotypic and genetic spectrum and to establish genotype-phenotype correlations.

Embolic stroke related to infective endocarditis: a great clinical challenge for the physician.

Objective: Stroke is the commonest neurological complications of infective endocarditis (IE) and is associated with increased morbidity and mortality. Material and methods: A 75-year-old man referred to emergency room for the acute onset of weakness of the left limbs and dysarthria. His past medical history included hypertension and cardiac valvulopathy, not better specified. He had a 3 months history of fatigue, fever and weight loss. Neurological examination revealed left facio-brachio-crural hemiparesis, dysarthria and left visual and tactile inattention. NIHSS was 16. Results: Brain CT showed no abnormalities; CT angiography revealed a right M1 segment occlusion. Thrombolytic therapy with Actylise 0.9 mg/kg was administered with no benefit. The patient was subjected to mechanical thrombectomy and TICI 3 recanalization was achieved. Three hours after t-PA infusion he developed fever. The day after, brain CT revealed a right parieto-occipital intraparenchymal haemorrhage and subarachnoid haemorrhage over the left central sulcus. Blood cultures demonstrated growth of Enterococcus feacalis. Transthoracic echocardiogram revealed vegetations over the right coronary cusp of aortic valve. Treatment with vancomycin and ampicillin was started. On the third day, the patient developed visual hallucinations and psychomotor agitation, associated to oxygen desaturation. He was admitted to the ICU for orotracheal intubation and mechanical ventilation. Despite support for multiorgan failure due to septic shock, the patient died the day after for refractory hypotension and cardiac arrest. Discussion: The best strategy to prevent embolism and reduce the risk of a stroke in IE is the prompt initiation of appropriate antibiotics therapy. Cardiac valve surgery is the second mainstay. Optimum management of acute ischemic stroke (AIS) related to IE is more complex. As described in previous cases, the patients treated with iv tPA present a higher risk of haemorrhagic complications. Endovascular clot retrieval treatment can be a valid and a safer alternative. Recent AHA/ASA guidelines do not recommend intravenous thrombolysis for AIS related to IE. The great clinical challenge for the physician is recognizing the signs suggestive of IE in the acute stroke setting. Furthermore, mechanical thrombectomy can provide the remarkable advantage to analyse directly the extracted material, allowing to make a diagnosis on early stage. Conclusion: the presence of some â€˜red flagsâ€™ needs to be carefully considered in patients with AIS candidate for thrombolytic therapy and should direct the therapeutic choice toward mechanical thrombectomy. The pathological and bacteriological analysis of the clot could help to formulate an early diagnosis and begin an appropriate antibiotics therapy.

Mitochondrial disorder hiding Myasthenia Gravis and autoimmune dysthyroidism: Chinese boxes of rare and autoimmune diseases.

Objectives: Mitochodrial disorder and Myasthenia gravis, two rare pathological conditions, may present with similar clinical symptoms as palpebral ptosis, ophthalmoparesis and muscle fatigue,sometime with difficulties in the differential diagnosis. In the literature there are very few reports describing the rare coexistence of the two disorders. The aim of this case-report is to describe the puzzling association of these two diseases and autoimmune dysthyroidism in the same patient. Materials and methods: A 72year-old woman came to our observation because of one year history of progressive bilateral ptosis and diplopia. At

the time of neurological examination the patient had bilateral ptosis, ophthalmoplegia with no diplopia, mild weakness of cervical and proximal limbs muscles more evident at lower limbs. She underwent neurophysiological studies, muscle biopsy, neuroimaging, immunological essays and thyroid function tests. Results: Muscle biopsy showed the typical hallmarks of mitochondrial pathology with numerous ragged-red COX depleted fibers. However, due to excessive muscle fatigue with some fluctuations she was tested with low-frequency repetitive nerve stimulation of the right facial nerve and left axillar nerve that demonstrated a decline in amplitude of the compound muscle action potential of -58.6% and -20.3% respectively. Moreover, a high titer of anti-acetylcholine receptor antibodies was detected in serum and i.m. injection of neostigmine methylsulfate resulted in rapid improvement of ptosis and of limb muscles, but not of the ophthalmoplegia. Based on electrophysiological, immunological, and pharmacological tests a diagnosis of myasthenia gravis was then made. Furthermore, the treatment with acetylcholinesterase inhibitors unmasked a clear exophthalmos and lid retraction. MRI showed enlargement of the extraocular muscles without fatty degeneration and a bright signal from the inferior and medial recti muscles at the Fat-suppressed and gadolinium-enhanced. Thyroid function tests suggested a condition of a chronic autoimmune thyreopathy associated with TSH receptor antibodies. Discussion: Co-occurrence of rare and autoimmune diseases is uncommon, but when it happens it is likely linked to the sharing of common mechanisms and pathogenic background. Interestingly, mitochondrial diseases, Myasthenia Gravis and autoimmune thyreopathies have as a common target the extraocular muscles and as common symptom the easy faticability. Conclusion: This report shows how a comprehensive and accurate phenotyping is essential to reach a correct diagnosis, mostly in rare diseases characterized by a large overlap of clinical manifestations and pathogenic mechanisms.

The connectional anatomy of visual search and line bisection performance in spatial neglect

Objective. Patients with right hemisphere strokes and visual neglect are unable to find targets in the left part of space, and deviate rightwards when bisecting horizontal lines. Some patients can, however, show impaired performance in only one of these tasks (Binder, Marshall, Lazar, Benjamin, & Mohr, 1992). This may depend on different weights of component deficits of neglect on these tasks: line bisection demands a fine attentional comparison between the left and right portions of the line, whereas visual search requires an interaction between attention mechanisms and spatial working memory. Here we assessed the connectional anatomy of this dissociation. Patients. We describe 4 right-handed patients with a first stroke in the right hemisphere. Three of the patients made left-sided missions on visual search with normal line bisection, the remaining patient had normal visual search performance, but shifted rightward the subjective midpoint of horizontal lines. Methods. We performed grey matter (GM) and white matter (WM) lesion analyses, as well as tractography of the following WM bundles: superior longitudinal fasciculus, inferior fronto-occipital fasciculus and inferior longitudinal fasciculus. We assessed the following microstructural characteristics of WM bundles: fractional anisotropy, mean diffusivity, radial and parallel diffusivities.Results. Both tractography and lesion overlap analyses revealed that the patient with pathological deviations in line

bisection presented a small lesion (1.37 mm3), affecting principally the fronto-parietal WM bundles. Patients with pathological visual search had larger lesions (m=42.82 mm3, SD=47.58 mm3), involving extensively frontal and parietal GM structures and fronto-parietal WM networks. Discussion and conclusion. Fronto-parietal dysfunction induced by small WM lesions may induce a rightward attentional bias and shift the subjective midpoint towards the right extremity of the line (Thiebaut de Schotten et al., 2005). On the other hand, working memory deficits can interact with directional deficits and impair visual search (Toba et al., 2018). Working memory has conceivably less impact on line bisection, with consequent symmetrical performance in these patients.

Positional tremor in Parkinson Disease associated with Glucocerebrosidase Mutation

Introduction Mutations in the Glucocerebrosidase gene (GBA) are associated with Parkinson's disease (PD) and represent the most robust known genetic susceptibility factor identified in PD. Clinically, GBA mutation carriers have an earlier age at PD onset and more likely have a positive family history for PD [1].
Here we presented a patient with atypical phenotype of PD associated with mutation in GBA gene. Methods: A 45-year-old woman was referred to our Neurological Clinic because of a one-year history of motor difficulties in the right upper limb associated with a tendency to micrography. Intriguingly, the patient presented tremor to the right upper limb in maintaining of a particular position when she sustained small objects with the hand and moving the arm in flexion of 90Â° from a lateral position to a medial position. Unified Parkinsonâ€™s Disease Rating Scale (UPDRS) showed a score of 15 while the Unified Parkinsonâ€™s Disease Rating Scale â€“ Motor Examination (UPDRS-ME) indicated a score of 6. The stage of disease according to Hoenâ€“Yahr is 1.5.
For these reasons the patient underwent a brain scan DAT SCAN (with contrast) and positional tremor recording electrophysiological. Informed consent was obtained from the patient. Genomic DNA was extracted from peripheral blood by standard methods. We evaluated the presence of several mutations in GBA. The presence of mutations of other genes involved in PD (LRRK2, VPS35, PARK2, PINK1, DJ1, PLA2G6, FBXO7) was previously excluded by sequencing analysis. The purified PCR products were analyzed on 3500 Genetic Analyzer (Life Technologies,Carlsbad, CA, USA).
Results DATSCAN showed severe uptake reduction of the radioactive drug administered in the areas of putamen and in caudate. Tremor electrophysiological examination presented a positional tremor with alternating pattern, frequency about 7 Hz. We detected in GBA gene the c.1226A>G mutation in heterozygous state in our patient. This mutation lead to a p.N409S amino acid change already described.
Discussion and conclusions: GBA encodes the lysosomal enzyme glucocerebrosidase (GCase), an enzyme involved in sphingolipid metabolism. Mutations in the GBA gene are numerically the most important risk factor for developing Parkinson disease (PD) accounting for at least 5% of all PD cases. [2] Here we reported a patient who carriers the mutation p.N409S that lead a low activity of the acid Î²-glucosidase enzyme. This case expands the phenotypic spectrum because the patient presents a positional tremor triggered by a particular position of the arm and it supports the association between GBA gene mutations and PD.

BENDAMUSTINE “RITUXIMAB (BR) COMBINED THERAPY FOR TREATMENT OF IMMUNO-MEDIATED NEUROPATHIES ASSOCIATED TO HEMATOLOGICAL DISORDERS

Background Rituximab is a recognized therapeutic choice in anti-MAG polyneuropathy (AMPN) but its usefulness in chronic inflammatory demyelinating polyradiculoneuropathy (CIDP) associated with hematological diseases is still controversial.
Moreover to date only one case-report described long-term efficacy of combined Bendamustine-Rituximab (BR) in AMPN refractory to Rituximab. Herein we described a six-months combined Bendamustine-Rituximab (BR) treatment schedule (Bendamustine 90 mg/m2 for two consecutive days and Rituximab 375 mg/m2 every 28 days) in two patients affected by CIDP and one by AMPN associated to hematological diseases.
Case reports We describe two women (Case1, 69 years old, and Case2, 50 years old) who developed a severe CIDP in the context of splenic marginal non-Hodgkin lymphoma and Chronic lymphocytic leukemia (CLL), respectively. Case3 is a 80-year-old woman affected by severe AMPN associated to Waldenstrm's macroglobulinemia with high level anti-MAG antibodies (178.531 BTU). In Case1 and Case3 BR was the first-line therapy because of hematological diseases severity, while in Case2 BR followed an unsuccessful 18-months attempt with repeated intravenous immunoglobulins cycles and steroids. All patients had a progressive clinical improvement – defined by at least 2 points in INCAT scale - during therapy (Case1) or two months after the last course (Case2 and Case3). Moreover in Case2 the most impressive improvement concerned attitudinal and intentional tremor. In Case3 anti-MAG antibodies significantly declined (112.641 BTU) already two months from the last treatment.
Case1 and Case3 were progression-free during a mean follow up of ten months. In Case2, after three years of sustained stability, a clinical relapse occurred along with CCL reactivation. Six-months Rituximab therapy was administered but Rituximab alone allowed a shorter disease remission (2 years) compared to the previous combination of BR (3 years). Discussion To our knowledge to date only one case-report described long-term efficacy of BR in AMPN refractory to Rituximab. In our three cases combination of Bendamustine-Rituximab was a valid option in immune-mediated neuropathies associated to hematological disorders. Moreover BR schedule led to a longer sustained improvement than Rituximab alone in relapsing CIDP associated to LLC.

Practical Application Of Subcutaneous Immunoglobulin For Maintenance Treatment In CIDP: The PATH Study

Introduction: Patients with chronic inflammatory demyelinating polyneuropathy (CIDP) often require long-term intravenous immunoglobulin (IVIG) maintenance therapy. IVIG may be associated with systemic adverse events (AEs) such as headaches, and it can often require premedication. Subcutaneous immunoglobulin (SCIG) represents an alternative administration option with potential improvements in patient convenience and safety. The PATH study evaluated IgPro20 (HizentraÂ®) as a SCIG maintenance treatment. Methods: In a randomized, double-blind study, patients (n=172) received 0.2 or 0.4 g/kg IgPro20 weekly, or placebo. The primary outcome was percentage of patients with CIDP relapse (determined by adjusted Inflammatory Neuropathy Cause and Treatment (INCAT) score) or withdrawal during 24 weeks of treatment. Infusion parameters and AEs were recorded. Results: Both IgPro20 doses significantly reduced the percentage of CIDP relapse/withdrawal versus placebo, with most subjects preferring SCIG with respect to previous IVIG therapy. Infusion of IgPro20 or placebo was performed over two sessions a week each averaging 1 hour and 20 minutes in the abdomen, thighs, and/or hip. Patients infused at a median of 4 (range: 1-8) sites in parallel; the number of sites was dependent on the total volume administered and patient's preference. Subjects infused a median of 4

g/20 mL per site (max. 10 g/50 mL), with a median infusion rate of 20 mL/hr/site (max. 50 mL/hr/site). The rates of AE were low (0.06/infusion). The most common AEs were local site reactions (94.5% mild, 5.5% moderate), including itching or swelling. The rate of systemic AEs was 0.04 per infusion. Neither infusion rate nor volume had an effect on systemic or local reactions. Conclusions: IgPro20 is a flexible and effective maintenance therapy for CIDP, well tolerated over a range of infusion volumes and rates. Subcutaneous may be a preferred route of IgG administration for many patients.

ATYPICAL CLINICAL PRESENTATION OF ACUTE Q-FEVER WITH NEUROLOGICAL INVOLVEMENT: A CASE REPORT AND REVIEW OF THE LITERATURE

Background: Q fever is a worldwide zoonosis caused by Coxiella Burnetii, an obligate intracellular pathogen characterized by clinical polymorphism, and connected to exposure to infected animals or contaminated dairy products. Neurological involvement is underestimated. Material and Methods: A 38-year-old shepherd manifested suddenly generalized epileptic seizure followed by persistent ideomotor bradykinesia, apathy, headache and vision impairment. His past history was significant for an untreated HCV infection and an exposure one month before to a pure cresylic acid solution.
Results: Patient presented to local hospital two days after symptomsâ€™ onset. He manifested severe cognitive impairment and cortical blindness. Blood tests showed high levels of liver enzymes with normal toxicological examinations. Brain MRI revealed T2/FLAIR hyperintensities with increased DWI signal involving bilateral occipito-temporo-parietal cortex. Posterior reversible encephalopathy syndrome was hypothesized as consequence of cresylic acid exposure. Low-doses of steroids were prescribed. After two weeks patient manifested just a mild improvement of central vision while MRI showed foci of cortical laminar necrosis within occipito-temporo-parietal cortex and extension of T2/FLAIR signal hyperintensity to basal ganglia. Patient was referred to our Department of Neurology for a second opinion. On admission his MMSE score was 10/30 and his vision was limited to hand motion perception. He still showed headache and motor bradykinesia. Urine phenol test was negative. Lumbar puncture (LP) revealed mild increase in cell count (18 cells lymphocytes and monocytes), and serologic tests an antibody titer to phase II C. Burnetii antigen for IgG of 1:256. We started a 2-week course of levofloxacine 750 mg daily. After treatment patient showed improvement in cognition (MMSE 20/30) and vision. At 3-months-follow up, cognitive profile further improved such as vision, with only a small central scotoma in left eye. Pleocytosis decreased (4 cells/Î¼L) on LP, brain MRI showed only small foci of T2/FLAIR hyperintensities with normal DWI signal in right occipital cortex and basal ganglia. Discussion: Neurological involvement in Q-fever is underestimated and connected to environmental exposure rather than predisposing conditions. Our patient developed acute encephalopathy with headache, behavioral and cognitive disturbances. The differential diagnosis between toxic and infective encephalopathy was challenging. He resulted positive to C. Burnetii serological tests and dramatically improved after antibiotic treatment, identifying C. Burnetii as the causative agent of his syndrome. Conclusion: Coxiella Burnetii should be included in the differential diagnosis of encephalopathy in a patient with known environmental exposure, to provide prompt treatment and impact on prognosis.

Presence of CSF oligoclonal bands is associated with periventricular NAWM damage gradient severity in clinically isolated syndrome subjects

Introduction Normal appearing white matter (NAWM) damage is not randomly distributed though the brain in multiple sclerosis (MS), but it is more severe around the lateral ventricles. Indeed, an outside-in gradient in NAWM damage from periventricular NAWM toward deep grey matter has been observed across all the MS spectrum, possibly due to a proximity effect to CSF (1). Objectives To evaluate if the periventricular distribution of NAWM damage was associated with the presence of cerebrospinal fluid (CSF) oligoclonal bands (OCB). Methods Thirty subjects with a diagnosis of clinically isolated syndrome (CIS) (18 females, 12 males; mean age, 39 Â± 11.8 years; EDSS range 0-2) were included in this study and underwent a brain MRI scan and CSF examination within 75 days from their first clinical event. The presence of CSF and serum oligoclonal bands was assessed for all CIS subjects. Twenty-four healthy volunteers (11 females, 13 males; mean age, 37.71 Â± 19.5 years) were also recruited as MRI controls. Diffusion weighted MR images were acquired for all subjects and used to compute skeletonized mean diffusivity (MD) NAWM maps. The supra-tentorial voxels between 2 and 6 mm of distance from the lateral ventricles were included in the periventricular NAWM mask while the voxels between 6 and 10 mm from the lateral ventricles were included in the deep NAWM mask; mean MD values were then computed separately for these two masks. Using healthy controls data to convert NAWM MD values in z scores, the NAWM damage gradient was calculated as (periventricular NAWM z score - deep NAWM z score) / (periventricular NAWM z score) and then compared between subjects with and without CSF OCB. Results Twenty CIS subjects presented with CSF-only OCB (CSF-OCB+), nine CIS with no OCB in CSF (CSF-OCB-) or serum and one with OCB in both serum and CSF. There was a significant steeper gradient of periventricular NAWM damage in with CSF-OCB+ CIS than in CSF-OCB- CIS subjects (0.35 ï‚±0.05 vs. 0.26ï‚±0.05, t=4.45, p<0.001), while there was no difference in the two groups in total skeletonized MD (p=0.35). This difference in the NAMW periventricular gradient remained significant correcting for total WM lesion load or for brain parenchymal fraction (p=0.008).
Discussion The association between presence of CSF-OCB and of a steeper outside-in gradient in NAWM periventricular damage supports a role for CSF soluble factors in mediating the distribution of NAWM damage in MS.

Hummingbird sign in a patient with definite idiopathic normal pressure hydrocephalus

BACKGROUND AND OBJECTIVES: Atrophy of the rostral midbrain tegmentum in Progressive Supranuclear Palsy (PSP) detected by mid-sagittal MRI looks like the bill of a hummingbird and is therefore referred to as the â€oehummingbirdâ€• sign. This MRI sign is highly suggestive of PSP and it has been reported to discriminate patients with PSP from those with parkinsonian disorders, such as Parkinsonâ€™s disease or Multiple System Atrophy, with a very high specificity (99,5%) but with a low sensitivity (51.6%) [1]. Here, we described a patient with idiopathic normal pressure hydrocephalus (iNPH) with the hummingbird sign on mid-sagittal MR images. CASE DESCRIPTION: A 79-year-old Italian man presented to our department because of a two-years slowly progressive gait disorder with unprovoked falls, slowness of limbs movements, urinary incontinence and cognitive impairment. At the neurological examination, the patient’s gait was small-stepped and wide-based. The pull test revealed postural instability. The evaluation of ocular movements showed slowness of vertical saccades. There were also mild bradykinesia and

rigidity in the right side. The brain MRI 3T showed the hummingbird sign and the dilatation of the third and the lateral ventricles, with an Evans index (EI) of 0.33. A multiplanar reconstruction of the coronal view revealed a steep callosal angle (CA) of 69Â°, suggestive of iNPH [2].
DAT-SPECT scan with 123I-FP-CIT demonstrated normal binding values in the striata, thus supporting iNPH diagnosis and excluding PSP. We also performed a 3T MRI exam with a phase-contrast sequence to measure the CSF flow through the sylvian aqueduct (ASV) that resulted hyperdynamic (156 ï•-l/cycle). The patient underwent a tap test with drainage of 30 ml of cerebrospinal fluid (CSF) with an improvement of symptoms, and then underwent shunt surgery. Two months later, the neurological examination demonstrated a marked improvement of gait, cognitive performance and urinary incontinence, thus onfirming the diagnosis of definite iNPH. Brain MRI after the shunt also showed a marked improvement of investigated MRI measures (CA= 93Â°, EI=0.26, ASV= 45 ï•-l/cycle).
DISCUSSION: To our knowledge, only a single patient with iNPH and the hummingbird sign has been described [3]. Our case confirms that the hummingbird sign can be observed in iNPH. Moreover, our findings suggest that in presence of gait disorders and postural instability associated with hummingbird sign, measuring Evans index and callosal angle may be crucial to identify patients affected by iNPH, who may be successfully treated with shunt therapy.

OBSTRUCTIVE SLEEP APNEA SYNDROME CAUSING INTRACRANIAL HYPERTENSION IN SCLEROSTEOSIS: THE FIRST ITALIAN FAMILY

Introduction Sclerosteosis is a rare autosomal recessive disorder due to SOST gene mutation, resulting in loss of function of sclerostine protein which regulate osteoblastic bone apposition which lead to cranio-tubular hyperostosis with high density bone [1]. Very few sporadic cases have been described around the world mainly in Africa and South America. Here we describe the first family in Italian family with sclerosteosis.
Case description We present the case of two brothers of 45 and 36 years old with a history of chronic headache and nocturnal snoring. They presented macrocephaly and an enlarged mandible. In addition they complained unilateral visual acuity loss and unilateral deafness since adolescence. Moreover the youngest one had a bilateral facial nerve palsy since childhood. The neurological examination of the youngest brother revealed mild bilateral exophthalmos, motu manu visual acuity in left eye and bilateral facial nerve palsy. Fundus oculi examination showed a bilateral mild optic disc swelling and pallor of left optic disc. The patient underwent to an audiometric examination which demonstrated a deep sensorineural impairment. A nocturnal polysomnography showed a condition of Obstructive Sleep Apnea Syndrome (OSAS) of moderate entity. Brain MRI and MR venography displayed partial empty sella, flattening of posterior aspect of the globes, distension of perioptic space, unilateral transverse sinus stenosis, presence of Chiari malformation. We performed 1-hour lumbar CSF pressure monitoring through spinal needle which gave evidence of an elevated intracranial pressure (opening pressure 370 mmH2O). It was performed a cranial CT, that showed a massive and sclerotic thickening of neurocranial and splanchnocranial bones, optic ducts stenosis, absence of mastoid pneumatisation bilaterally. DNA analysis has been performed demonstrating a homozygous mutation of SOST gene (p.Gln24X). Then the patient started a therapy with acetazolamide and cPAP ventilation with substantial improvement of his symptoms.
Discussion In these patients hyperostosis causes multiple cranial nerve palsy, as a result of encroachment of cranial nerve foramina. We hypotetize that hyperostosis of

splanchnocranial bones and upper airways determines snoring and OSAS which cause intracranial hypertension and headache. The role of OSAS in determining intracranial hypertension was supported by the positive outcome of pharmacological and ventilatory theraphy. Conclusion The clinical features of these patients show the presence of OSAS causing intracranial hypertension in Sclerosteosis. These symptoms enlarge the clinical spectrum of Sclerosteosis.

Anti-MOG positive encephalomyelitis: going beyond the NMOSD and Multiple Sclerosis? An unusual case of demyelinating disorder

INTRODUCTION Myelin oligodendrocyte glycoprotein (MOG) is mainly located at the extracellular surface of myelin sheaths and oligodendrocytes in the central nervous system. Antibodies against MOG (anti-MOG) are reported in several demyelinating diseases.
CASE DESCRIPTION We observed a 50 year-old man with a history of relapsing optic neuritis (ON) in right eye, treated with high dose of corticosteroids, last episode with poor therapeutic response. At the time of the last ON (2004), brain MRI scans showed multiple subcortical, cerebellar and pontine hyperintense T2 lesions, while spinal cord MRI was normal. Cerebrospinal fluid (CSF) analysis resulted negative with no oligoclonal bands (OB). For seven years no remarkable events were reported and no specific treatment was started. In 2011 the patient presented acute motor aphasia lasted some days with subsequent spontaneous recovery. Increase of lesion load with several contrast-enhancing (CE) lesions was detected at brain MRI scans; spinal cord was still unaffected. Serological testing for anti-acquaporin-4 antibodies (Anti-AQP4) was negative. Multiple Sclerosis (MS) diagnosis based on McDonald criteria of 2010 was made and treatment with Glatiramer Acetate (GA) was started. After one year, brain MRI follow ups revealed breakthrough disease activity with progressive and relevant increase of lesion load. GA treatment was stopped and in March 2018 the patient was admitted to our Department. Neurological examination revealed ataxic gait and urge incontinence. Brain and spinal cord MRI showed only one new left temporal lobe lesion with no contrast enhancement. No OB were found at a new CSF examination. Serum anti-MOG antibodies were positive, while other serum laboratory findings were unremarkable. Although the clinical findings fulfilled the diagnostic criteria for Neuromyelitis Optica Spectrum Disorders (NMOSD) of Wingerchuk (2015), the mandatory additional MRI requirements were not met. Thus the patient received a diagnosis of â€oeanti-MOG demyelinating encephalopathy and Rituximab (375 mg/m2 weekly for 4 weeks) was administered with clinical improvement at follow ups. CONCLUSIONS This case confirms the diagnostic role of anti-MOG auto-antibodies in adults with demyelinating diseases and supports the recent view that MOG-IgG-associated encephalomyelitis represents a nosological entity distinct from MS and from NMOSD, with differences in clinical and paraclinical features.

Biallelic mutations in PNPLA6 in a patient with late-onset ataxia and hypogonadotropic hypogonadism

Introduction. Autosomal recessive cerebellar ataxias (ARCAs) are a clinically and genetically heterogeneous group of clinical conditions, often associated with additional non-cerebellar features. Two clinically defined syndromes combine early-onset ARCA with hypogonadotropic hypogonadism: Boucher-NeuhÃ¤user syndrome, which is additionally associated with chorioretinal dystrophy, and Gordon Holmes syndrome, which is associated with brisk reflexes. The patatin-like phospholipase domain containing protein 6

(PNPLA6) gene has been associated with both syndromes, and mutations in PNPLA6 present continuum spectrum of clinical manifestations including those associated with the Oliver-McFarlane syndrome, Laurence-Moon syndrome, and spastic paraplegia type 39.PNPLA6-related disorders feature combinations of overlapping signs and symptoms, including ataxia, spasticity, brisk reflexes, peripheral neuropathy, intellectual, eye and hair abnormalities, hypogonadotropic hypogonadism and hypopituitarism. How mutations in a single gene cause such a wide range of disorders is unknown. Here we report clinical and genetic findings in a patient harboring compound heterozygous mutations in PNPLA6. Case report. A 56-year-old man was referred to us for a mild cerebellar ataxia with onset during the third decade of life, and only slightly worsened in the latest years. Past medical history was significant for hypogonadotrophic hypogonadism and the patient was put under testosterone treatment. Family history was unremarkable. Neurological examination showed ataxic-spastic gait, impossible tandem gait, occurrence of central nystagmus, dysmetria and dysdiadokinesia, pyramidal hypertonia and brisk deep tendon reflexes. Brain MRI showed white matter hyperintensitiesin the periventricular and subcortical areas, a doubtful hyperintensity in the bulbar pyramids and mild cerebellar atrophy of superior vermis. Neurophysiologic studies were normal; I.Q. was 77. Ophthalmological examination and Optical Coherent Tomography exam ruled o ut a chorioretinal dystrophy. Genetic analysis of PNPLA6 gene demonstrated two heterozygotes mutations (c.2264A>C/p.Q755P and c.3388C>T/p.H1130Y), of which one is novel. Conclusions. Genetic analysis of the PNPLA6 gene should be considered in the screening of all patients with ARCAs associated with hypogonadism. Further studies will help to define how mutations correlate with a broad clinical spectrum.

Restricted diffusion in adult onset leukoencephalopathy should suggest hereditary leukoencephalopathy with axonal spheroids: a case report

Introduction: Hereditary diffuse leukoencephalopathy with spheroids (HDLS) is a rare autosomal dominant disorder with variable clinical presentations including behavioral changes and cognitive/motor dysfunction. It is related to mutations affecting the tyrosine-kinase domain of CSF1R gene. The differential diagnosis is broad and includes vascular, demyelinating, infectious, inherited,and degenerative causes. HDLS is underdiagnosed and is estimated to account for approximately 10% of of idiopathic adult onset leukodystrophies Case report: A 36-year-old woman was admitted to our Department for the onset, two years ago, of slowly progressive mood depression and behavioural disinhibition, followed by cognitive deterioration and gait disturbance. Her family history was negative for neurological or psychiatric diseases. Neurological examination showed: behavioural disinhibition, time and space disorientation, left hemiparesis and gait apraxia. Neuropsychological evaluation revealed severe impairment in short-term memory and executive functions. The patient underwent brain MRI that showed extensive bilateral and symmetrical leukoencephalopathy mostly involving the frontal lobes with large scattered foci of restricted diffusion, confirmed at follow up MRI 8 week later. Clinical and MRI features were highly suggestive of HDLS. Analysis of CSFR1 gene showed c.2381T>C; p.Ile794Thr mutation and HDLS was diagnosed. Discussion and Conclusion: HDLS should be considered in adult patients presenting with prominent neuropsychiatric symptoms or dementia and brain MRI showing leukoencephalopathy with predominant involvement of the frontal white matter and areas of restricted diffusion on DWI.

Anti Glu3-R associated encephalitis presenting as opoclonus-myoclonus syndrome with severe behavior disorder in a patient treated with anti-TNF

alfa therapy for spondylitis.

Introduction Although anti-tumor necrosis factor alpha (anti-TNFÎ±) drugs have been successfully used for the treatment of rheumatic autoimmune diseases, they have been associated with different central nervous system demyelinating neurological disorders (i.e. multiple sclerosis, optic neuritis and acute transverse myelitis). No cases of autoimmune encephalitis related to the administration of anti-TNFÎ± therapy has been described. Autoimmunity has been recognized as a possible etiology for opsoclonus-myoclonus syndrome (OMS; association to NMDA, anti-Ri and anti-GAD antibodies)
Case Report We describe the case of a 64 years old man affected by anchylosing spondylitis since he was 18 yrs old. He has been already treated with different immunomodulating drugs and he is on treatment with etanercept at the time of our observation. He was admitted to our department because, about 2 weeks after a pulmonary infection he developed symptoms of depression associated with psychomotor slowing, progressive gait instability, dystonic postures and OMS. The patients condition worsened rapidly to delirium with stereotyped vocalizations which lasted for about 2 months. Vocalizations were associated with emotions of angry and panic that patient was not able to report and persisted all day and night long. Brain magnetic resonance imaging (MRI) showed FLAIR abnormalities in both hippocampal cortex, left frontal juxtacortical zone and right cerebellum. EEG demonstrated a generalized slowing of activity. No tumor was found. Cerebrospinal fluid examination showed mild lymphocytic pleocytosis (37 cells/mm3) and increased protein content (113 mg/dl). Anti-GluR3 antibodies were found both in serum and in the cerebrospinal fluid.
Intravenous high dose IgG treatment was started followed by plasma exchange with a mild improvement concerning only of the opsoclono-myoclonus, but not of behavior changes. A sudden recover was observed after a second cycle of intravenous IgG repeated 40 days apart from the first one. The patient started moving and speaking, albeit the presence of depression, negativism and tendency to perseverant behaviors. Cognitive amnestic deficits with a temporo-mesial pattern, as shown by first neuropsychological evaluation, might explain the clinical features. Six months after discharge, most symptoms had resolved, and cognitive evaluation showed only mild memory deficits.
Conclusions. Our study suggests the possibility of an OMS associated to the presence of anti-Glu3-R antibodies. Behavioral changes, usually included as additional feature in OMS in adults, is the main and most persisting symptoms in our patient. The possibility of a causal relationship with anti-TNF alfa treatment might be taken into account in order to withdraw the drug .

Spinal involvement in neuroborreliosis, atypical presentation in three patients

Lyme disease (borreliosis) is a multisystemic disorder caused by Borrelia Burgrdorferi and less commonly by B. afzelii or B. garinii, inoculated by ticks of the genus Ixodes. In Lyme disease neurological involvement is fairly common. In early disseminated disease acute neurological involvement occurs weeks to months after the infection and may be characterized by lymphocytic meningitis, cranial nerve palsies (mostly of the facial nerve) or painful radiculopathy (Bannwarth syndrome), whereas mielitis and encephalopathy are uncommon. In late disseminated disease polineuropathy is the most common neurological clinical manifestation. Patients who have Bannwarth syndrome occasionally have segmental spinal cord involvement at the same level as the affected nerve roots.

We describe three patients affected by neurological Lyme disease demonstrated by intrathecal antibody production against Borrelia B. with spinal involvement and atypical presentation; only one patient reported a previous tick bite with erythema migrans.
The first patient presented with pure dorsal roots involvement, with abrupt onset of abdominal pain which lasted for two months and prompted extensive gastroenterological evaluation (abdomen CT scan, gastroscopy and colonscopy) and a spinal MRI with no abnormalities. A spinal tap demonstrated a slightly elevated limphocytic count, elevated IgG, and inthratecal antibody production against Borrelia B. Symptoms disappeared after a prolonged antibiotic therapy with ceftriaxone.
The second patient presented with progressive ataxic paraparesis, which evolved during several months, with extensive T2 signal hyperintensity in the cervical and dorsal central gray matter on spinal MRI. CSF analysis showed an elevated lymphocitic count and massive inthratecal antibody production against Borrelia B. Symptoms stabilized but failed to ameliorate after a 2 months course of ceftriaxone. This patient reported the appearance of erythema migrans, which was not treated with antibiotics, a few moths prior to neurological symptoms. The third patient presented with progressive right arm weakness with hand muscles atrophy in absence of sensory symptoms. Needle EMG showed diffuse muscle denervation not only in the right forearm and hand muscles but also in the lower limb muscles. In addition, motor evoked potentials demonstrated central motor pathway involvement, but a spinal MRI resulted normal. CSF analysis was consistent with intrathecal antibody production against Borrelia B. Symptoms improved with a single course of ceftriaxone. Our cases underline that, in endemic areas such as northeastern Italy, the importance of ruling out neuroborreliosis in patients with symptoms of spinal involvement is mandatory, even in absence of past history of a tick bite.

Pseudochoreoathetosis as presenting symptom of sporadic creutzfeldt-jakob disease.

We report a 71 years old man referred to our hospital for the subacute onset, about one month before, of paresthesia of the left hemibody complicated, in the following days, by a sense of extraneity of the left upper limb and progressive difficulty in performing fine movements. Family history was unremarkable, while personal history revealed a previous diagnosis of epileptic syndrome, without seizures in the last five years. Neurological examination revealed mild ataxia worsened by eye closure and Romberg sign, levitation and choreoathetosic movements of the left upper limb especially with visual support deprivation, left astereoagnosia and agraphestesia (video). Brain and spinal MRI at admission was unremarkable. EEG showed irritative anomalies compatible with his old history of epilepsy. An extensive neuropsychological evaluation showed preserved cognitive functions (MMSE: 27.86). Considering the rapid progression of symptoms, several diagnosis were considered and a lumbar puncture was performed to include protein 14.3.3 and RT-QuIC searches, which resulted both positive.
A 2-weeks follow up brain MRI showed cortical hyperintensity in FLAIR sequences and restriction of the DWI signal in the right parietal lobe, with no involvement of the basal ganglia. The patient evolved to dementia in the following months with the appearance of typical Creutzfeldt-Jakob disease MRI findings.
Through this case we want to underline that, although the subacute onset of Creutzfeldt-Jakob disease, especially without cognitive impairment and the typical MRI signs, is very rare, it has to be considered in the differential diagnosis when facing a rapidly progressive cortical syndrome.

Anti-NMDAR receptor encephalitis and white matter demyelinating lesions: a case report

Background: Anti-N-methyl-D-aspartate (NMDA) receptor encephalitis (NMDARe) is an autoimmune encephalitis associated with IgG antibodies against the GluN1 subunit of NMDA receptor. NMDARe often results in a multistage illness that progresses from psychosis, memory deficits, seizures and language disintegration into a later state of unresponsiveness with catatonic features often associated with abnormal movements and autonomic and breathing instability. NMDARe predominantly affects young women with or without tumor (usually an ovarian teratoma). Despite marked neurological disturbance, only 35-50 % of patients have abnormal neuroimaging. Case Description: We report the case of a 30-year-old woman with juvenile myoclonic epilepsy treated with levetiracetam, admitted to our Clinic because of the acute onset of behavioral changes, memory deficits and psychosis. An MRI scan of the brain showed multiple bihemispheric T2-hyperintense brain lesions suggestive for acute disseminated encephalomyelitis (ADEM), with focal enhancement of frontal lesions. A cerebrospinal fluid (CSF) examination demonstrated the presence of unmatched oligoclonal bands and a negative screening for infectious diseases. The electroencephalogram (EEG) showed a typical pattern called â€oeextreme delta brush (EDB). Despite MRI and CSF features, once EDB was recognized on EEG, anti-NMDAR encephalitis was suspected and first-line immunotherapy (corticosteroids and plasma exchange) was administrated. Later, the diagnosis was confirmed by the presence of NMDAR antibodies in CSF and serum. A total-body CT scan and pelvic MRI showed no underlying neoplasm. Serum anti-MOG Abs and anti-AQP4 Abs were negative. Despite the therapy, the patient presented persistence of autonomic instability (fever and tachycardia) and cognitive deficits (MMSE 21/30). She was then treated with second-line immunotherapy (rituximab 375 mg/m2 at days 0, 14 and 21) with subsequent complete recovery.
Conclusions:.We report a patient with a clinical phenotype and serology suggestive of anti-NMDAR encephalitis in the presence of T2-hyperintense lesions typical for focal inflammatory demyelination at the MRI. The association between anti NMDAR encephalitis and demyelinating disorders has been described in the literature in a subgroup of patients without the paraneoplastic form of anti NMDAR encephalitis. The two disorders can occur simultaneously or sequentially. An unanswered question is whether the overlap between anti-NMDAR encephalitis and the idiopathic inflammatory demyelinating disorder occurs by chance or whether the two disorders may be mechanistically linked. How inflammatory demyelination might trigger anti-NMDAR encephalitis is still matter of debate. This case adds informations to the accumulating evidence indicating a possible overlap between NMDAR antibody encephalitis and demyelinating disease.

Lambert-Eaton Myasthenic Syndrome and IgG4-Related Disease - A Possible Novel Association

BACKGROUND: Lambert-Eaton Myasthenic Syndrome (LEMS) is a rare paraneoplastic (T-LEMS) or primary autoimmune neuromuscular junction disorder (NT-LEMS) characterized by proximal weakness, autonomic dysfunction and areflexia. IgG4-Related Disease (IgG4-RD) is a chronic inflammatory condition characterized by tissue infiltration with lymphocytes and IgG4-secreting plasma cells, fibrosis and a usually prompt response to oral steroids. Seizures, cranial nerve palsies and sensorineural hearing loss have been described as possible neurological complications but an association with LEMS has ever been reported to date. CASE REPORT: Here we report on a 44 year-old patient diagnosed with LEMS in 2010 because of proximal limb muscle weakness, reduction of deep tendon reflexes, incremental cMAP response at high frequency repetitive nerve stimulation EMG

and high titers of antibodies against voltage-gated calcium channels. No neoplasms were discovered at the subsequent follow-up. In 2013, the patient started to complain of greater fatigability and fluctuating hypophony. A global reassessment displays pulmonary, retroperitoneal and para-splenic lesions associated with thrombocytopenia, microcytic anemia, purpuric pigmentosa dermatitis and splenomegaly. Histopathological features confirm a diagnosis of IgG4-RD and a treatment with oral prednisone obtained a significant improvement of systemic picture and neurological symptoms. PERISPLENIC BIOPSY: small mature T and B cells, several plasmocytes; dense aggregates of IgG4-positive plasmacells with polytypic light chain expression at the FISH analysis. IgG SUBTYPES FROM PERIPHERAL BLOOD: high plasma doses of IgG1 (1310 mg/dL), IgG2 (881 mg/dL), and IgG4 (691 mg/dL) subtypes. DERMAL HYSTOLOGY: acanthosis, thickened stratum corneum and granulosum, focal vacuolizations in the stratum spinosum and in the dermo-epidermic disjunctions; Pearls colouring showed dermal deposition of haemosiderin, for which a diagnosis of pigmented purpuric dermatosis was made. BONE MARROW HYSTOLOGY: signs of hypoplasia and altered erythroid and megacariocytic maturation; a genetic analysis excluded chromosome abnormalities suggestive of Myelodysplastic Syndrome. PERIPHERAL BLOOD IMMUNOPHENOTYPIZATION: normal CD34+ blast count. CONCLUSIONS: The relation between LEMS and IgG4-RD in this patient remains speculative; however, our report
emphasizes the possibility that IgG4-RD, similarly to other immune-mediated disorders, could be associated with NT-LEMS and suggests to look for this syndrome in NT-LEMS patients.

Hepatitis B reactivation in a patient affected by multiple sclerosis under ocrelizumab treatment: a pre-emptive approach

Here we describe the first case of HBV reactivation in a patient under ocrelizumab treatment Ocrelizumab is an anti-CD20 monoclonal antibody and has been recently approved for the treatment of primary progressive (PP) and relapsing (R) multiple sclerosis (MS)(1,2). This drug targets B cells expressing the CD20 receptor and increases the risk of infections. No cases of Hepatitis B virus (HBV) reactivation have been reported so far for ocrelizumab-treated patients, although HBV reactivation is considered a likely event considering the experience coming from B cell targeting disease modifying therapies (DMT)(1-3). A 60-year-old Caucasian man affected by PPMS since 2012, with an expanded disability status scale of 6.5 and previous treatment with azathioprine, was started on ocrelizumab. Pre-ocrelizumab serologic tests showed the presence of antibodies against HBV surface and core antigens (HBsAb and HBcAb, respectively), while HBV surface and e antigens (HBsAg and HBeAg, respectively) and antibodies against HBV e antigen (HBeAb) were negative. Furthermore, pre-ocrelizumab HBV-DNA was undetectable (<20 IU/ml) and liver enzymes were within normal ranges. Ocrelizumab treatment was started, and a pre-emptive approach for HBV reactivation was adopted, with monthly assessment of liver enzymes and HBV-DNA. After one month from ocrelizumab first administration, the patient was asymptomatic, liver enzymes remained unchanged, while HBV-DNA became detectable (41 IU/ml). After two months HBV-DNA increased to 132 IU/ml, while liver enzymes remained within normal ranges and patient was still asymptomatic. HBV phylogenetic analysis of pol gene, revealed a viral genotype D. No known mutations associated to drug resistance were found on the reverse transcriptase gene, suggesting full activity of all the nucleosidic inhibitors.
Conversely HBsAg gene was characterized by the mutations S117NS, P120T, C124CY, G145AG. Specifically, P120T, C124CY and G145AG are associated to immunological

escape of the virus. Furthermore a stop codon was found in position 223, causing the production of a trunked form of HBsAg and explaining the negativity of HBsAg detection in serum. A treatment for HBV infection with entecavir 0,5 mg once daily was started. The patient is currently under follow-up and HBV-DNA will be monthly assessed.
This case report shows that ocrelizumab can reactivate HBV infection in PPMS patients. A pre-emptive approach with HBV-DNA monthly assessment seems a valid and safe approach to promptly detect HBV reactivation, in HBsAg negative, HBV-DNA negative and HBcAb positive subjects under ocrelizumab treatment. An immediate treatment with specific nucleoside analogues can contrast HBV

Neuronal ceroidolipofuscinosis type 2 (CLN2) disease: clinical features, diagnosis and an innovative therapeutic opportunity

Introduction: Neuronal ceroid lipofuscinosis type 2 (CLN2) is a rare, autosomal recessive, pediatric neurodegenerative disease resulting from TPP1 gene mutation. This gene encodes lysosomal enzyme tripeptidyl peptidase 1 whose deficiency causes the intracellular accumulation of autofluorescent lipopigments in neurons, retina and other tissues. CLN2 disease presents has a late-infantile onset (2-4 years) and is marked by epilepsy and rapid psychomotor regression. Seizures, usually the first symptom, are generally polymorphic and drug resistant. Visual disturbances start as early as 4 years of age quickly worsening to blindness. Progression of disease is otherwise rapid with precipitous cognitive and motor regression. Here we describe a patient with a slowly progressive CLN2 phenotype and review the main clinical features, the diagnostic steps and the therapeutic challenges of the disease. Case report: An 8-year-old boy, born at term from non-consanguineous parents, came to our evaluation for an history of progressive decline in cognitive, language and motor functions and epilepsy. His psychomotor development was regular until the age of 30 months and subsequently he had a regression of the acquired skills. High frequency drug-resistant absence seizures appeared after the age of 3 years. Neurological examination showed moderate ataxo-spastic gait, vocal and motor stereotypies, severe language delay. Brain MRI showed cerebellar and thalamic atrophy and light supratentorial white matter hyperintensity on FLAIR sequences as observed in hypomyelinating leukoencephalopathy. Serum and urinary biomarkers of the main inborn errors of metabolism, like congenital defects of glycosylation, lysosomial and mitochondrial cytopathies were negative. Fundus oculi showed bilateral disc pallor and moderate dystrophy of posterior pole. Molecular genetic testing using Next Generation Sequencing Panel (NGS) revealed two pathogenic heterozygous mutations of TPP1 gene (c.380 G>A and c. 1379 G>A). Discussion and conclusions: CLN2 should be suspected in all cases with refractory epilepsy in association to rapid neuroregression. In our patient, the slowly progressive course, only exceptionally observed in the classical late-infantile CLN2, may have delayed the diagnosis. Moreover, it is important to highlight that although CLN2 is a grey matter disease, periventricular white matter hyperintensities may also be observed eventually deviating the diagnosis path towards a leukodystrophy. Early diagnosis is crucial for a new therapeutic chance with an enzyme-replacement therapy (Cerliponase Alfa), a recombinant proenzyme form of human TPP1 administered by intraventricular infusion. This treatment has been documented to significantly slow down the disease progression.

Cardiac MIBG scintigraphy study in Parkinsonâ€™s disease patients with different GBA mutations

Background: GBA mutations are among the most common genetic risk factors for Parkinson's disease (PD). Pathologic GBA mutations reduce glucocerebrosidase function increasing the alfasynuclein levels, which in turn inhibits glucocerebrosidase in a feed-forward cascade1. Post-mortem pathologic studies in PD patients with GBA mutations have demonstrated the presence of Lewy bodies (LB) in different brain regions, such as pons, locus coeruleus, midbrain, substantia nigra, amygdaloid complex, ippocampus, temporal, frontal and parietal cortex and in the dorsal motor nucleus of vagus2,3. Here, we investigated “in vivo” the presence of LB in the myocardial post-ganglionic sympathetic system in patients with different GBA mutations, using cardiac MIBG-scintigraphy. Case report 1: A 48 years-old woman with a 6 years history of limbs rigidity and rest tremor of the right hand. Neurological examination showed gait impairment associated with reduction of limbs swing. Mild rigidity of the limbs and resting tremor of the right hand. Dopamine transporter imaging scans showed severe reduction of radioligand uptake in both putamens. Genetic analysis revealed a GBA mutation L444P (â€oesevereâ€• mutation). Cardiac MIBG-scintigraphy showed normal myocardial postganglionic sympathetic uptake. Case report 2: A 46 years-old woman referred to our clinic with a 1-year history of upper and lower right limbs rigidity associated with a rest tremor of the right hand. Neurological examination showed gait impairment associated with reduction of arms swing. Mild rigidity of the limbs and resting tremor of the right hand. Dopamine transporter imaging scans showed severe reduction of radio ligand uptake in left putamen and caudate nucleus with sparing of right putamen. Genetic analysis reveal the GBA mutation NS370, (â€oemildâ€• mutation). Cardiac scintigraphy with MIBG showed normal myocardial postganglionic sympathetic uptake. Discussion: Here we reported two PD patients with different GBA mutations, without evidence of LB in the myocardial post-ganglionic sympathetic terminals. In idiopatic PD patients, MIBG myocardial scintigraphy usually show sympathetic denervation secondary to LB inclusions.To our knowledge, this is the first report suggesting absence of LB in myocardial postganglionic system in PD patients carrying GBA mutations. The same pattern was observed for both â€oemildâ€• and severe mutations.

Proprioceptive Focal Stimulation (EquistasiÂ®) may improve quality of gait in middle-advanced Parkinsonâ€™s disease patients. Double-blind, double-dummy, randomized, crossover, Italian Multicentric study.

Objective: Object of the study was to evaluate the efficacy of propriocettive Focal Stimulation on Gait in middle advanced Parkinson (PD) patients by a crossover, randomized, double Blind double dummy study using EquistasiÂ®, nanotechnological device of the dimension of a plaster which generates High Frequency segmental vibration. Background: The efficacy of Gait Analysis (GA) on evaluating gait modification on Parkinson’s Disease (PD) Patients (1) is already well known. On the other hand, several studies have shown that Proprioceptive Focal Stimulation seems to be useful in symptoms amelioration in several neurological disease. Therefore, GA was recorded in a group of PD patients in randomized blind double dummy study using Equistasi Â® device and its placebo (inactive plaque). Methods: Forty PD patients (age 68,7 years, Duration disease 8.34 years, Duration Therapy 7,3 years; H&Y 2.52) at their best on therapy, were enrolled in the study. They were randomized. Four GA were performed always at the morning. Three plaques devices were put on the skin: one at C7, one at the right and the left leg, on soleus muscle (2) EquistasiÂ® is a nanotechnological device of the dimension of a plaster which generates High Frequency segmental vibration. Clinical state was monitored by MDUPDRS part III. Parametric (One-way ANOVA and paired t-Student) and not

parametric statistic (Freidman ANOVA and Wilcoxon test) were used. Results: The analysis of the Spatial â€“Temporal variables showed a significant improvement of Mean Velocity (MV) p=.006, Stride Lenght (SL) in right and left respectively p=.003 and p=.005, Stance (STA) in right and left respectively p=.026 and p=.040 and Double Support Stance (DSS) in left and right stride respectively p=.036 and p=.007, in Active evaluation. Moreover, these parameters were more significant in the most compromised patients (H&Y=3). MDUPDRS Part III was statistically reduced both in Active and Inactive device evaluation (Active: p=0.000; Inactive: p=0.003), but items 3.10, 3.12 and 3.13 were statistically reduced only in the Active treatment. Conclusions: The results, in this group of patients, encourage to investigate the mechanical focal vibration as stimulation of proprioceptive system in PD. The effect of the device on more severe patients may open a new possibility to the management of this stage of PD. Over the influence on postural stability previous reported, the present study indicates as the device ameliorates also gait performance, and confirms the support that GA gives to underlight the modifications of gait in PD patients.

Atypical MRI findings in a sporadic case of Creutzfeldt-Jakob Disease presenting with cerebellar syndrome.

Background: Creutzfeldt-Jakob disease (CJD) is a rapidly progressive and fatal neurodegenerative prion disease that occurs mostly as sporadic form (sCJD:90%) and in a lesser extent as familial (fCJD:15%) and acquired forms (5%). The diagnosis is supported by CSF levels of neurodegeneration biomarker, clinical, neuro-imaging and electroencephalographic (EEG) features, while the definite diagnosis comes from neuropathological exams or the detection of mutations in the prion protein gene. Brain MRI scans are characterised by pathognomonic features that can have a prognostic value: DWI hyperintensity in the occipital cortex at the time of diagnosis is predictive of a severe course of the disease. We present the case of a patient with CJD that presented cerebellar MRI lesions at onset, a rarely described and potentially misleading feature in the early stages of the disease. Case report: A 77-year-old woman was admitted to our department in May 2018 reporting a history of acute-onset gait unsteadiness and a progressive worsening of space-time disorientation and short-term memory deficit, all symptoms started forty days before. Clinical history was characterised by hypertension, hypercholesterolemia and hypothyroidism; no familiarity for neurological diseases was reported. Neurological examination revealed severe gait ataxia, sporadic myoclonus and cognitive impairment with space-time disorientation; no febrile episodes happened in the last two months. Before coming to our attention, the patient had already carried out brain CT and EMG/ENG, both resulted negative. In the first week of hospitalization, she showed rapidly progressive dementia, extrapyramidal rigidity and worsened till akinetic mutism. Routine blood tests and auto-antibodies dosage were normal. Electroencephalogram showed widespread periodic bi-triphasic sharp waves. High levels of total-Tau (6734 pg/ml) and Tau/pTau ratio (187.8), were detected in CSF. Brain MRI showed T2/FLAIR hyperintense signal in both pulvinar and dorsomedial thalamic nuclei (˜hockey stick sign) and frontal, parieto-occipital ribbon like cortical signal intensity. In addition, FLAIR and diffusion-weighted MR images show an unusual signal hyperintensity in cerebellum. A diagnosis of probable CJD according to WHO criteria was made. 14-3-3 dosage and genetic analysis are currently in progress.
Conclusion: to our best knowledge this is the first case described of sCJD with early demonstration of cerebellar changes on MRI brain scans, probably due to the severe course of the disease observed in our patient and to its onset with cerebellar syndrome.

Standard MRI usually fails to reveal cerebellar involvement in sCJD (even when documented at clinical and neuropathological level); anyway, cerebellar changes could be considered as atypical sCJD neuroimaging features.

THE CHALLENGING CASE OF A MISDIAGNOSED LONG-LASTING JUVENILE METACHROMATIC LEUKODYSTROPHY

Background. Metachromatic leukodystrophy (MLD) is a rare demyelinating autosomal recessive disorder depending on the near-complete absence of the lysosomal enzyme arylsulfatase A (ARSA). The juvenile form (between 4 and 16 years) consists of behavioural and progressive walking disorders together with decrease in intellectual performance. Only few patients survive more than 20 years. Case report. A 29-year-old man presented to our attention for an ataxo-spastic gait, previously diagnosed as part of an â€oeundefined leukoencephalopathyâ€•. His maternal uncle was diagnosed with schizophrenia. His birth was preterm, with severe cyanosis. The patient started to walk at the age of 3 (even if his gait was never steady) and he progressively developed a spastic paraparesis. At the age of 15 he became addicted to cannabinoids and cocaine. He also presented behavioural changes, especially outbursts of anger towards the others and disinhibition. At the age of 28 he developed memory loss, concentration problems and his speech became poorer. At neurological examination the patient was inattentive with spastic laughter and poverty of speech; spastic tetraparesis but no cerebellar deficits were found. MRI demonstrated symmetrical confluent hyperintense white matter areas presenting a typical tigroid pattern and a periventricular distribution, sparing U fibres; corpus callosum was thinner. The ophthalmological examination showed a slight pallor of the optic disc. The electro-encephalography showed low frequency abnormalities in the fronto-temporal regions. The EMG was compatible with demyelinating sensory-motor polyneuropathy. The CSF presented an increased protein content; no OCBs were detected. Psychological tests showed impaired verbal fluency, poor memory retrieval, executive dysfunction (MMSE: 17). ARSA activity on leukocytes was 12 nmol/h/mg (normal value: 78-180), consistent with the diagnosis of MLD. Conclusions. Besides the long survival of our patient, what has to be underlined is the major possibility of a misdiagnosis. In the first place the motor manifestations could have been referred to the critical birth conditions. The abuse of cocaine could have been another bias, giving MRI symmetrical and bilateral hyperintense areas of white matter too. Moreover, the patient could have been considered as mentally ill, due to his psychiatric symptoms and his familiarity with schizophrenia. We prevented the misdiagnosis thanks to MRI, other instrumental and laboratoristic exams, but above all thanks to the demonstration of ARSA deficiency on the patient's leukocytes. Considering the above, what if the patientâ€™s uncle's diagnosis was not schizophrenia, but a form of MLD too?

A clinical case of steroid resistant cerebellar syndrome in a melanoma patient treated with Ipilimumab.

Background: Ipilimumab is a monoclonal antibody (MoAb) targeting cytotoxic T lymphocyte-associated antigen 4 (CTLA4) that enhances the immune response against cancer. This checkpoint inhibitor has been approved in 2011 for melanoma treatment and is currently tested for different solid tumors. Neurological adverse events with anti-CTLA4 are rare but deserve special interest because of potential severity (Guillain BarrÃ¨ syndrome, peripheral neuropathies, aseptic meningo-encephalitis etc) and the best management is not yet defined. This complications occur in 3.8% of patients and usually

arise 8-12 weeks after starting treatment. Only one case of ataxia associated with myoclonus has been recently reported in a patient treated with Ipilimumab plus Nivolumab. We describe a cerebellar syndrome in a melanoma patient treated with Ipilimumab. Case Report: A 73 years old male underwent cutaneous melanoma excision with lymph node dissection in December 2015. Shortly after, he developed lung metastases and was treated with Ipilimumab (3 mg/kg q21 days iv) for 4 cycles until June 2016, with stable primary disease. After three months from the beginning of the therapy he presented with ataxia, dizziness and nystagmus. CSF revealed only mild lymphocytic pleocytosis without blood-brain barrier damage. No serum onconeural antibodies were found. Brain and spine MRI and EMG/ENG were normal. The patient received high dose steroids with clinical benefit but neurologic worsening occurred during tapering.
Hence he continued Prednisone 50 mg daily, from September 2016 to November 2017, when he was further hospitalized for a cerebellar syndrome with trunkal ataxia, dysmetria, dysarthria and nystagmus, paraparesis and postherpetic neuralgia (VZV infection one mount before). Lung metastases were stable. CSF showed mild blood barrier damage, while serum onconeural antibodies were negative. EMG revealed axonal polyneuropathy. A cycle of intravenous immunoglobulin (IVIG) was administered and after 30 days, trunkal ataxia improved and all the other neurologic symptoms regressed.
Conclusions: Differential diagnosis between paraneoplastic process and drug neurotoxicity was challenging in this patient. Paraneoplastic hypothesis was less probable because is very rare in melanoma (less than 1%); moreover onconeural antibodies are generally positive in 60-80% of cases, even if detection could be negative by contextual cortisone treatment. Instead, time to onset of neurologic symptoms and the absence of tumor progression may suggest a iatrogenic etiopathogenesis. Cerebellar degeneration is a rare adverse event with Ipilimumab, and even if differential diagnosis between paraneoplastic and neurotoxic syndrome is controversial, IVIG can be beneficial and should be considered in steroid dependent diseases.

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Abu Rumeileh	Samir	Bologna	medicina e chirurgia	neurologia	Department of Biomedical and NeuroMotor Sciences (DIBINEM) - Università di Bologna	specializzando in neurologia
Africa	Liana Maria	Siena	medicina e chirurgia	neurologia	Scuola di Specializzazione in Neurologia	specializzando in neurologia
AGOSTA	FEDERICA	Milano	Medicina e Chirurgia	Neurologia	Vita-Salute San Raffaele University	ricercatore universitario
AGUGLIA	UMBERTO	Catanzaro	Medicina e Chirurgia	Neurologia	Neurologia, Università Magna Graecia Catanzaro, Centro Regionale Epilessie, presidio Riuniti, Reggio Calabria	Professore Ordinario di Neurologia
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Altamura	Claudia	Roma	medicina e chirurgia	neurologia	UO Neurologia	dirigente medico 1° livello
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ANTONINI	ANGELO	Milano	Medicina e Chirurgia	Neurologia	Centro Parkinson Istituti Clinici di Perfezionamento di Milano	Neurologo
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Arru	Mauro	Cagliari	medicina e chirurgia	neurologia	Dipartimento di scienze mediche e sanità pubblica	specializzando in neurologia
Artusi	Carlo Alberto	Torino	medicina e chirurgia	neurologia	Dipartimento di Neuroscienze "Rita Levi Montalcini"	specializzando in neurologia
Asci	Francesco	Roma	medicina e chirurgia	neurologia	Dipartimento Neuroscienze Umane	specializzando in neurologia
Ascoli	Michele	Catanzaro	medicina e chirurgia	neurologia	Centro Regionale Epilessie	specializzando in neurologia
Assenza	Giovanni	Roma	medicina e chirurgia	neurologia	Unità di Neurologia, Neurobiologia e Neurofisiologia	dirigente medico 1° livello
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Barbagallo	Gaetano	Catanzaro	medicina e chirurgia	neurologia	Istituto di Neurologia - Università Magna Graecia di Catanzaro	Assegnista di Ricerca con attività assistenziale
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BARONE	PAOLO	SALERNO	Medicina e Chirurgia	Neurologia	Università di Salerno	Professore Associato di Neurologia
Bartolomeo	Paolo	Parigi, Francia	medicina e chirurgia	neurologia	Institut du cerveau et de la moelle à©pinière	dirigente medico 1° livello
Baschi	Roberta	Palermo	medicina e chirurgia	neurologia	UO di Neurologia e Neurofisiopatologia, Ospedale Fatebenefratelli Buccheri La Ferla, Palermo	Specialista Neurologo, Libero Professionista
Battaglia	Giulia	Catania	medicina e chirurgia	neurologia	Dipartimento G.F. Ingrassia, Clinica Neurologica	specializzando in neurologia
Bechi Gabrielli	Giulia	Roma	medicina e chirurgia	neurologia	Fondazione Santa Lucia	specializzando in neurologia
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belvisi	daniele	Roma	medicina e chirurgia	neurologia	IRCSS Neuromed	dirigente medico 1° livello
Benato	Alberto	Padova	medicina e chirurgia	neurologia	Department of Neurosciences	specializzando in neurologia
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Bonifacio	Francesco Paolo	Napoli	medicina e chirurgia	neurologia	Prima Clinica Neurologica e Neurofisiopatologica di Napoli	dirigente medico 1° livello
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Bruno	Giorgia	Napoli	medicina e chirurgia	neurologia	II Neurologia	specializzando in neurologia
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Cabona	Corrado	Genova	medicina e chirurgia	neurologia	DINOGMI - Policlinico San Martino Genova	specializzando in neurologia
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CALABRESI	PAOLO	PERUGIA	Medicina e Chirurgia	Neurologia	Università degli Studi di Perugia UOC Clinica Neurologica	Professore di I Fascia in Neurologia
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Caligiuri	Maria Eugenia	Catanzaro	medicina e chirurgia	neurologia	Neuroscience Research Center	dirigente medico 1° livello
CALTAGIRONE	CARLO FRANCESCO	Roma	Medicina e Chirurgia	Neurologia	Professore Associato Neurologia e Neurochirurgia	I.R.C.C.S. Fondazione Santa Lucia.
Calvi	Alberto	Milano	medicina e chirurgia	neurologia	IRCCS Ospedale Maggiore Policlinico	dirigente medico 1° livello
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Candini	Michela	Bologna	Scienze del comportamento e delle relazioni sociali, facoltà di Psicologia	Neuroscienze e riabilitazione Neuropsicologica, facoltà di Psicologia	Department of Psychology di Bologna	assegnista di ricerca
Canosa	Antonio	Turin	medicina e chirurgia	neurologia	ALS Centre, Department of Neuroscience of Turin	dirigente medico 1° livello
CANU	ELISA	Milano	Psicologia	Ricercatrice	ricercatore	Vita-Salute San Raffaele
CAPALDO	GUGLIELMO	NAPOLI	medicina e chirurgia	neurologia	UOC NEUROLOGIA II	specializzando in neurologia
CAPPA	STEFANO FRANCESCO	Pavia	Medicina e Chirurgia	Neurologia	Università Vita-Salute San Raffaele Milano Facoltà di Psicologia	Professore Ordinario di Neuropsicologia
CAPRA	CLAUDIO	CAGLIARI	Medicina e Chirurgia	Neurologia	Ospedale di Cagliari Dipt. Neuroscienze	Dirigente medico
CAPRA	RUGGERO	Brescia	Medicina e Chirurgia	Neurologia	Spedali Civili di Brescia - USD Neurologia - Centro di riferimento Regionale Sclerosi Multipla	Dirigente medico
Capuano	Rocco	Napoli	medicina e chirurgia	neurologia	I Clinica Neurologica di Napoli	specializzando in neurologia
Carandini	Tiziana	Milano	medicina e chirurgia	neurologia	Ospedale Maggiore Policlinico	specializzando in neurologia
CARDONA	FRANCESCO	Roma	Medicina e Chirurgia	Neuropsichiatria infantile	Azienda Ospedaliera Universitaria Policlinico Umberto I, Roma	Dirigente Medico - UOC Neuropsichiatria Infantile
Caria	Filomena	Brescia, Italy	medicina e chirurgia	neurologia	ERN EURO-NMD Center for Neuromuscular Diseases, Unit of Neurology, ASST “Spedali Civili"	specializzando in neurologia
CARLESIMO	GIOVANNI	Roma	Medicina e Chirurgia	Neurologia	Università Tor Vergata , Dipartimento di Medicina dei Sistemi - Roma	Professore Associato di Neurologia
CAROLEI	ANTONIO	L'Aquila	Medicina e Chirurgia	Neurologia e Psichiatria	Professore Ordinario - Medicina clinica, sanità pubblica, scienze della vita e dell'ambiente - Ateneo L'Aquila	Professore Ordinario
casagrande	silvia	Florence	medicina e chirurgia	neurologia	Careggi University Hospital	specializzando in neurologia
Cascio Rizzo	Angelo	Roma	medicina e chirurgia	neurologia	POLICLINICO CAMPUS BIOMEDICO Neurologia di Roma	specializzando in neurologia
CASO	FRANCESCA	Milano	medicina e chirurgia	neurologia	Ospedale San Raffaele di Milano	dirigente medico 1° livello
Castelnovo	Veronica	Milan	psicologia	neuroscienze e riabilitazione Neuropsicologica	Neuroimaging Research Unit INSPE, Division Neuroscience San Raffaele Scientific Institute, Vita Salute San Raffaele University	assegnista di ricerca
CAUSARANO	IGNAZIO RENZO	Milano	Medicina e Chirurgia	Neurologia	Responsabile della Struttura Semplice Dipartimentale Cure Palliative e Hospice presso l'AO Ospedale Niguarda Ca' Granda.	Dirigente medico
CAVALETTI	GUIDO	Monza	Medicina e Chirurgia	Neurologia	Dipartimento di Neuroscienze e Tecnologie Biomediche Università di Milano Bicocca	Professore Associato
Cecchi	Gianluca	Roma			Campus Bio-Medico	specializzando in neurologia
CENTONZE	DIEGO	ROMA	medicina e chirurgia	Neurologia e Psichiatria	Università degli studi Tor Vergata di Roma	Professore Associato di Neurologia
Cerami	Chiara	Milan	medicina e chirurgia	neurologia	San Raffaele Scientific Institute of Milano	assistente medico 1° livello
CERAVOLO	ROBERTO	Pisa	Medicina e Chirurgia	Neurologia	Azienda Ospedaliero Universitaria di Pisa	Medico ospedaliero
CERRATO	PAOLO	Torino	Medicina e Chirurgia	Neurologia	Clinica Neurologica-Dipartimento di Neuroscienze di Torino	Dirigente medico di I livello
Cerrone	Paolo	L'Aquila	medicina e chirurgia	neurologia	Clinica Neurologica, Ospedale San Salvatore	specializzando in neurologia
CEVOLI	SABINA	Bologna	Medicina e Chirurgia	Neurologia	IRCCS Istituto delle Scienze Neurologiche di Bologna, AUSL di Bologna	Dirigente Medico in Neurologia
CHIO'	ADRIANO	Torino	Medicina e Chirurgia	Neurologia e Neurofisiologia clinica	Dipartimento di Neuroscienze ‘Rita Levi Montalcini’ dell’Università degli Studi di Torino	Professore Ordinario di Neurologia
Ciaramitaro	Palma	Torino	medicina e chirurgia	neurologia	Dipartimento di Neuroscienze, AOU Città della Salute e della Scienza di Torino	dirigente medico 1° livello
Ciardi	Maria Rosa	Roma	medicina e chirurgia	neurologia	Dipartimento di Sanità Pubblica e Malattie Infettive	dirigente medico 1° livello
ciccarelli	nicoletta	Milano	medicina e chirurgia	neurologia	Dipartimento di Psicologia	dirigente medico 1° livello
CICCONE	ALFONSO	Mantova	Medicina e Chirurgia	Neurologia	Azienda Socio Sanitaria Territoriale di Mantova	dirigente medico 1° livello
Cicero	Calogero Edoardo	Catania	medicina e chirurgia	neurologia	Department G.F. Ingrassia, Section of Neurosciences	specializzando in neurologia
Ciocca	Matteo	Milan	medicina e chirurgia	neurologia	ASST Fatebenefratelli Sacco	dirigente medico 1° livello
Cipollini	Virginia	Roma	medicina e chirurgia	neurologia	A.O. S. Andrea di Roma	dirigente medico 1° livello

LISTA RELATORI AFFILIAZIONE 49° CONGRESSO SIN ROMA 2018

Cirillo	Giovanni	Napoli	medicina e chirurgia	neurologia	Anatomia Umana - I Clinica Neurologica Dip. Salute Mentale e Fisica e Medicina Preventiva Università degli Studi della Campania "Luigi Vanvitelli"	dirigente medico 1° livello
CISARI	CARLO	NOVARA	medicina e chirurgia	neurologia, Medicina fisica e riabilitazione	Università del Piemonte Orientale. Direttore S.C. Medicina Fisica e Riabilitativa dell'AOU "Maggiore della Carità" Novara	professore Associato di Medicina Fisica e Riabilitativa
Cividini	Camilla	Milan	medicina e chirurgia	neurologia	San Raffaele Scientific Institute	dirigente medico 1° livello
Clausi	Silvia	Roma	psicologia	neuroscienze	Ataxia Lab	dirigente medico 1° livello
COCCO	Eleonora	CAGLIARI	medicina e chirurgia	Neurologia	Università degli studi di Cagliari	Professore Associato di Neurologia
COCCIA	MICHELA	Ancona	medicina e chirurgia	Neurologia	SOD Clinica di Neuroriabilitazione - Università degli studi di Anconca	Dirigente Medico I Livello
COCOZZA	SIRIO	Napoli	Medicina e Chirurgia	Neurologia	Università Federico II Napoli	specializzando in neurologia
Colacicco	Giovanni	Roma	medicina e chirurgia	neurologia	Neurologia	specializzando in neurologia
Colella	Donato	Rome	medicina e chirurgia	neurologia	Department of Human Neuroscience	specializzando in neurologia
COLNAGHI	SILVIA	Pavia	Medicina e Chirurgia	Neurologia	Fondazione "Istituto Neurologico Nazionale C. Mondino" Pavia	Dirigente medico
colombo	bruno	milano	medicina e chirurgia	neurologia	IRCCS ospedale san raffaele	dirigente medico 1° livello
COLOSIMO	CARLO	Terni	Medicina e Chirurgia	Neurologia	Dipartimento di Scienze Neurologiche - Univ. La Sapienza	ricercatore
Comi	Giancarlo	Milan	medicina e chirurgia	neurologia	University Vita-Salute San Raffaele	professore ordinario di neurologia
CONTE	ANTONELLA	Roma	Medicina e Chirurgia	Neurologia	Dip. Di Neurologia e Psichiatria dell'Univ. La Sapienza di Roma	Ricercatrice
Coppola	Gianluca	Latina	medicina e chirurgia	neurologia	Dipartimento di Scienze e Biotecnologie Medico Chirurgiche	dirigente medico 1° livello
Cordani	Claudio	Milano	medicina e chirurgia	neurologia	San Raffaele Scientific Institute	dirigente medico 1° livello
CORNAGGIA	CESARE MARIA	Monza	Medicina e Chirurgia	Psichiatria	Presidio ospedaliero ASST di Monza	Direttore Struttura complessa
CORSI	FABIO MASSIMO	Roma	Medicina e Chirurgia	Neurologia	Azienda Ospedaliera San Camillo – Forlanini, Roma	Direttore UOC di Neurologia e Neurofisiopatologia
CORTELLI	PIETRO	Bologna	Medicina e Chirurgia	Neurologia	Dip. Scienze Neurologiche Alma Mater Studiorum - Università degli Studi di Bologna Clinica Neurologica	Professore Associato
Cortese	Francesca	Latina	medicina e chirurgia	neurologia	Department of Medico-Surgical Sciences and Biotechnologies	dirigente medico 1° livello
Cosentino	Giuseppe	Palermo	medicina e chirurgia	neurologia	AOU Policlinico Paolo Giaccone di Palermo	dirigente medico 1° livello
COSTA	CINZIA	Perugia	Medicina e Chirurgia	neurologia	DIPARTIMENTO DI MEDICINA > Sezione di Clinica Neurologica - Univ. Degli studi di Perugia	Ricercatrice
Costantini	Gianfranco	Torino	medicina e chirurgia	neurologia	Ospedale Molinette	specializzando in neurologia
COSTANZO	ERMINIO	Catania	Medicina e Chirurgia	Neurologia	Az. Osp. Per l'Emergenza Cannizzaro	Primario Neurologo
Criscuolo	Chiara	Napoli	medicina e chirurgia	neurologia	Dipartimento di Neuroscienze, Scienze Riproduttive e Odontostomatologiche	dirigente medico 1° livello
CRUCCU	GIORGIO	Roma	Medicina e Chirurgia	Neurologia	Department Human Neuroscience Sapienza University	Professore ordinario in neurologia
Cuffaro	Luca	Palermo	medicina e chirurgia	neurologia	Department of Experimental Biomedicine and Clinical Neuroscience	specializzando in neurologia
Dacci	Patrizia	Milan	medicina e chirurgia	neurologia	IRCCS Foundation "Carlo Besta" Neurological Institute	dirigente medico 1° livello
d'acunto	laura	Salerno	medicina e chirurgia	neurologia	scuola di specializzazione	specializzando in neurologia
DANIELE	ANTONIO	Roma	medicina e chirurgia	neurologia	univ. Cattolica Sacro Cuore di Roma	ricercatore
Dato	Clemente	Napoli	medicina e chirurgia	neurologia	Seconda Clinica Neurologica	specializzando in neurologia
de Falco	Arturo	Avellino	medicina e chirurgia	neurologia	U.O. di Neurologia e Stroke Unit	dirigente medico 1° livello
de FALCO	FABRIZIO ANTONIO	Napoli	Medicina e Chirurgia	Neurologia	Direttore U.O.S.C. di Neurologia. Ospedale S. M. di Loreto Nuovo Napoli	Medico neurologo
De Mase	Antonio	Napoli	medicina e chirurgia	neurologia	I clinica neurologica e neurofisiopatologia	dirigente medico 1° livello
De Meo	Ermelinda	Milan, Italy	medicina e chirurgia	neurologia	San Raffaele Scientific Institute	specializzando in neurologia
De Micco	Rosa	Naples	medicina e chirurgia	neurologia	Department of Medical, Surgical, Neurological, Metabolic and Aging Sciences	dirigente medico 1° livello
De Michele	Manuela	Roma	medicina e chirurgia	neurologia	Unità di Trattamento Neurovascolare (UTN)/DEA	dirigente medico 1° livello
DE NEGRI	ANNA MARIA	Roma	Medicina e Chirurgia	Oftalmologia	Dirigente medico I° livello azienda ospedaliera S. CamilloForlanini U.O. Oculistica	Dirigente medico I° livello
DE PASQUA	SILVIA	Bologna	medicina e chirurgia	neurologia	IRCCS Istituto delle Scienze Neurologiche di Bologna - UOC Clinica Neurologica	specializzando in neurologia
De Simone	Maria Stefania	Rome	medicina e chirurgia	neurologia	IRCCS Santa Lucia Foundation	dirigente medico 1° livello
DE STEFANO	Nicola	Siena	Medicina e Chirurgia	Neurologia	Azienda Ospedaliera di Siena	Dirigente Medico I Livello
DEFAZIO	GIOVANNI	CAGLIARI	Medicina e Chirurgia	Neurologia	Università degli studi di Cagliari	Professore Ordinario
Degan	Diana	L'Aquila	medicina e chirurgia	neurologia	Dipartimento di Scienze Cliniche Applicate e Biotecnologie	dirigente medico 1° livello
Del Gamba	Claudia	Pisa	medicina e chirurgia	neurologia	U.O. Neurologia - Azienda Ospedaliero-Universitaria Pisana	dirigente medico 1° livello
Del Tedesco	Federica	Milano	medicina e chirurgia	neurologia	Facoltà di Medicina e Chirurgia	dirigente medico 1° livello
DEL VECCHIO	MARIO	Milano	Economia Politica	-	Università Bocconi di Milano	Direttore OCPS
Demichelis	Chiara	Genova	medicina e chirurgia	neurologia	Ospedale Policlinico San Martino - DINOGMI	specializzando in neurologia
Demonte	Giulio	Catanzaro	medicina e chirurgia	neurologia	A.O.U. "Mater Domini" - Institute of Neurology	specializzando in neurologia
destro	francesco	Cagliari	medicina e chirurgia	neurologia	Scuola di specializzazione in Radiodiagnostica	specializzando in neurologia
DI BONAVENTURA	CARLO	Roma	Medicina e Chirurgia	Neurologia	Università La Sapienza Roma	Dirigente medico
Di Carlo	Antonio	Florence	medicina e chirurgia	neurologia	Institute of Neuroscience	dirigente medico 1° livello
Di Fede	Giuseppe	Milano	medicina e chirurgia	neurologia	Fondazione IRCCS Istituto Neurologico Carlo Besta	dirigente medico 1° livello
DI FRANCESCO	JACOPO	ROMA	medicina e chirurgia	neurologia	Neurologia, ASST Osp. S. Gerardo, Università Milano-Bicocca, Monza	dirigente medico 1° livello
DI GENNARO	GIANCARLO	Pozzilli, IS	Medicina e Chirurgia	Neurologia	Istituto Neuromed di Pozzilli	Responsabile presso il Centro per la Chirurgia dell'Epilessia
Di Lazzaro	Giulia	Roma	medicina e chirurgia	neurologia	Medicina dei sistemi, Neurologia	specializzando in neurologia
DI LAZZARO	VINCENZO	ROMA	Medicina e Chirurgia	Neurologia	Responsabile UOC di Neurologia Professore Ordinario - Policlinico universiatrio Campus-Biomedico Roma	Professore Associato, Settore scientifico MED/26
Di Lorenzo	Francesco	roma	medicina e chirurgia	neurologia	Fondazione Santa Lucia	specializzando in neurologia
DI LORENZO	Giorgio		medicina e chirurgia	Psichiatria	Università di Roma Tor Vergata - Neuroscienze	Ricercatore
Di Santo	Simona Gabriella	Roma	psicologia	neuroscienze	IRCCS FONDAZIONE SANTA LUCIA	psicologa
Di Stefano	Giulia	Roma	medicina e chirurgia	neurologia	Dipartimento di Neuroscienze Umane	dirigente medico 1° livello
Di Tella	Sonia	Milan, Italy	medicina e chirurgia	neurologia	Don Carlo Gnocchi Onlus Foundation	dirigente medico 1° livello
Diamanti	Luca	Pavia	medicina e chirurgia	neurologia	Istituto Neurologico Nazionale C. Mondino	dirigente medico 1° livello
DIOMEDI	MARINA	ROMA	Medicina e Chirurgia	Neurologia	Fondazione Policlinico Tor Vergata	Direttore UOC di Stroke Unit
Distefano	Marisa	Roma	medicina e chirurgia	neurologia	Istituto di Neurologia	dirigente medico 1° livello
Docimo	Renato	Napoli	medicina e chirurgia	neurologia	I Clinica Neurologica	dirigente medico 1° livello

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Dodich	Alessandra	Milano	medicina e chirurgia	neurologia	Istituto Scientifico San Raffaele	dirigente medico 1° livello
Donadio	Vincenzo	Bologna	medicina e chirurgia	neurologia	IRCCS Istituto Scienze Neurologiche Bologna	dirigente medico 1° livello
Doneddu	Pietro Emiliano	Rozzano (Milano)	medicina e chirurgia	neurologia	Istituto Clinico Humanitas	dirigente medico 1° livello
ELEOPRA	ROBERTO	Milano	Medicina e Chirurgia	Neurologia	Dipartimento di Neuroscienze Cliniche Fondazione IRCCS Istituto Neurologico Carlo Besta	Dirigente medico
Ercoli	Tommaso	Cagliari	medicina e chirurgia	neurologia	Department of Medical Sciences and Public Health, Institute of Neurology	specializzando in neurologia
ESPOSITO	MARCELLO	Napoli	Medicina e Chirurgia	Neurologia	Dip. Neuroscienze, Scienze della Riproduzione ed Odontostomatologiche dell'univ. Federico II di Napoli	Ricercatore
estraneo	anna	Telese Terme (BN)	medicina e chirurgia	neurologia	Istituti clinici scientifici Maugeri, IRCCS	dirigente medico 1° livello
Evangelista	Luana	L'Aquila	medicina e chirurgia	neurologia	Department of Neurology and Stroke Unit, AZH	dirigente medico 1° livello
EVOLI	AMALIA	Roma	Medicina e Chirurgia	Neurologia	Istituto di Neurologia Università La Cattolica Roma	Professore Associato di Neurologia
Fabbrini	Andrea	Roma	medicina e chirurgia	neurologia	Policlinico Umberto I	specializzando in neurologia
FABBRINI	GIOVANNI	Roma	Medicina e Chirurgia	Neurologia	Dipartimento di Neurologia e Psichiatria Sapienza di Roma	Professore Associato di Neurologia
FAINARDI	ENRICO	Firenze	Medicina e Chirurgia	Neurologia	AOU Careggi Firenze	Direttore Struttura organizzativa dipartimentale di Neuroradiologia
Falcicchio	Giovanni	Bari	medicina e chirurgia	neurologia	Neurology Unit - DSMBNOS	specializzando in neurologia
FALINI	ANDREA	Milano	Medicina e Chirurgia	Radiologia e Neurologia	Divisione di Neuroscienze, Istituto Scientifico San Raffaele	Professore di ruolo II fascia, MED/37 Neuroradiologia
FARINA	ELISABETTA	MILANO	medicina e chirurgia	Neurologia	IRCCS S. Maria Nascente Fondazione Don C. Gnocchi	dirigente medico
Fasolino	Alessandra	Rome	medicina e chirurgia	neurologia	Department of Human Neuroscience	specializzando in neurologia
Favaretto	Silvia	Castelfranco Veneto (Trevis	medicina e chirurgia	neurologia	Department of Neurology	specializzando in neurologia
Favetta	Martina	Rome	medicina e chirurgia	neurologia	MARlab, Neuroscience and Neurorehabilitation Department	specializzando in neurologia
FEDERICO	ANTONIO	Siena	Medicina e Chirurgia	Neurologia	Dipartimento di Scienze Neurologiche e del Comportamento Università degli studi di Siena	Professore Ordinario di Neurologia
FEDERIGHI	PAMELA	Siena	Ingegneria elettronica	-	Centro dei Servizi di Ateneo per la Valorizzazione della Ricerca e la Gestione dell'Incubatore Universitario - Univ. Di Firenze	Borsista
Felica	Vincenzo	Bari, Italy	medicina e chirurgia	neurologia	Department of Basic Medical Sciences, Neurosciences and Sense Organs	dirigente medico 1° livello
Femiano	Cinzia	Naples	medicina e chirurgia	neurologia	Department of Medical, Surgical, Neurological, Metabolic and Aging Sciences - First Policlinic of Naples; MRI Research Center SUN-FISM	specializzando in neurologia
FERLAZZO	EDOARDO	Catanzaro	Medicina e Chirurgia	Neurologia	Università Magna Graecia di Catanzaro	Professore aggregato
FERLINI	ALESSANDRA	Ferrara	Medicina e Chirurgia	Neurologia e Genetica Medica	Azienda Ospedaliera di Ferrara	Professore associato in Genetica medica
Ferrandi	Delfina	Alessandria	medicina e chirurgia	neurologia	Azienda Ospedaliera Alessandria	dirigente medico 1° livello
FERRARESE	CARLO	Monza	Medicina e Chirurgia	Neurologia	Dipartimento di Neuroscienze Ospedale San Gerardo - Monza MI	Professore Ordinario di Neurologia
FERRARI	SERGIO	Verona	Medicina e Chirurgia	Neurologia e Neuropatologia	Clinica Neurologica - Azienda Ospedaliera di Verona	Medico
FERRI	RAFFAELE	Troina, EN	Medicina e Chirurgia	Neurologia	Dipartimento di Neurologia - Istituto Oasi	Primario Neurologo
FILIPPI	MASSIMO	MILANO	Medicina e Chirurgia	Neurologia	Università Vita-Salute San Raffaele	Professore Associato di Neurologia
FILLA	ALESSANDRO	NAPOLI	Medicina e Chirurgia	Neurologia	Università Federico II Napoli	Professore Ordinario di Neurologia
FIORIO	MIRTA	Verona	Psicologia	-	Università di Verona	Professore Associato in Psicobiologia e Psicologia Fisiologica
Foschi	Matteo	Bologna	medicina e chirurgia	neurologia	IRCCS Institute of neurological Sciences - Bellaria Hospital - Bologna, Italy	specializzando in neurologia
Fragiacomo	Federica	Padova	medicina e chirurgia	neurologia	Department of Neurosciences	specializzando in neurologia
Franchino	Federica	Turin	medicina e chirurgia	neurologia	Department of Neuroscience, Division of Neuro-Oncology	specializzando in neurologia
FRANCIOTTA	DIEGO	Pavia	Medicina e Chirurgia	Neurologia	istituto Neurologico Fondazione C. Mondino, Pavia	dirigente medico 1° livello
Frau	Jessica	Cagliari	medicina e chirurgia	neurologia	Centro Sclerosi Multipla	dirigente medico 1° livello
FREDIANI	FABIO	Milano	Medicina e Chirurgia	Neurologia	Azienda Ospedaliera Ospedale "S. Carlo Borromeo"	Primario del Reparto Neurologia e Stroke Unit, Responsabile Centro Cefalee
Frigeni	Barbara	Bergamo	medicina e chirurgia	neurologia	ASST Papa Giovanni XXIII - Bergamo Hospital	dirigente medico 1° livello
Fundarò	Cira	montescano	medicina e chirurgia	neurologia	ics maugeri montescano institute	specializzando in neurologia
Furlanis	Giovanni	Trieste	medicina e chirurgia	neurologia	ASUITS Ospedale di Cattinara	specializzando in neurologia
GAETANI	LORENZO	Perugia	Medicina e Chirurgia	Neurochirurgia e Neurofisiologia Clinica	Fondazione IRCCS Policlinico San Matteo Milano	Dirigente medico
Galgani	Simonetta	Roma	medicina e chirurgia	neurologia	S. Camillo-Forlanini Hospital	dirigente medico 1° livello
GALIMBERTI	DANIELA	Milano	Scienze Biologiche	-	Università di Milano Dipartimento di Fisiopatolgia e dei Trapianti	Professore di Seconda Fascia in Neurologia
GALLO	ANTONIO	Napoli	medicina e chirurgia	Neurologia	I Clinica Neurologica, AOU-Università della Campania "L. Vanvitelli"	ricercatore
GALLO	PAOLO	Padova	Medicina e Chirurgia	Neurologia	Università di Padova	professore associato
GAMBARDELLA	ANTONIO	Catanzaro	Medicina e Chirurgia	Neurologia	Clinica Neurologica, Policlinico Universitario, Viale Europa, Località Germaneto	professore associato
Gasparini	Sara	Catanzaro	medicina e chirurgia	neurologia	Centro Regionale Epilessie Reggio Calabria	dirigente medico 1° livello
GASPERINI	CLAUDIO	ROMA	medicina e chirurgia	neurologia	S. Camillo-Forlanini Hospital	dirigente medico 1° livello
GASTALDI	MATTEO	Pavia	Medicina e Chirurgia	Neurologia	Universita' di Pavia	Specializzando in neurologia
Gemelli	Chiara	Genova	medicina e chirurgia	neurologia	Department of Neurosciences, Rehabilitation, Ophthalmology, Genetic and Maternal and Infantile Sciences (DINOGMI)	dirigente medico 1° livello
GEPPETTI	PIERANGELO	Firenze	Medicina e Chirurgia	Endocrinologia	UO Careggi - Firenze	Docente di Farmacologia clinica
Gerace	Carmela	Roma	medicina e chirurgia	neurologia	Azienda Ospedaliera S.Camillo - Forlanini	dirigente medico 1° livello
GHEZZI	ANGELO	GALLARATE (VA)	medicina e chirurgia	Neurologia	AO Gallarate (VA)	Direttore Neurologia 2 - Sclerosi Multipla
GHIRARDINI	ALESSANDRO	Roma	medicina e chirurgia	Ematologia Generale Clinica e di Laboratorio	AGENZIA NAZIONALE PER I SERVIZI SANITARI REGIONALI	contratto di collaborazione coordinata e continuativa presso AGENAS
GIALLONARDO	ANNA TERESA	Roma	Medicina e Chirurgia	Neurologia	Dipartimento di Scienze Neurologiche, Policlinico Umberto I di Roma	Dirigente di I Livello
Giannoccaro	Maria Pia	Bologna	medicina e chirurgia	neurologia	IRCCS Istituto delle Scienze Neurologiche di Bologna	dirigente medico 1° livello
GIOMETTO	BRUNO	Trento	Medicina e Chirurgia	Neurologia e Neuropatologia	Direttore UOC Neurologia Ospedale S Chiara Azienda Provinciale per i Servizi Sanitari	dirigente medico 1° livello
Giopato	Federico	Padova	medicina e chirurgia	neurologia	Azienda Ospedaliera di Padova	specializzando in neurologia
Giordano	Antonino	Milan	medicina e chirurgia	neurologia	Institute of Experimental Neurology	dirigente medico 1° livello
GIRLANDA	PAOLO	Messina	Medicina e Chirurgia	Neurologia	Direttore UOSD di Neurofisiopatologia e disordini del movimento - AOU Policlinico Messina	Professore Ordinario di Neurologia
Giuliano	Loretta	Catania	medicina e chirurgia	neurologia	Department of Medical and Surgical Sciences and Advanced Technologies "G.F. Ingrassia", Section of Neurosciences	dirigente medico 1° livello

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Gordish-Dressman	Heather	Washington, DC	medicina e chirurgia	neurologia	Center for Translational Science, Children's National Health System of Washington	ricercatore
GRANATO	ANTONIO	Trieste	medicina e chirurgia	neurologia	Department of Medical, Technological and Translational Sciences, Headache Centre	specializzando in neurologia
GRIMALDI	LUIGI MARIA	Cefalù (PA)	Medicina e Chirurgia	neurologia	Ospedale San Raffaele Giglio di Cefalù	Primario dell'Unità Operativa di Neurologia dell'Ospedale San Raffaele Giglio di Cefalù
GUARALDI	PIETRO	Bologna	Medicina e Chirurgia	Neurologia	AUSL Modena e IRCCS Istituto delle scienze neurologiche di Bologna	Specialista ambulatoriale di Neurologia
Guerra	Andrea	Rome	medicina e chirurgia	neurologia	Department of Human Neurosciences	specializzando in neurologia
Guglielmino	Valeria	Roma	medicina e chirurgia	neurologia	Policlinico A. Gemelli	specializzando in neurologia
HACHINSKI	VLADIMIR	Toronto, CND	medicina e chirurgia	neurologia	London Health Sciences Centre, University Hospital	Professor of Neurology and Epidemiology
Iaffaldano	Pietro	Bari	medicina e chirurgia	neurologia	Department of Basic Medical Sciences, Neurosciences and Sense Organs	dirigente medico 1° livello
Iavarone	Alessandro	Napoli	medicina e chirurgia	neurologia	UOC Neurologia Ospedale CTO	dirigente medico 1° livello
Imarisio	Alberto	brescia	medicina e chirurgia	neurologia	spedali civili	dirigente medico 1° livello
Imperiale	Francesca	Milano	medicina e chirurgia	neurologia	San Raffaele Scientific Institute	dirigente medico 1° livello
Introna	Alessandro	Bari	medicina e chirurgia	neurologia	Department of Basic Medical Sciences, Neurosciences and Sense Organs	specializzando in neurologia
INZITARI	DOMENICO	Firenze	Medicina e Chirurgia	neurologia	Dipartimento di Neuroscienze, Area del Farmaco e Salute del Bambino - Firenze	Professore ordinario in pensione
IODICE	FRANCESCO	Roma	Medicina e Chirurgia	Neurologia	Dottorando in Neuroscienze UCSC Roma	Dottorando
Iorio	Raffaele	Roma	medicina e chirurgia	neurologia	Institute of Neurology	dirigente medico 1° livello
Izzi	Francesca	Rome	medicina e chirurgia	neurologia	Neurophysiopathology Unit	dirigente medico 1° livello
LA MORGIA	CHIARA	Bologna	Medicina e Chirurgia	Neurologia	Universita' degli Studi di Bologna	ricercatore
LA NEVE	ANGELA	BARI	Medicina e Chirurgia	Neurologia	Policlinico-Bari, Clinica Neurologica "Amaducci", Neurologia	Responsabile del Centro per l'Epilessia, Policlinico di Bari
La Starza	Sara	Roma	medicina e chirurgia	neurologia	Fondazione Policlinico Universitario A. Gemelli IRCSS	dirigente medico 1° livello
LABATE	ANGELO	Catanzaro	Medicina e Chirurgia	Neurologia	Clinica Neurologica, Università Magna Græcia di CatanzaroCampus Universitario	Ricercatore Confermato SSD 06/D6
Landi	Doriana	Roma	medicina e chirurgia	neurologia	Policlinico Tor Vergata	specializzando in neurologia
lanzone	jacopo	Roma	medicina e chirurgia	neurologia	Campus biomedico Roma	dirigente medico 1° livello
LARONI	ALICE	Genova	medicina e chirurgia	neurologia	Dipartimento di Neuroscienze, Riabilitazione, Oftalmologia, Genetica e Scienze Materno-Infantili dell'Università di Genova.	ricercatore a tempo determinato in neurologia
LAURIA PINTER	GIUSEPPE	Milano	Medicina e Chirurgia	Neurologia	ISTITUTO NEUROLOGICO C. BESTA - MILANO	Dirigente medico
LAVORGNA	LUIGI	Napoli	Medicina e Chirurgia	Neurologia	I Clinica Neurologica AOU - Seconda Università di Napoli	Neurologo - Dirigente Medico
Leocadi	Michela	Milan	medicina e chirurgia	neurologia	San Raffaele Scientific Institute	dirigente medico 1° livello
LEOCANI	LETIZIA	Milano	Medicina e Chirurgia	Neurologia	Università Vita-Salute San Raffaele di Milano	Professore Associato di Neurologia
Leonardi	Luca	Roma	medicina e chirurgia	neurologia	Ospedale Sant'Andrea	specializzando in neurologia
leone	caterina	Roma	medicina e chirurgia	neurologia	Dipartimento di Neurologia e Psichiatria	dirigente medico 1° livello
Leone	Massimo	Milano	medicina e chirurgia	neurologia	Fondazione Istituto Neurologico Besta Milano	dirigente medico 1° livello
LEONE	RUGGIERO	BARLETTA	medicina e chirurgia	neurologia	POLICLINICO DI BARI	specializzando in neurologia
Liberatore	Giuseppe	Rozzano	medicina e chirurgia	neurologia	IRCCS Humanitas Clinical and Research Center	dirigente medico 1° livello
LIGUORI	CLAUDIO	Roma	Medicina e Chirurgia	Neurologia	Università di Roma Tor Vergata - Neuroscienze	neurologo
LIGUORI	ROCCO	Bologna	Medicina e Chirurgia	Neurologia	Università di Bologna - Dipartimento di Scienze Biomediche e Neuromotorie	Professore associato confermato in Neurologia
LOGROSCINO	GIANCARLO	Bari	Medicina e Chirurgia	Neurologia	Università Degli Studi Di Bari "Aldo Moro" Dipartimento di Scienze Mediche di Base Neuroscienze e Organi di Senso	Professore Associato di Neurologia
longoni	marco	Milano	medicina e chirurgia	neurologia	ASST Grande Ospedale Metropolitano Niguarda	dirigente medico 1° livello
LOPIANO	LEONARDO	Torino	Medicina e Chirurgia	Neurologia	Dipartimento di Neuroscienze - Università degli Studi di Torino AOU Città della Salute e della Scienza di Torino	Professore Ordinario di Neurologia
Lorenzano	Svetlana	Rome	medicina e chirurgia	neurologia	Department of Human Neurosciences	dirigente medico 1° livello
Lorenzut	Simone	Udine	medicina e chirurgia	neurologia	SOC Neurologia, Azienda Sanitaria Universitaria Integrata di Udine	dirigente medico 1° livello
LUCCHELLI	FEDERICA	Rho, MI	Medicina e Chirurgia	Neurologia	UO Rieducazione e Recupero Funzionale, Servizio di Riabilitazione Neu ropsicologica - AO Salvini Milano	Dirigente medico di Neurologia
Luchetti	Elisa	Perugia	medicina e chirurgia	neurologia	Centre for Memory Disturbances, Lab of Clinical Neurochemistry, Section of Neurology	dirigente medico 1° livello
LUZZI	SIMONA	Ancona	medicina e chirurgia	neurologia	UNIVERSITA' POLITECNICA DELLE MARCHE	dirigente medico 1° livello
MANCARDI	GIANLUIGI	Genova	Medicina e Chirurgia	Neurologia		Professore Ordinario di Neurologia
Mancini	Andrea	Perugia	medicina e chirurgia	neurologia	Dipartimento di Medicina	specializzando in neurologia
MANCUSO	MICHELANGELO	Pisa	Medicina e Chirurgia	neurologia	AZIENDA OSPEDALIERO-UNIVERSITARIA PISANA	Dirigente medico di Neurologia
MANDRIOLI	JESSICA	Modena	Medicina e Chirurgia	Neurologia	U.O. Neurologia, Nuovo Ospedale Civile S. Agostino Estense di Modena	Specializzato in Neurologia
Manfredi	Chiara	Siena	medicina e chirurgia	neurologia	Unit of Neurology and Neurometabolic Disorders	specializzando in neurologia
Manfredini	Lucia Ilaria	Catanzaro	medicina e chirurgia	neurologia	Institute of Neurology, Department of Medical and Surgical Science	specializzando in neurologia
MANGIAFICO	SALVATORE	Firenze	Medicina e Chirurgia	Neurologia e Radiologia	responsabile della Struttura Organizzativa Dipartimentale(SOD) di Neuroradiologia Interventistica	Dirigente medico
MARCELLO	ELENA	Milano	Biotecnologie Farmaceutiche	Scienze farmacotossicologiche, farmacognostiche e biotecnologie farmacologiche	Dept of Pharmacological and Biomolecular Sciences University of Milan	Ricercatore a tempo determinato, settore BIO/14-Farmacologia, 05/G1-Farmacologia, Farmacologia Clinica e Farmacognosia
MARCHETTINI	PAOLO	Milano	Medicina e Chirurgia	Neurologia	Centro diagnostico di Milano	direttore del Centro di medicina del dolore
MARCHIONI	ENRICO	Pavia	Medicina e Chirurgia	Neurologia	Istituto C. Mondino	Neurologo
MARCONI	ROBERTO	Grosseto	Medicina e Chirurgia	Neurologia	UOC di Neurologia ASL n. 9 di Grosseto	Dirigente medico
Margoni	Monica	Padova	medicina e chirurgia	neurologia	Department of Neuroscience	specializzando in neurologia
MARIOTTI	CATERINA	Milano	Medicina e Chirurgia	Neurologia e Genetica Medica	ISTITUTO NEUROLOGICO C. BESTA - MILANO	Dirigente medico
Marotta	Jessica	Roma	medicina e chirurgia	neurologia	Neurologia	specializzando in neurologia
MARRA	CAMILLO	Roma	Medicina e Chirurgia	Neurologia	Professore Neurologia c/p Università la Cattolica - Policlinico Gemelli Roma	Professore Associato
Mascolo	Alfredo Paolo	Roma	medicina e chirurgia	neurologia	Policlinico Tor Vergata	dirigente medico 1° livello
Massa	Federico	Genoa	medicina e chirurgia	neurologia	Department of Neuroscience, Rehabilitation, Ophthalmology, Genetics, Maternal and Child Health (DiNOGMI)	specializzando in neurologia
MASTROIANNI	CLAUDIO	Roma	Medicina e Chirurgia	Malattie infettive	Direttore UOC Malattie infettive - Ospedale Umberto I Roma	Professore ordinario di Malattie infettive
Mastronardi	Antonella	Bari	medicina e chirurgia	neurologia	Department of Basic Medical Sciences, Neurosciences and Sense Organs	dirigente medico 1° livello

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Mazzeo	Salvatore	Florence	medicina e chirurgia	neurologia	Department of Neuroscience, Psychology, Drug Research and Child Health	specializzando in neurologia
MAZZINI	LETIZIA	Novara	Medicina e Chirurgia	Neurologia	Clinica Neurologica Piemonte Orientale AOU Novara	Medico neurologo
MECARELLI	ORIANO	Roma	Medicina e Chirurgia	Neurologia e Neurofisiopatologia	Università La Sapienza Roma	Professore ricercatore
MELETTI	STEFANO	Modena	Medicina e Chirurgia	Neurologia	Dipartimento di Scienze Biomediche Metaboliche e Neuroscienze Università di Modena e Reggio Emilia, Modena	Professore Associato di Neurologia
Melone	Marina	Naples, Italy	medicina e chirurgia	neurologia	Department of Medical, Surgical, Neurological, Metabolic Sciences, and Aging, 2nd Division of Neurology, Center for Rare Diseases and InterUniversity Center for Research in Neurosciences	dirigente medico 1° livello
MERCURI	NICOLA BIAGIO	Roma	Medicina e Chirurgia	Neurologia	IRCCS Fondazione Santa Lucia, Roma	Direttore dei Laboratori di Neurologia Sperimentale
MESSINA	ROBERTA	MILANO	medicina e chirurgia	neurologia	OSPEDALE SAN RAFFAELE	specializzando in neurologia
Micalizzi	Elisa	Milano	medicina e chirurgia	neurologia	Università degli studi di milano	specializzando in neurologia
Miceli	Gabriele	38068 Rovereto	medicina e chirurgia	neurologia	CIMeC Center for Mind/Brain Sciences - University of Trento	professore di neurologia
MICHELUCCI	ROBERTO	Bologna	Medicina e Chirurgia	Neurologia	IRCCS Istituto delle Scienze Neurologiche di Bologna, AUSL di Bologna	Direttore Unità Operativa Complessa
MICIELI	GIUSEPPE	Pavia	Medicina e Chirurgia	Neurologia		Neurologo
Migliaccio	Raffaella	Parigi	medicina e chirurgia	neurologia	ICM UPMC La sorbonne Parigi	ricercatore
MODA	FABIO	Milano	Biotecnologie Mediche	-	Istituto neurologico “Carlo Besta” Milano	Ricercatore nel laboratorio di Neuropatologia
MOGGIO	MAURIZIO	Milano	Medicina e Chirurgia	Neurologia	Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico Milano	Dirigente Medico
Moiola	Lucia	Milano	medicina e chirurgia	neurologia	Ospedale San Raffaele	dirigente medico 1° livello
MONACO	SALVATORE	Verona	Medicina e Chirurgia	Neurologia	Università di Verona Department of Neurological and Movement Sciences Policlinico GB Rossi Verona	Professore di Neurologia
MONDELLO	STEFANIA	Troina, EN	Medicina e Chirurgia	Medicina interna e medicina d'urgenza	Senior Assistant Professor presso Università di Messina	Ricercatore
Monforte	Mauro	Rome	medicina e chirurgia	neurologia	Neurology	dirigente medico 1° livello
MONGINI	TIZIANA	Torino	Medicina e Chirurgia	Neurologia	Dipartimento di Neuroscienze "Rita Levi Montalcini" - Università di Torino	Professore Associato
MONTANARI	ENRICO	Fidenza, PR	Medicina e Chirurgia	Neurologia	UC Neurologia Ospedale di Fidenza	Direttore di Dipartimento
Morano	Alessandra	Roma	medicina e chirurgia	neurologia	Department of Human Neurosciences	specializzando in neurologia
Morelli	Maurizio	Catanzaro	medicina e chirurgia	neurologia	Istituto di Neurologia	specializzando in neurologia
MORETTO	GIUSEPPE	Verona	Medicina e Chirurgia	Neurologia e Neuropatologia	Direttore UO di Neurologia Azienda Ospedaliera Universitaria Integrata - Verona	Neurologo
MORGANTE	FRANCESCA	Messina	Medicina e Chirurgia	Neurologia	Università di Messina	Neurologo
Morotti	Andrea	Pavia	medicina e chirurgia	neurologia	Stroke Unit, IRCCS Fondazione Mondino	specializzando in neurologia
Motta	Caterina	Roma	medicina e chirurgia	neurologia	Policlinico Tor Vergata	specializzando in neurologia
MULA	MARCO	Londra, UK	Medicina e Chirurgia	Neurologia	St George’s University Hospitals of London	Consultant in Neurology and Epileptology
MURARO	PAOLO	Londra, UK	Medicina e Chirurgia	Neurologia	Imperial College London	Professore di Neurologia
Musumeci	Olimpia	Messina	medicina e chirurgia	neurologia	Dipartimento di Medicina Fisica e Sperimentale	dirigente medico 1° livello
NAPOLETANO	VITO	Monopoli, BA	Medicina e Chirurgia	Neurologia	ASL BA	Neurologo
Nardi Cesarini	Elena	Perugia	medicina e chirurgia	neurologia	Clinica Neurologica	dirigente medico 1° livello
Narracci	Milena	Bari	medicina e chirurgia	neurologia	Departement of Basic Medicine, Neuroscience and Sense Organs	dirigente medico 1° livello
nencini	patrizia	Florence	medicina e chirurgia	neurologia	AOU Careggi di Firenze	specializzando in neurologia
Niccolai	Claudia	Florence	medicina e chirurgia	neurologia	Department of NEUROFARBA Firenze	specializzando in neurologia
Nicolao	Piero	Feltre	medicina e chirurgia	neurologia	Neurological Unit, Ospedale di Feltre	specializzando in neurologia
Nisticò	Rita	Catanzaro	medicina e chirurgia	neurologia	1Institute of Molecular Bioimaging and Physiology.	dirigente medico 1° livello
NOBILE-ORAZIO	EDOARDO	Milano	Medicina e Chirurgia	Neurologia	Dipartimento di Biotecnologie Mediche e Medicina Traslazionale - Univ. Degli studi di Milano	Professore Ordinario di Neurologia
Nobili	Flavio	Genova	medicina e chirurgia	neurologia	Dipartimento di Neuroscienze (DINOGMI)	professore di neurologia
NOLANO	MARIA	Napoli	Medicina e Chirurgia	Neurologia	Fondazione Salvatore Maugeri - Istituto di Telese Terme	Responsabile del Laboratorio di Biopsie di cute
Notaro	Antonietta	Palermo	medicina e chirurgia	neurologia	Department of Experimental Biomedicine and Clinical Neurosciences	dirigente medico 1° livello
NOVELLINO	FABIANA	CATANZARO	medicina e chirurgia	neurologia	Institute of Molecular Bioimaging and Physiology	dirigente medico 1° livello
Nuara	Arturo	Parma	medicina e chirurgia	neurologia	Unità di Neuroscienze, Dipartimento di Medicina e Chirurgia	dirigente medico 1° livello
Olivito	Giusy	Rome	medicina e chirurgia	neurologia	IRCCS Fondazione Santa Lucia	specializzando in neurologia
Ornello	Raffaele	L'Aquila	medicina e chirurgia	neurologia	Department of Neurology	specializzando in neurologia
ORSI	LUCIANO	Crema, CR	Medicina e Chirurgia	Anestesia e Rianimazione e Scienze dell'Alimentazione	Formazione consulenza organizzativa in cure palliative	Libero professionista
PACE	ANDREA	Roma	Medicina e Chirurgia	Neurologia	Istituto Regina Elena (I.F.O.)	Dirigente Medico I Livello
Paciotti	Silvia	Perugia	medicina e chirurgia	neurologia	Department of Experimental Medicine and Centre for Memory Disturbances, Lab of Clinical Neurochemistry, Section of Neurology, Department of Medicine	ricercatore
PADOVANI	ALESSANDRO	Brescia	medicina e chirurgia	neurologia	Università degli studi di Brescia	Professore Ordinario di Neurologia
Padua	Luca	Roma/Milano	medicina e chirurgia	neurologia	Neuroriabilitazione	professore associato di neurologia
paladin	francesco	Venezia	medicina e chirurgia	neurologia	Ospedale Ss. Giovanni e Paolo UOC Neurologia	dirigente medico 1° livello
PALUMBO	PASQUALE	Prato	Medicina e Chirurgia	Neurologia	Azienda USL Toscana Centro Regione Toscana	Direttore Unità operativa complessa e direttore Dipartimento gestionale
Paolini Paoletti	Federico	Perugia	medicina e chirurgia	neurologia	Clinica Neurologica - Ospedale "S. Maria della Misericordia"	specializzando in neurologia
PAOLUCCI	STEFANO	Roma	Medicina e Chirurgia	Neurologia	UOC Fondazione S. Lucia di Roma	Primario Neurologo
PAPAGNO	COSTANZA	ROVERETO	Medicina e Chirurgia	Neurologia	Dip. Di psicologia Univ. Degli studi di Milano Bicocca	Professore ordinario
Paparella	Giulia	Rome	medicina e chirurgia	neurologia	Department of Human Neurosciences	specializzando in neurologia
Pardini	Matteo	Genova	medicina e chirurgia	neurologia	DiNOGMI	specializzando in neurologia
PAREYSON	DAVIDE	Milano	Medicina e Chirurgia	Neurologia e Neurofisiologia clinica	Fondazione IRCCS Istituto Neurologico Besta Milano	Direttore unità operativa complessa
Parisi	Mosè	Bari	medicina e chirurgia	neurologia	Department of Basic Medical Sciences, Neurosciences and Sense Organs	specializzando in neurologia
PARNETTI	LUCILLA	Perugia	Medicina e Chirurgia	Neurologia e Geriatria		Docente universitario
Pasto'	Luisa	Firenze	medicina e chirurgia	neurologia	AOUC Careggi	specializzando in neurologia
PATTI	FRANCESCO	Catania	Medicina e Chirurgia	Neurologia e Fisioterapia	Policlinico “G Rodolico” dell’Azienda Ospedaliero-Universitaria Policlinico-Vittorio Emanuele dell’Università di Catania	professore associato di neurologia

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PEGORARO	ELENA	Padova	Medicina e Chirurgia	Neurologia e Genetica Medica		Professore associato
PELLICCIONI	GIUSEPPE	Ancona	Medicina e Chirurgia	Neurologia e Fisioterapia	UOC di Neurologia/Centro Alzheimer/Stroke Unit Ospedale Geriatrico Ancona	Direttore Struttura complessa
Peluso	Silvio	Napoli	medicina e chirurgia	neurologia	Dipartimento di Neuroscienze, Scienze Riproduttive ed Odontostomatologiche	specializzando in neurologia
Peppe	Antonella	ROMA	medicina e chirurgia	neurologia	IRCCS FONDAZIONE SANTA LUCIA	specializzando in neurologia
PERANI	DANIELA	Milano	Medicina e Chirurgia	Neurologia e Radiologia	Università Vita-San Raffaele Milano	Professore ordinario Fondamenti di Anatomia e Neuroscienze
Perrotta	Armando	Pozzilli	medicina e chirurgia	neurologia	IRCCS Neuromed	dirigente medico 1° livello
Petracca	Maria	New York City	medicina e chirurgia	neurologia	Department of Neurology	ricercatore
picchetto	livio	modena	medicina e chirurgia	neurologia	Stroke Unit/Neurologia-AOU Modena	dirigente medico 1° livello
Piccoli	Tommaso	Palermo	medicina e chirurgia	neurologia	U.O. Neurologia e Neurofisiopatologia con Stroke Unit	dirigente medico 1° livello
PIERELLI	FRANCESCO	Latina - Roma	Medicina e Chirurgia	Neurologia	Responsabile UOC Neuroriabilitazione Polo Pontino-ICOT - Università La Sapienza Roma	Professore Ordinario di Neurologia
PIETRAFUSA	NICOLA	Roma	Medicina e Chirurgia	Neurologia	Dip. Di Neuroscienze e Neuroriabilitazione presso Ospedale Pediatrico Bambin Gesù di Roma	Neurologo
Pilotto	Andrea	Brescia	medicina e chirurgia	neurologia	Clinica Neurologica	dirigente medico 1° livello
Piramide	Noemi	Milan	medicina e chirurgia	neurologia	San Raffaele Scientific Institute	specializzando in neurologia
Pisa	Marco	Milano	medicina e chirurgia	neurologia	Ospedale San Raffaele	specializzando in neurologia
PISANTI	PAOLA	Roma	Medicina e Chirurgia			Dirigente medico
Pistoia	Francesca	L'Aquila	medicina e chirurgia	neurologia	Neurological Institute, Department of Biotechnological and Applied Clinical Sciences	specializzando in neurologia
Pizzamiglio	Chiara	Novara	medicina e chirurgia	neurologia	Dipartimento Medicina Traslazionale, Sezione Neurologia	specializzando in neurologia
PLAZZI	GIUSEPPE	Bologna	medicina e chirurgia	Neurologia	Dipartimento di Scienze Biomediche e Neuromotorie - Univ. Di Bologna	Professore associato
POMARICO	RICCARDO	Bari	Medicina e Chirurgia	Neurologia	ASL Bari - Poliambulatorio Molfetta	Responsabile sanitario
POZZILLI	CARLO	Roma	Medicina e Chirurgia	Neurologia	Università degli Studi di ROMA "La Sapienza" Dipt. Di neurologia	Prof. Ordinario di Neurologia
PRADA	FRANCESCO	CHARLOTTESVILLE (USA)	medicina e chirurgia	Neurologia	Department of Neurological Surgery University of Virginia	Assistant Professor in Neurology
Preziosa	Paolo	Milan	medicina e chirurgia	neurologia	San Raffaele Scientific Institute	specializzando in neurologia
PRIORI	ALBERTO	Milano	Medicina e Chirurgia	Neurologia	Università degli Studi di Milano DIPARTIMENTO DI FISIOPATOLOGIA MEDICO-CHIRURGICA E DEI TRAPIANTI	Professore associato confermato in Neurologia
Prosperini	Luca	Roma	medicina e chirurgia	neurologia	S. Camillo-Forlanini Hospital	dirigente medico 1° livello
PROVINCIALI	LEANDRO	Ancona	Medicina e Chirurgia	Neurologia	Clinica di Neurologia degli Ospedali Riuniti di Ancona	Professore Ordinario di Neurologia
PROVINI	FEDERICA	Bologna	Medicina e Chirurgia	Neurologia	Scienze Biomediche e Neuromotorie dell'Università di Bologna	Docente Dottorato
PUCCI	EUGENIO	Fermo, AP	Medicina e Chirurgia	Neurologia	UO Neurologia ASUR Marche Area Vasta 3 - Macerata	Dirigente Medico I Livello
PUGLIATTI	MAURA	Ferrara	Medicina e Chirurgia	Neurologia	Ist. Clinica Neurologica, Facoltà Medicina e Chirurgia, Università di Sassari, Dipartimento di Medicina Clinia e Sperimentale	Professore Associato
QUATRALE	ROCCO	Mestre, Ve	Medicina e Chirurgia	Neurologia	Direttore UOC di Neurologia - Ospedale dell'Angelo di Mestre	Direttore Unità Operativa
Quattrone	Andrea	Catanzaro	medicina e chirurgia	neurologia	Institute of Neurology	specializzando in neurologia
RADAELLI	MARTA	Milano	Medicina e Chirurgia	Neurologia	Università Vita-San Raffaele Milano	Ricercatore
RAJA	MICHELE	Roma	Medicina e Chirurgia	Neurologia e Psichiatria	Scuola medica ospedaliera di Roma	Docente coordinatore
RANIERI	FEDERICO	Roma	Medicina e Chirurgia	Neurologia	UOC di Neurologia, Policlinico Universitario Campus Bio-Medico, Roma	Assegnista di ricerca
Rapisarda	Laura	Catanzaro	medicina e chirurgia	neurologia	AOU Mater Domini	specializzando in neurologia
rastelli	emanuele	Rome	medicina e chirurgia	neurologia	Policlinico Tor Vergata	specializzando in neurologia
Reale	Giuseppe	Roma	medicina e chirurgia	neurologia	Neurologia	dirigente medico 1° livello
Restivo	Vincenzo	Palermo	medicina e chirurgia	neurologia	Dipartimento di Scienze per la Promozione della Salute e Materno Infantile "G. D'Alessandro"	dirigente medico 1° livello
RIBOLSI	MICHELE	Roma	medicina e chirurgia	Psichiatria	Università "Campus Bio Medico" di Roma	Professore a Contratto di Psichiatria
RICCI	GIULIA	Pisa	Medicina e Chirurgia	Neurologia	Università di Pisa Neurologia, Dipartimento di Medicina Clinica e Sperimentale	dirigente medico
RICCI	STEFANO	Città di Castello, PG	Medicina e Chirurgia	Neurologia		Dirigente Medico di Struttura Complessa
Rigoni	Eleonora	Pavia	medicina e chirurgia	neurologia	I.R.C.C.S "Mondino" Foundation	dirigente medico 1° livello
Riolo	Marianna	Palermo	medicina e chirurgia	neurologia	Neurology Section, Experimental Biomedicine and Clinical Neurosciences	dirigente medico 1° livello
ROCCA	MARIA ASSUNTA	Milano	Medicina e Chirurgia	Neurologia	Ospedale San Raffaele Milano	Ricercatrice in neuroscienze
ROCCHI	CAMILLA	Roma	Medicina e Chirurgia	Neurologia	Dip. Di Neuroscienze UOC di Neurologia - Policlinico Tor Vergata	Neurologo
RODOLICO	FRANCESCO ROSARIO	Catania	Medicina e Chirurgia	Neurologia	UOC di Neurologia e Malattie Neuromuscolari Responsabile del Centro di Riferimento Regionale per la Ricerca Diagnosi e Cura della Miastenia AOU Policlinico "G. Martino" – Messina	Professore Associato di Neurologia
Romani	Ilaria	Firenze	medicina e chirurgia	neurologia	Dipartimento NEUROFARBA	dirigente medico 1° livello
Rossi	Jessica	Modena	medicina e chirurgia	neurologia	Department of Neural Sciences	specializzando in neurologia
ROSSINI	PAOLO MARIA	Roma	Medicina e Chirurgia	Neurologia	Direttore dell'Istituto di Neurologia Università Cattolica Del Sacro Cuore	Professore Ordinario di Neurologia
Rubino	Elisa	Turin	medicina e chirurgia	neurologia	Department of Neuroscience "Rita Levi Montalcini"	dirigente medico 1° livello
RUDA'	ROBERTA	Torino	Medicina e Chirurgia	Neurologia	Cure Neuro-Oncologico (GIC), A.O.U. Città della Salute e della Scienza di Torino	Dirigente Medico di Neurologia I livello
RUFA	ALESSANDRA	Siena	Medicina e Chirurgia	Neurologia	Dipartimento Scienze mediche, chirurgiche e neuroscienze - Policlinico Santa Maria delle Scotte	Professore aggregato
Ruggieri	Serena	Roma	medicina e chirurgia	neurologia	Dipartimento di Neuroscienze Umane	dirigente medico 1° livello
RUGGIERO	LUCIA	Napoli	Medicina e Chirurgia	Neurologia	Dip. Neuroscienze, Scienze della Riproduzione ed Odontostomatologiche dell'univ. Federico II di Napoli	Ricercatrice
SACCARDI	RICCARDO	Firenze	Medicina e Chirurgia	Ematologia	SOD Ematologia, Azienda Ospedaliera Careggi, Firenze	Dirigente medico di I livello
SACCA'	FRANCESCO	Napoli	Medicina e Chirurgia	neurologia	Università Federico II Napoli	ricercatore a tempo determinato in neurologia
Sacco	Tommaso	Milano	medicina e chirurgia	neurologia	Bioprojet Italia	ricercatore
SALMAGGI	ANDREA	Lecco	Medicina e Chirurgia	Neurologia	Direttore UO Neurooncologia Clinica - Neurologia 2 della Fondazione IRCCS Istituto Neurologico C. Besta - Milano	Neurologo
Salsone	Maria	Catanzaro	medicina e chirurgia	neurologia	IBFM	dirigente medico 1° livello
Sammarra	Ilaria	Catanzaro	medicina e chirurgia	neurologia	Institute of Neurology	specializzando in neurologia
Sancesario	Giuseppe	Roma	medicina e chirurgia	neurologia	Dipartimento Medicina dei Sistemi	professore di neurologia

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Sangiorgi	Simone	Como	medicina e chirurgia	neurologia	ASST lariana	specializzando in neurologia
SANSONE	VALERIA	Milano	medicina e chirurgia	neurologia	AO Niguarda	Direttore Clinico del Centro NEMO
SANTORO	LUCIO	Napoli	Medicina e Chirurgia	Pediatria e allergologia	Università degli Studi di Napoli Federico II - Dipartimento di Neuroscienze e Scienze riproduttive ed odontostomatologiche - Napoli	Professore di NEUROLOGIA (MED/26)
Sartucci	Ferdinando	Pisa	medicina e chirurgia	Neurologia	Pisa University Medical School Clinical and Experimental Medicine Department, Neurology - Neurophysiology Units	professore associato di neurologia
SCAGLIONE	CESA	Bologna	Medicina e Chirurgia	Neurologia	UOC Clinica Neurologica IRCCS Istituto delle scienze neurologiche di Bologna	Dirigente medico di I livello
Scarafino	Antonio	Bari	medicina e chirurgia	neurologia	Azienda Ospedaliera Policlinico di Bari	specializzando in neurologia
SCARPINI	ELIO	Milano	medicina e chirurgia	Neurologia	Università degli Studi di Milano	Professore Associato di Neurologia
SCHENONE	ANGELO	Genova	Medicina e Chirurgia	Neurologia	Clinica Neurologica dell'Università Di Genova	Professore Ordinario di Neurologia
Schirinzi	Tommaso	Roma	medicina e chirurgia	neurologia	UOC Neuorlogia - Policlinico Universitario Roma Tor Vergata	specializzando in neurologia
Scuderi	Carmela	Troina (EN)	medicina e chirurgia	neurologia	IRCCS Oasi Maria SS	dirigente medico 1° livello
SENSI	MARIA CHIARA	Ferrara	Medicina e Chirurgia	Neurologia	Dipartimento di Neuroscienze- Riabilitazione dell'Ospedale S. Anna di Ferrara	Dirigente medico di I livello
Serra	Laura	Roma	medicina e chirurgia	neurologia	Laboratorio Neuroimmagini	ricercatore
SERRATI	CARLO	Genova	Medicina e Chirurgia	Neurologia e Farmacologia Clinica	Direttore U.O. Complessa Neurologia Genova	Neurologo
SERVIDEI	SERENELLA	Roma	Medicina e Chirurgia	Neurologia	Direttore UOC di Neurofisiopatologia - Area di neuroscienze - Fondazione Policlinico Universitario A. Gemelli	Dirigente medico e Professore Associato
SHAIKH	AASEF	Cleveland, USA	Medicina e Chirurgia	Neurologia	School of Medicine, Case Western Reserve University, Cleveland, OH	Assistant Professor, Neurology
SICILIANO	GABRIELE	Pisa	Medicina e Chirurgia	Neurologia e Farmacologia Clinica	Dipartimento di Medicina Clinica e Sperimentale Università di Pisa	Professore Associato Neurologia MED 26
SILANI	VINCENZO	Milano	Medicina e Chirurgia	Neurologia e Neurochirurgia	Università degli Studi di Milano	Professore Ordinario di Neurologia
Silipo	Saverio	Mantova	medicina e chirurgia	neurologia	Neurologa - Ospedale C. Poma	specializzando in neurologia
SILVANI	ALESSANDRO	Bologna	Medicina e Chirurgia	-	Alma Mater Studiorum – Università di Bologna	Professore associato di Fisiologia
SILVANI	ANTONIO	Milano	Medicina e Chirurgia	Neurologia e Farmacologia Clinica	Dipt. Di Neuroncologia Fondazione IRCCS Istituto Neurologico Carlo Besta	Dirigente Medico in Neurologia
SILVERI	MARIA CATERINA	Milano	Medicina e Chirurgia	Neurologia e Neurofisiopatologia	Dipt. Psicologia - Università Cattolica del Sacro Cuore di Roma	Professore ordinario
Silvestro	Marcello	Napoli	medicina e chirurgia	neurologia	I clinica neurologica e neurofisiopatologia	specializzando in neurologia
SIRACUSANO	ALBERTO	Roma	medicina e chirurgia	Psichiatria	Direttore del Dipartimento Clinico di Neuroscienze del Policlinico Tor Vergata	Dirigente medico
SOFFIETTI	RICCARDO	Torino	Medicina e Chirurgia	Neurologia	Dip. Neuroscienze "'Rita Levi Montalcini', Università di Torino	Professore Associato di Neurologia
Solari	Alessandra	Milano	medicina e chirurgia	neurologia	Unità di Neuroepidemiologia	professore di neurologia
Sollazzo	Maria Teresa	Siena	medicina e chirurgia	neurologia	Department of Medicine, Surgery and Neuroscience, University of Siena	specializzando in neurologia
Sorrentino	Pierpaolo	Napoli	medicina e chirurgia	neurologia	dipartimento di Ingegneria	specializzando in neurologia
SPECCHIO	NICOLA	Bari	Medicina e Chirurgia	Neurologia	Ospedale Pediatrico Bambino Gesù di Roma	Dirigente medico di I livello
Spinelli	Edoardo Gioele	Milano	medicina e chirurgia	neurologia	Istituto di Neurologia Sperimentale	specializzando in neurologia
squitieri	martina	Florence	medicina e chirurgia	neurologia	NEUROFARBA department, neuroscience section	specializzando in neurologia
Stefani	Alessandro	Rome	medicina e chirurgia	neurologia	Neurologia Dip Medicina dei Sistemi	dirigente medico 1° livello
STOCCHI	FABRIZIO	ROMA	medicina e chirurgia	neurologia	IRCCS San Raffaele di Roma	Professore ordinario di Neurologia
Summa	Susanna	Rome	medicina e chirurgia	neurologia	MARlab, Neuroscience and Neurorehabilitation Department	dirigente medico 1° livello
SUPPA	ANTONIO	ROMA	Medicina e Chirurgia	neurologia	Dipartimento di NEUROLOGIA E PSICHIATRIA - Università degli Studi di ROMA "La Sapienza"	ricercatore a tempo determinato in neurologia
TAGLIAVINI	FABRIZIO	Milano	Medicina e Chirurgia	Neurologia e Neuropatologia	ISTITUTO NEUROLOGICO C. BESTA - MILANO	Dirigente medico di I livello
Tanzilli	Antonio	Roma	medicina e chirurgia	neurologia	Istituto Regina Elena	specializzando in neurologia
TARONI	FRANCO	Milano	Medicina e Chirurgia	Neurologia	UOC Genetica Medica e Neurogenetica Fondazione IRCCS Istituto Neurologico Carlo Besta	Dirigente medico di I livello
TASSI	LAURA	Milano	Medicina e Chirurgia	Neurologia	Centro di Epilessia e Chirurgia "Claudio Munari" Ospedale Niguarda Ca'Granda	Assistente ospedaliero
TASSORELLI	CRISTINA	Pavia	Medicina e Chirurgia	Neurologia	Professore Associato in Neurologia, Dipartimento di Science Neurologiche e del Comportamento dell'Università di Pavia	Professore associato in Neurologia
TEDESCHI	GIOACCHINO	Napoli	Medicina e Chirurgia	Neurologia	II Clinica Neurologica II Univ. Di Napoli	Professore Ordinario di Neurologia
TESSITORE	ALESSANDRO	Napoli	Medicina e Chirurgia	Neurologia	II Università di Napoli Federico II	Professore Associato di Neurologia
TINAZZI	MICHELE	Verona	Medicina e Chirurgia	Neurologia	Scienze Neurologiche, Neuropsicologiche, Morfologiche e Motorie Università degli Studi di Verona	Associato confermato
Tiseo	Cindy	L'Aquila	medicina e chirurgia	neurologia	Dipartimento di Neurologia e Stroke Unit, Ospedale di Avezzano	specializzando in neurologia
Tombini	Mario	Roma	medicina e chirurgia	neurologia	Unità di Neurologia, Neurofisiologia, Neurobiologia, Dipartimento di Medicina	dirigente medico 1° livello
Tommasin	Silvia	Roma	medicina e chirurgia	neurologia	Dpt of Human Neuroscience	specializzando in neurologia
TONI	DANILO	Roma	Medicina e Chirurgia	Neurologia	Unità di Trattamento Neurovascolare Policlinico Umberto I Roma	Professore Associato
Torrente	Angelo	Palermo	medicina e chirurgia	neurologia	Neurologia con S.U. e Neurofisiopatologia, AOUP "Paolo Giaccone di Palermo"	specializzando in neurologia
TORTA	RICCARDO	Torino	Medicina e Chirurgia	Neurologia e Neuropsicologia infantile	Università di Torno, Dipartimento di Neuroscienze "Rita Levi Montalcini"	professore ordinario di psicologia clinica
TORTORELLA	CARLA	Roma	Medicina e Chirurgia	Neurologia	Azienda Policlinico Consorziale Bari Clinica Neurologica "L. Amaducci"	Dirigente medico di I livello
TOSCANO	ANTONIO	Messina	Medicina e Chirurgia	Neurologia	UOC di Neurologia e Malattie Neuromuscolaro AOu "G. Martino"	Professore Ordinario di Neurologia
TRABUCCHI	MARCO	Milano	Medicina e Chirurgia	Psichiatria	Univ. Degli studi di Tor Vergata Roma	Professore ordinario di Neuropsicofarmacologia
TREMOLIZZO	LUCIO	Milano	medicina e chirurgia	Neurologia	Clinica Neurologica dell'Ospedale San Gerardo di Monza	Medico neurologo
TROJANO	MARIA	BARI	medicina e chirurgia	neurologia	Università Degli Studi Di Bari "Aldo Moro" Dipartimento di Scienze Mediche di Base Neuroscienze e Organi di Senso	Professore Ordinario di Neurologia
TROJANO	LUIGI	CASERTA	medicina e chirurgia	neurologia	Facoltà di Psicologia della Seconda Università di Napoli	Professore associato
TROJSI	FRANCESCA	Napoli	Medicina e Chirurgia	Neurologia	Università degli Studi della Campania "Luigi Vanvitelli"	dirigente medico
TRUINI	ANDREA	Roma	Medicina e Chirurgia	Neurologia	Università Sapienza di Roma, Dipartimento di Neurologia e Psichiatria	Docente Ricercatore
TUGNOLI	VALERIA	Modena	Medicina e Chirurgia	Neurologia	Direttore UOC di Neurologia Ferrara	Dirigente medico di II livello
UCCELLI	ANTONIO	Genova	medicina e chirurgia	Neurologia	Università degli studi di genova	Professore Ordinario di Neurologia
Valentino	Francesca	Palermo	medicina e chirurgia	neurologia	Section of Neurology. Department of Experimental Biomedicine and Clinical Neuroscience	dirigente medico 1° livello

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Valeriani	Massimiliano	Roma	medicina e chirurgia	neurologia	Division of Neurology, Ospedale Pediatrico Bambino Gesú, IRCCS, Rome, Italy Center for Sensory-Motor Interaction, Aalborg University	professore di neurologia
VALZANIA	FRANCO	Reggio Emilia	Medicina e Chirurgia	Neurologia	ASL Modena	Dirigente medico di I livello
VAMPINI	CLAUDIO	Verona	Medicina e Chirurgia	Psichiatria	Dirigente - 2° Servizio di Psichiatria - Asl Verona	Dirigente medico di I livello
Vasta	Roberta	Catanzaro	medicina e chirurgia	neurologia	Neuroscience Research Center, Department of Medical and Surgical Sciences,	specializzando in neurologia
VAUDANO	ANNA ELISABETTA	Parma	Medicina e Chirurgia	Neurologia	Azienda Ospedaliero Universitaria di Parma, Centro Multidisciplinare di Medicina	Ricercatore
Velardo	Daniele	Milan	medicina e chirurgia	neurologia	IRCCS Foundation Ca' Granda Ospedale Maggiore Policlinico	specializzando in neurologia
Veneri	Francesca	Genova	medicina e chirurgia	neurologia	Department of Neuroscience, Rehabilitation, Ophthalmology, Genetics, Maternal and Child Health (DINOGMI)	specializzando in neurologia
Venneri	Annalena	Sheffield	medicina e chirurgia	neurologia	Department of Neuroscience	professore di neurologia
Vernieri	Fabrizio	Roma	medicina e chirurgia	neurologia	Unicampus di Roma Div. Neurologia	dirigente medico 1° livello
VERONESE	SIMONE	Torino	Medicina e Chirurgia	neurologia	Fondazione FARO onlus	Medico palliativista Ricercatore in cure palliative
Versino	Maurizio	Varese	medicina e chirurgia	neurologia	Department of Medicine and Surgery	dirigente medico 1° livello
VEZZANI	ANNA MARIA	Milano	Biologia	neuroscienze	Istituto Mario Negri di Milano	Responsabile laboratorio Neurologia Sperimentale
vidale	simone	Como	medicina e chirurgia	neurologia	ASST Lariana	specializzando in neurologia
Vignatelli	Luca	Bologna	medicina e chirurgia	neurologia	IRCCS Istituto delle Scienze Neurologiche di Bologna	dirigente medico 1° livello
Villani	Veronica	Roma	medicina e chirurgia	neurologia	Istituto Regina Elena	dirigente medico 1° livello
Vinciguerra	Claudia	Sierna	medicina e chirurgia	neurologia	Department of Medicine, Surgery and Neuroscience	specializzando in neurologia
VITA	GIUSEPPE	Messina	Medicina e Chirurgia	Neurologia	Dipartimento di Medicina Clinica e Sperimentale, Università di Messina	Professore Ordinario di Neurologia
Viticchi	Giovanna	Ancona	medicina e chirurgia	neurologia	Neurological Clinic	dirigente medico 1° livello
VOLLONO	Catello	ROMA	medicina e chirurgia	neurologia	Neurologia	dirigente medico 1° livello
ZACCARA	GAETANO	FIRENZE	medicina e chirurgia	Neurologia e Psichiatria	U.O. di Neurologia - Azienda Sanitaria di Firenze	Dirigente medico a tempo pieno e indeterminato
Zaino	Domenica	Siena	medicina e chirurgia	neurologia	Dipartimento di Medicina, Chirurgia e Neuroscienze	specializzando in neurologia
Zanellini	Sara	Trento	medicina e chirurgia	neurologia	CMeC - Center for Mind/Brain Sciences	specializzando in neurologia
Zanetta	Chiara	Milano	medicina e chirurgia	neurologia	Ospedale San Raffaele Milano	specializzando in neurologia
ZAPPIA	MARIO	Catania	Medicina e Chirurgia	Neurologia	Università di Catania - Clinica Neurologica I - Catania	Professore Ordinario di Neuorologia
ZIBETTI	MAURIZIO	Torino	Medicina e Chirurgia	Neurologia	S.C.D.U. Neurologia IV, Azienda Ospedaliero-Universitaria "San Giovanni Battista di Torino"	Dirigente medico di I livello
Zorzi	Giovanni	Padova	medicina e chirurgia	neurologia	Dipartimento di Neuroscienze	specializzando in neurologia
Zucchi	Elisabetta	Modena	medicina e chirurgia	neurologia	Dipartimento di Scienze Biomediche, Metaboliche e Neuroscienze	specializzando in neurologia
ZULIANI	LUIGI	Treviso	Medicina e Chirurgia	Neurologia	Azienda ULSS 2 Marca Trevigiana Treviso	Direttore medico SC Neurologia
ZUPPA	ANGELA	GENOVA	medicina e chirurgia	neurologia	OSPEDALE POLICLINICO SAN MARTINO	specializzando in neurologia