Sin

50° CONGRESSO NAZIONALE DELLA SOCIETÀ ITALIANA DI NEUROLOGIA

Bologna, 12-15 Ottobre 2019

Centro Congressi Bologna

RAZIONALE

Il Congresso nazionale della Società italiana di Neurologia, che si svolge ogni anno nel periodo autunnale, rappresenta l'evento scientifico e formativo più importante dell'anno per i neurologi italiani. E' organizzato in sessioni plenarie (nel numero di tre) che si tengono al mattino dalle 8.30 alle 10.30, che hanno lo scopo di informare tutti i neurologi sui più importanti avanzamenti assistenziali e scientifici su tre tematiche rilevanti delle malattie del sistema nervoso. Quindi nella seconda parte della mattinata vengono presentate le discusse le comunicazioni scientifiche, sui diversi e numerosi argomenti della nostra specialità e che trattano delle ricerche fatte nei diversi settori della neurologia. Nel primo pomeriggio si tengono i Simposi congiunti con altre Società scientifiche affini (ad esempio la Società che si occupa di stroke, la Società di Neuro-riabilitazione, la Società di Neuroradiologia, La Società dei neurologi territoriali, La Società europea di neurologia (European Academy of Neurology) o Simposi organizzati in collaborazione con l'Industria. Nella seconda parte del pomeriggio le 16 associazioni Autonome Aderenti alla Sin e i 20 gruppi di Studio della Sin tengono in contemporanea la loro riunione discutendo i recenti avanzamenti nella loro specifica area. E' quindi un evento di grande importanza, frequentato da almeno 3000 neurologi, che ha valenze formative, di aggiornamento, scientifiche, con certe ricadute sulla assistenza alle persone che soffrono per malattie del sistema nervoso.

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;

Programma scientifico

12 OTTOBRE

SALA CIANO

CORSO D'AGGIORNAMENTO A NUMERO CHIUSO (1)
(richiesto accreditamento a numero chiuso)

ore 13.00 - 17.30

EPILESSIE DA mTOR-patie

Moderatori
U. Aguglia (*Catanzaro*) - P. Tinuper (*Bologna*)

Prima parte

13.00 **mTOR[38] signaling e pathways**
P. Pandolfi (*Torino*)

13.35 **Epilessie genetiche vs sintomatiche: una nuova prospettiva**
R. Michelucci (*Bologna*)

14.10 **SHE, Sleep Related Hypermotor Epilepsy**
F. Bisulli (*Bologna*)

14.45 **Altre Epilessie Focali (Temporali, Foci Variabili)**
A. Gambardella (*Catanzaro*)

Seconda parte

Moderatori
A. Gambardella (*Catanzaro*) - R. Michelucci (*Bologna*)

15.30 **Sclerosi Tuberosa**
P. Curatolo (*Roma*)

16.00 **mTOR[38] e malformazioni dello sviluppo corticale**
R. Guerrini (*Firenze*)

16.30 **Terapia medica delle epilessie da mTOR-patie**
R. Moavero (*Roma*)

17.00 **Terapia chirurgica delle epilessie da mTOR-patie**
C.E. Marras (*Roma*)

17.30-18.00 **Pausa caffè**

CORSO D'AGGIORNAMENTO A NUMERO CHIUSO (2)

(richiesto accreditamento a numero chiuso)

ore 13.00 - 15.30

IDROCEFALO NORMOTESO: FALSE CREDENZE E NUOVI MITI

Moderatori
G. Talamonti (*Milano*) - M. Zappia (*Catania*)

13.00 **Presentazione clinica**
C. Pacchetti (*Pavia*)

13.30 **Neuroimaging**
R. Ceravolo (*Pisa*)

14.00 **Diagnosi differenziale e valutazione strumentale**
G. Mostile (*Catania*)

14.30 **Test di sottrazione liquorale e predizione degli esiti chirurgici**
G. Giannini (*Bologna*)

15.00 **Il punto di vista neurochirurgico**
C. Anile (*Roma*)

17.30-18.00 **Pausa caffè**

12 OTTOBRE

SALA BIANCA

CORSO D'AGGIORNAMENTO A NUMERO CHIUSO (3)
(richiesto accreditamento a numero chiuso)

ore 13.00 - 15.30

UTILITÀ DELL'EEG IN EMERGENZA E IN AREA CRITICA

Moderatori
V. Di Lazzaro (*Roma*) - R. Eleopra (*Milano*)

13.00 **EEG[16] urgente al DEA: quando è utile e quando no**
O. Mecarelli (*Roma*)

13.30 **EEG[16] prognostico nel danno cerebrale acuto**
A. Grippo (*Firenze*)

14.00 **EEG[16] nelle encefaliti e nelle encefalopatie settico-dismetaboliche**
S. Meletti (*Modena*)

14.30 **EEG[16] nello Stato Epilettico NC[42] in area critica**
A. Amantini (*Firenze*)

15.00 **Aspetti logistico-organizzativi: stato dell'arte e sviluppi futuri**
C. Foresti (*Bergamo*)

17.30-18.00 **Pausa caffè**

12 OTTOBRE

SALA ITALIA

CORSO D'AGGIORNAMENTO A NUMERO CHIUSO (4)

(richiesto accreditamento a numero chiuso)

ore 13.00 - 17.30

URGENZE NEUROLOGICHE

Moderatori

D. Consoli (*Vibo Valentia*) - G. Micieli (*Pavia*)

Prima parte

In pronto soccorso

13.00 **La cefalea fra aneurismi non rotti ed emorragia subaracnoidea**
E.C. Agostoni (*Milano*)

13.30 **Il dolore orbitario**
M. Leone (*Milano*)

14.00 **Misdiagnosi neurologiche nella patologia oftalmica**
P.E. Bianchi (*Pavia*)

14.30 **Intossicazione da farmaci e sostanze**
C. Locatelli (*Pavia*)

15.00 **Traumi cranici e midollari**
F. Servadei (*Milano*)

Seconda parte

Moderatori

FA. de Falco (*Napoli*) - L. Provinciali (*Ancona*)

In terapia intensiva

15.30 **Tetra-paraplegie**
S. Cenciarelli (*Città di Castello, PG*)

16.00 **Stato di male epilettico: dalla diagnosi al trattamento**
F. Minicucci (*Milano*)

16.30 **Valutazione strumentale e definizione prognostica dello stato di coma**
A. Grippo (*Firenze*)

17.00 **La morte cerebrale**
G. Citerio (*Milano*)

17.30-18.00 **Pausa caffè**

12 OTTOBRE

SALA INDACO

CORSO D'AGGIORNAMENTO A NUMERO CHIUSO (5)
(richiesto accreditamento a numero chiuso)

ore 13.00 - 15.30

COME LA GENETICA PUÒ INFLUENZARE LA TERAPIA NELLE MALATTIE MUSCOLARI

Moderatori
C. Minetti (*Genova*) - G. Siciliano (*Pisa*)

13.00 **Strategie terapeutiche innovative nelle malattie muscolari**
G.P. Comi (*Milano*)

13.35 **Nuovi approcci terapeutici nelle distrofinopatie**
L. Bello (*Padova*)

14.10 **Recenti approcci nella terapia della SMA**[65]
E. Bertini (*Roma*)

14.45 **Trial terapeutici innovativi nelle miopatie metaboliche**
O. Musumeci (*Messina*)

17.30-18.00 **Pausa caffè**

12 OTTOBRE

CORSO D'AGGIORNAMENTO A NUMERO CHIUSO (6)

(richiesto accreditamento a numero chiuso)

ore 13.00 - 15.30

NEURORIABILITAZIONE DELLE FUNZIONI COGNITIVE NEI PAZIENTI CEREBROLESI

Moderatori

C. Caltagirone (*Roma*) - R. Gallassi (*Bologna*)

13.00 **Le basi neurali del recupero funzionale**
M. Bozzali (*Brighton, UK*)

13.30 **La neuroriabilitazione dei disturbi del linguaggio**
G. Miceli (*Trento*)

14.00 **La neuroriabilitazione dei disturbi della memoria**
G.A. Carlesimo (*Roma*)

14.30 **La neuroriabilitazione dei disturbi delle funzioni esecutive**
E. Barvas (*Trento*)

15.00 **La neuroriabilitazione delle funzioni visuo-spaziali**
C. Guariglia (*Roma*)

17.30-18.00 **Pausa caffè**

12 OTTOBRE

SALA VERDE

CORSO D'AGGIORNAMENTO A NUMERO CHIUSO (7)
(richiesto accreditamento a numero chiuso)

ore 13.00 - 15.30

LA DIAGNOSI NEUROPSICOLOGICA DELLE FASI PRODROMICHE DELLA DEMENZA

Moderatori
S.F. Cappa (*Milano*) - C. Papagno(*Milano - Trento*)

13.00 **Alzheimer prodromico**
C. Marra (*Roma*)

13.30 **Degenerazione lobare fronto-temporale in fase prodromica**
S.F. Cappa (*Milano*)

14.00 **Atrofia Corticale Posteriore**
F. Lucchelli (*Rho, MI*)

14.30 **Disturbi cognitivi nella Malattia di Parkinson**
C. Papagno (*Milano - Trento*)

15.00 **Demenza a corpi di Lewy**
M.C. Silveri (*Milano*)

17.30-18.00 **Pausa caffè**

CORSO D'AGGIORNAMENTO A NUMERO CHIUSO (8)

(richiesto accreditamento a numero chiuso)

ore 13.00 - 15.30

PARKINSON E DINTORNI: FENOCOPIE O UN'UNICA EZIOLOGIA CON DIVERSE VARIANTI?

Moderatori
L. Lopiano (*Torino*) - M. Mancuso (*Pisa*)

13.00 **Parkinsonismi monogenici**
E.M. Valente (*Pavia*)

13.30 **Parkinsonismo mitocondriale**
C. Lamperti (*Milano*)

14.00 **Parkinsonismo lisosomiale**
R. Ceravolo (*Pisa*)

14.30 **Il ruolo del neuroimaging nella diagnostica differenziale dei parkinsonismi genetici**
A. Tessitore (*Napoli*)

15.00 **Approccio diagnostico-differenziale al sospetto parkinsonismo genetico**
A. Di Fonzo (*Milano*)

17.30-18.00 **Pausa caffè**

12 OTTOBRE

CORSO D'AGGIORNAMENTO A NUMERO CHIUSO (9)

(richiesto accreditamento a numero chiuso)

ore 13.00 - 17.30

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

Moderatori

M. Filippi (*Milano*) - R. Lodi (*Bologna*)

Prima parte

13.00 **Malattie vascolari**
A. Bozzao (*Roma*)

13.35 **Vasculiti del sistema nervoso centrale**
N. De Stefano (*Siena*)

14.10 **Sclerosi multipla**
M.A. Rocca (*Milano*)

14.45 **NMO[46] spectrum disorders**
P. Preziosa (*Milano*)

Seconda parte

Moderatori

N. De Stefano (*Siena*) - M.A. Rocca (*Milano*)

15.30 **Malattia di Parkinson**
A. Tessitore (*Napoli*)

15.55 **Tumori**
A. Falini (*Milano*)

16.20 **Emicranie**
R. Messina (*Milano*)

16.45 **Malattia di Alzheimer e demenza fronto-temporale**
F. Agosta (*Milano*)

17.10 **Sclerosi Laterale Amiotrofica**
F. Trojisi (*Napoli*)

17.30-18.00 **Pausa caffè**

CORSO D'AGGIORNAMENTO A NUMERO CHIUSO (10)

(richiesto accreditamento a numero chiuso)

ore 13.00 - 15.30

BASI PER LA FORMULAZIONE DI UN PROTOCOLLO DI RICERCA: STUDI OSSERVAZIONALI

Moderatori

M. Pugliatti (*Ferrara*) - M. Leone (*San Giovanni Rotondo, BA*)

13.00 **Definizione dell'ipotesi di ricerca (PICO[54]) e scelta del disegno di studio**
P. Ragonese (*Palermo*)

13.30 **Definizione della popolazione di studio e strumenti di raccolta dati**
F. D'Ovidio (*Torino*)

14.00 **Potenza statistica e calcolo del campione**
E. Baldin (*Bologna*)

14.30 **Fattori di confondimento e fattori modificanti l'effetto**
M. Pugliatti (*Ferrara*)

15.00 **Aspetti etici e organizzazione della ricerca**
E. Pupillo (*Milano*)

17.30-18.00 **Pausa caffè**

12 OTTOBRE

SALA CELESTE

CORSO D'AGGIORNAMENTO A NUMERO CHIUSO (11)

(richiesto accreditamento a numero chiuso)

ore 13.00 - 15.30

LA COMUNICAZIONE DI CATTIVE NOTIZIE IN NEUROLOGIA

Moderatori
E. Pucci (*Fermo*) - D. Tarquini (*Roma*)

13.00 **Informare e comunicare**
I.R. Causarano (*Milano*)

13.35 **Presupposti etici e deontologici**
L. De Panfilis (*Reggio Emilia*)

14.10 **Tecniche di comunicazione**
B. Lissoni (*Milano*)

14.45 **Discussione interattiva di esperienze a confronto: prove di comunicazione**
E. Pucci (*Fermo*) - D. Tarquini (*Roma*)

17.30-18.00 **Pausa caffè**

12 OTTOBRE

SALA BEIGE

WORKSHOP

ore 15.30 - 17.30

DIAGNOSI E TRATTAMENTO DELLE ENCEFALITI DA AGENTI OPPORTUNISTI E TRASMESSI DA VETTORI

Moderatori

E. MARCHIONI (*Pavia*) - S. MONACO (*Verona*)

15.30 **Malattia di Lyme**
F. STRLE (*Ljubljana, SLO*)

16.00 **Encefalite da virus West Nile**
R. LUZZATI (*Trieste*)

16.30 **Terapia cellulare nella Leucoencefalopatia Multifocale Progressiva**
E. MARCHIONI (*Pavia*)

17.00 **La neuropatologia delle encefaliti**
S. FERRARI (*Verona*)

17.30-18.00 **Pausa caffè**

12 OTTOBRE

SALA BIANCA

WORKSHOP
ore 15.30 - 17.30

IL RUOLO DELLA NEUROSONOLOGIA OGGI

Moderatori
M. DEL SETTE (*Genova*) - S. RICCI (*Città di Castello, PG*)

15.30 **Gli ultrasuoni in Stroke Unit**
F.FARINA (*Padova*)

16.00 **Applicazioni in ambito neurointensivo**
M. MARINONI (*Firenze*)

16.30 **Non solo vasi**
L. PADUA (*Roma*)

17.00 **Quale percorso formativo?**
G. GIUSSANI (*Milano*)

17.30-18.00 **Pausa caffè**

12 OTTOBRE

SALA INDACO

WORKSHOP

ore 15.30 - 17.30

L'INCOMPRESA: IL PUNTO SULLA FIBROMIALGIA

Moderatori

G. Cruccu (*Roma*) - A. Toscano (*Messina*)

15.30 **La neuropatia delle piccole fibre in pazienti con fibromialgia**
G. Lauria Pinter (*Milano*)

16.00 **Il coinvolgimento del sistema nervoso centrale in pazienti con fibromialgia**
A. Truini (*Roma*)

16.30 **La fibromialgia come condizione di malattia multifattoriale**
M. De Tommaso (*Bari*)

17.00 **Esiste una terapia per la fibromialgia?**
S. Tamburin (*Verona*)

17.30-18.00 **Pausa caffè**

12 OTTOBRE

SALA AZZURRA

WORKSHOP
ore 15.30 - 17.30

DISTURBI NEUROPSICHIATRICI E FUNZIONALI IN NEUROLOGIA

Moderatori
U. Bonuccelli (*Pisa*) - M. Vecchio (*Caltanissetta*)

15.30 **Il Delirium in Neurologia**
C. Serrati (*Genova*)

16.00 **Depressione e suicidio nella Malattia di Parkinson**
I. Berardelli (*Roma*)

16.30 **Disturbi motori funzionali. Il registro italiano**
M. Tinazzi (*Verona*)

17.00 **La clinica dell'ADHD[2] nell'adulto**
G. Perugi (*Pisa*)

17.30-18.00 **Pausa caffè**

12 OTTOBRE

SALA VERDE

WORKSHOP

ore 15.30 - 17.30

PERSONAGGI E SCOPERTE

Moderatori

P. Cortelli (*Bologna*) - G. Zanchin (*Padova*)

15.30 **Introduzione**
G. Mancardi (*Genova*)

15.40 **La Scuola Neurologica Bolognese da Carlo Ceni a Pasquale Montagna**
P. Martinelli (*Bologna*)

16.00 **L'infiammazione neurogenica ed il CGRP[7]: un lungo viaggio dalla storia della medicina alle applicazioni terapeutiche**
P. Geppetti (*Firenze*)

16.20 **I pionieri del cinema neurologico a Bologna**
L. Lorusso (*Chiari, BS*)

16.40 **La rappresentazione pittorica della cefalea tra ipotesi e storia**
C. Lisotto (*Pordenone*) - G. Zanchin (*Padova*)

17.00 **Da veleno a farmaco: il percorso storico della tossina botulinica**
A. Negro (*Roma*)

17.30-18.00 **Pausa caffè**

12 OTTOBRE

SALA MAGENTA

WORKSHOP
ore 15.30 - 17.30

L'EMICRANIA: DALLA FISIOPATOLOGIA ALLA ORGANIZZAZIONE DELLA CURA

Moderatori
E.C. Agostoni (*Milano*) - F. Pierelli (*Roma*)

15.30 **Emicrania e ruolo del CGRP**[7]
P. Geppetti (*Firenze*)

16.00 **La profilassi della malattia emicranica: cosa è cambiato?**
P. Barbanti (*Roma*)

16.30 **La malattia emicranica: organizzazione della cura**
E.C. Agostoni (*Milano*)

17.00 **Modelli organizzativi per la cura della malattia emicranica: le indicazioni delle Società Scientifiche**
E.C. Agostoni (*Milano*)
P. Geppetti (*Firenze*)
G. Tedeschi (*Napoli*)

17.30-18.00 **Pausa caffè**

SALA MAGENTA B

WORKSHOP

ore 15.30 - 17.30

REMOTE MONITORING DEL PAZIENTE

Moderatori

L. Lavorgna (*Napoli*) - L. Leocani (*Milano*)

15.30 **Remote monitoring del paziente con Sclerosi Multipla**
G. Comi (*Milano*)

16.00 **Remote monitoring del paziente con malattia di Parkinson**
M. Contin (*Bologna*)

16.30 **Rapporto medico/paziente e web: aspetti normativi e medico legali**
F. Gelli (*Pisa*)

17.00 **Social media e public engagement**
R. Lanzillo (*Napoli*)

17.30-18.00 **Pausa caffè**

12 OTTOBRE

SALA CEL

WORKSHOP
ore 15.30 - 17.30

L'AUTODETERMINAZIONE IN NEUROLOGIA E I SUOI LIMITI: DECLINO DELLA CAPACITÀ, PERDITA DELL'IDENTITÀ PERSONALE

Moderatori
G. Moretto (*Verona*) - A. Solari (*Milano*)

15.30 **L'importanza del tema nella pratica clinica**
A. Pace (*Roma*)

16.00 **La capacità decisionale**
C.A. Defanti (*Gazzaniga, BG*)

16.30 **Il problema dell'identità personale**
A. Fiandra (*Roma*)

17.00 **Implicazioni medico-legali**
A. Stracciari (*Bologna*)

17.30-18.00 **Pausa caffè**

12 OTTOBRE

AUDITORIUM EUROPA

CERIMONIA DI INAUGURAZIONE

18.00 **Apertura del Congresso**
Pietro Cortelli (*Bologna*)

18.15 **Saluto delle Autorità**

18.30 **Relazione del Presidente della Società Italiana di Neurologia**
Gianluigi Mancardi (*Genova*)

18.50 **Consegna benemerenze Società Italiana di Neurologia**

19.00 **Evento di benvenuto**

13 OTTOBRE

AUDITORIUM EUROPA

SESSIONE PLENARIA
ore 08.30 - 10.30

DIAGNOSI E TERAPIA DEI DISTURBI DEL SISTEMA NERVOSO VEGETATIVO

Moderatori
A. BERARDELLI (*Roma*) - P. CORTELLI (*Bologna*)

08.30 **Imaging il sistema nervoso vegetativo**
M. BOZZALI (*Roma - Brighton, UK*)

09.00 **Ipotensione ortostatica neurogena nella malattia di Parkinson e Parkinsonismi**
A. MEROLA (*Cincinnati, USA - Torino*)

09.30 **Sistema genito urinario e gastrointestinale**
G. PELLICCIONI (*Ancona*)

10.00 **Disturbi del sonno e vegetativo: le relazioni pericolose**
F. PROVINI (*Bologna*)

10.30 - 11.00 **Pausa caffé**

LETTURA

ore 10.30 – 11.00

I CRITERI DIAGNOSTICI PER LA SM VANNO MODIFICATI?

con il contributo non condizionante di Biogen

SI M. FILIPPI (*Milano*)

NO M. Inglese (Genova)

13.00 - 14.30 **Pausa pranzo**

13 OTTOBRE

SIMPOSIO CONGIUNTO SIN-MINISTERO DELLA SALUTE

ore 11.00 – 12.00

LA FORMAZIONE DEGLI SPECIALISTI DI NEUROLOGIA E DEGLI SPECIALISTI NEL TRATTAMENTO DELL'ICTUS

11.00 **L'organizzazione in Italia dell'assistenza allo stroke**
G. MANCARDI (*Genova*)

11.30 **Un possibile percorso formativo per l'interventistica neuro-vascolare**
F. BOLOGNA (*Roma*)

12.00 **Il fabbisogno dei neurologi nei prossimi anni**
G. TEDESCHI (*Napoli*)

12.30 **La progettualità della riforma delle scuole di specialità**
A. BARTOLAZZI (*Roma*)

13 OTTOBRE

SALA ITALIA

SIMPOSIO

ore 11.00 - 12.00

TERIFLUNOMIDE: CONOSCENZA, ESPERIENZA, SODDISFAZIONE

con il contributo non condizionante di Sanofi

Moderatori

M. Filippi (*Milano*) - A. Lugaresi (*Bologna*)

11.00 **Conoscenza**
F. Patti (*Catania*)

11.20 **Esperienza**
L. Prosperini (*Roma*)

11.40 **Soddisfazione**
P. Perini (*Padova*)

13 OTTOBRE

SALA CIAN

COMUNICAZIONI ORALI: CASI CLINICI 1

ore 11.00 - 13.00

Moderatori

P. De Massis (*Imola, BO*) - A. Mauro (*Torino*)

11.00 **TRANSIENT SYMPTOMS OTHER THAN TRANSIENT ISCHEMIC ATTACK (TIA): RESULTS FROM A PROSPECTIVE POPULATION-BASED REGISTRY**
D. Degan (*L'Aquila*)

11.10 **MS[37] AND CADASIL[5] OR "INFLAMMATORY CADASIL[5]?"**
F. Pirro (*Milano*)

11.20 **A CHALLENGING CASE OF STATUS EPILEPTICUS**
M. Pengo (*Padova*)

11.30 **EARLY FUNCTIONAL CONNECTIVITY CHANGES IN A PRODROMAL SEMANTIC VARIANT OF PRIMARY PROGRESSIVE APHASIA: A LONGITUDINAL CASE REPORT**
D. Calderaro (*Milano*)

11.40 **PARKINSON'S DISEASE AND AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATED TO A LRRK2 MUTATION: A CASE REPORT**
F. De Marchi (*Novara*)

11.50 **PSYCHIATRIC ONSET IN A PATIENT WITH CLINICAL PHENOTYPE OF BEHAVIORAL VARIANT OF FRONTOTEMPORAL DEMENTIA: THINK OF NEUROSYPHILIS**
P. Caroppo (*Milano*)

12.00 **PERSONALIZED MANAGING OF SAFETY ISSUES IN MULTIPLE SCLEROSIS DURING ALEMTUZUMAB-TREATMENT: A CASE REPORT**
M. La Cava (*Bari*)

12.10 **RECURRENT EMBOLIC STROKES OF UNDETERMINED SOURCE DUE TO TROUSSEAU'S SYNDROME**
L. Sarro (*Torino*)

12.20 **CHALLENGES IN THE DIAGNOSIS OF STIFF-PERSON SYNDROME CLINICAL SPECTRUM**
A. Di Santo (*Roma*)

12.30 **QUANTITATIVE MULTIDIMENSIONAL MOVEMENT ANALYSIS OF LEVODOPA-RESPONSIVE HEMIPARKINSONISM/HEMIDYSTONIA DUE TO MIDBRAIN STROKE**
M. Meloni (*Milano*)

SALA CIAN

COMUNICAZIONI ORALI: CASI CLINICI 1

ore 11.00 - 13.00

Moderatori

P. De Massis (*Imola, BO*) - A. Mauro (*Torino*)

12.40 **HOMOZYGOUS TWIN WITH DEGENERATIVE GERSTMANN SYNDROME AS PRESENTATION OF EARLY ONSET ALZHEIMER DISEASE**
S.A. Sperber (*Lodi*)

12.50 **HYPEREOSINOPHILIA AND WATERSHED STROKES: A SNOWBALL EFFECT**
F. Cavallieri (*Reggio Emilia*)

13.00 - 14.30 **Pausa pranzo**

13 OTTOBRE

SALA BIAC

COMUNICAZIONI ORALI: MALATTIE NEUROMUSCOLARI 1

ore 11.00 - 13.00

Moderatori

F. MANGANELLI (*Salerno*) - T. MONGINI (*Torino*)

11.00 **ASSESSING THE ROLE OF ANTI RH-GAA IN MODULATING RESPONSE TO ERT IN LATE-ONSET POMPE DISEASE: THE FINAL DATA FROM THE ITALIAN GSDII[24] STUDY GROUP**
S. COTTI PICCINELLI (*Brescia*)

11.10 **TARGETED NEXT-GENERATION SEQUENCING (NGS) YIELD IN LOWER MOTOR NEURON (LMN) SYNDROMES**
S. TESTI (*Verona*)

11.20 **BENDAMUSTINE–RITUXIMAB (BR) COMBINED THERAPY FOR TREATMENT OF IMMUNO-MEDIATED NEUROPATHIES ASSOCIATED TO HEMATOLOGICAL DISORDERS**
A. ZUPPA (*Genova*)

11.30 **CLINICAL EPIDEMIOLOGY OF CIDP[8] IN 3 ITALIAN NORTH-EAST PROVINCES**
F. PRADELLA (*Padova*)

11.40 **COMPARISON OF THE DIAGNOSTIC ACCURACY OF THE ICE-PACK TEST AND SINGLE FIBER EMG[17] IN PATIENTS WITH OCULAR MYASTHENIA**
M.P. GIANNOCCARO (*Bologna*)

11.50 **SENSORY TRACTS ABNORMALITIES IN MYOTONIC DYSTROPHY TYPE-1**
G. BECHI GABRIELLI (*Roma*)

12.00 **ONE-YEAR LONGITUDINAL FUNCTIONAL CHANGES IN A COHORT OF ADULT NUSINERSEN-TREATED SPINAL MUSCULAR ATROPHY PATIENTS AT THE PADOVA NEUROMUSCULAR CENTER**
L. CAUMO (*Padova*)

13.00 - 14.30 **Pausa pranzo**

SALA BIA

COMUNICAZIONI ORALI: MALATTIE NEUROMUSCOLARI 1

ore 11.00 - 13.00

Moderatori

F. Manganelli (*Salerno*) - T. Mongini (*Torino*)

12.10 **CHRONIC INFLAMMATORY DEMYELINATING POLYRADICULONEURO- PATHY OR ANTI-MAG NEUROPATHY: A MISDIAGNOSIS OR AN OVERLAP?**
F. Liberatore (*Rozzano - MI*)

12.20 **PREVALENCE OF MYOSITIS-SPECIFIC ANTIBODIES IN A LARGE SINGLE CENTRE COHORT OF IDIOPATHIC INFLAMMATORY MYOPATHIES**
M. Lucchini (*Roma*)

12.30 **ABNORMAL CORTICAL COMPLEXITY IN DM1 BRAINS ACCOUNTS FOR PATIENTS' PECULIAR DEFICITS IN SOCIAL COGNITION**
L. Serra (*Roma*)

12.40 **THE SPECTRUM OF DOMINANT TPNO3 IN CONGENITAL LIMB GIRDLE MUSCULAR DYSTROPHY PATIENTS**
C. Angelini (*Venezia*)

12.50 **NERVE CROSS SECTIONAL AREA IS CORRELATED TO CLINICAL SEVERITY IN PATIENTS WITH CHARCOT-MARIE-TOOTH DISEASE TYPE 1°**
S. Tamburin (*Verona*)

13.00 - 14.30 **Pausa pranzo**

13 OTTOBRE

SALA INPS

COMUNICAZIONI ORALI: MALATTIE CEREBROVASCOLARI 1

ore 11.00 - 13.00

Moderatori

A. CAROLEI (*L'Aquila*) - V. CASO (*Perugia*)

11.00 **VALIDATION AND COMPARISON OF NONCONTRAST CT SCORES TO PREDICT INTRACEREBRAL HEMORRHAGE EXPANSION**
L. POLI (*Brescia*)

11.10 **RELATIONSHIP BETWEEN THE DIMENSION OF PATENT FORAMEN OVALE (PFO) AND ACUTE CEREBRAL ISCHEMIC LESION VOLUME IN YOUNG PATIENTS WITH CRYPTOGENIC ISCHEMIC STROKE**
F. BENVENUTI (*Firenze*)

11.20 **HISTORY OF MIGRAINE AND VOLUME OF BRAIN INFARCTS. THE ITALIAN PROJECT ON STROKE AT YOUNG AGE (IPSYS)**
V. DE GIULI (*Brescia*)

11.30 **ETIOLOGY OF ISCHEMIC STROKE IN YOUNG ADULT PATIENTS: A COMPARATIVE STUDY OF TOAST AND CCS CLASSIFICATIONS**
I. ROMANI (*Firenze*)

11.40 **COMMON MISUNDERSTANDINGS WHICH ENCOURAGE INAPPROPRIATE USE OF CAROTID PROCEDURES**
A. ABBOTT (*Melbourne - AUS*)

11.50 **STROKE OUTCOME IN THE VERY OLD: A COHORT STUDY ON 531 PATIENTS**
V. MANTERO (*Lecco*)

13.00 - 14.30 **Pausa pranzo**

COMUNICAZIONI ORALI: MALATTIE CEREBROVASCOLARI

ore 11.00 - 13.00

Moderatori

A. Carolei (*L'Aquila*) - V. Caso (*Perugia*)

12.00 **PREDICTING INTRACEREBRAL HEMORRHAGE EXPANSION WITH CT PERFUSION**
A. Morotti (*Pavia*)

12.10 **DIRECT ORAL ANTICOAUGULANTS (DOACS) AND ANTIEPILEPTIC DRUGS (AEDS): A RETROSPECTIVE STUDY ABOUT DOACS PLASMATIC CONCENTRATION IN VIVO**
C. Deluca (*Vicenza*)

12.20 **A SINGLE-CENTER COHORT STUDY ON PATIENTS WITH EMBOLIC STROKE OF UNDETERMINED SOURCE**
M. Squitieri (*Firenze*)

12.30 **HUB-AND-SPOKE ORGANIZATION FOR THROMBECTOMY: PRELIMINARY DATA FROM AN OBSERVATIONAL STUDY OF TRANSFER TIMES IN THE LIGURIA REGION**
M. Balestrino (*Genova*)

12.40 **FIVE-YEAR RISK OF VASCULAR EVENTS AFTER INTRACEREBRAL HEMORRHAGE IN A POPULATION-BASED STROKE REGISTRY**
R. Ornello(*L'Aquila*)

12.50 **COGNITIVE PERFORMANCE CHANGE IN PATIENTS WITH CAROTID ARTERY STENOSIS UNDERGOING SURGICAL REVASCULARIZATION**
S. Lattanzi (*Ancona*)

13.00 - 14.30 **Pausa pranzo**

13 OTTOBRE

SALA AZZURRA

COMUNICAZIONI ORALI: NEUROGENETICA

ore 11.00 - 13.00

Moderatori

M.T. DOTTI (*Siena*) - M. ZEVIANI (*Padova*)

11.00 **DOMINANT OPTIC ATROPHY (DOA): NOT ONLY OPA1**
F. AMORE (*Bologna*)

11.10 **NEUROFASCIN (NFASC) IS A NOVEL GENE ASSOCIATED WITH CEREBELLAR ATAXIA AND DEMYELINATING NEUROPATHY**
E. MONFRINI (*Milano*)

11.20 **BLOOD BIOMARKERS IN MITOCHONDRIAL DISEASES**
A. MARESCA (*Bologna*)

11.30 **MITOCHONDRIAL DNA (MTDNA) INTEGRITY OF INDUCED PLURIPOTENT STEM CELLS (IPSCS): NEED TO SCREEN FOR UNWANTED MTDNA VARIANTS BEFORE ANY USE OF IPSCS**
L. CAPORALI (*Bologna*)

11.40 **IDENTIFICATION OF TWO NOVEL MFN2 MUTATIONS IN CMT2A PATIENTS**
E. ABATI (*Milano*)

11.50 **THE COMPLEX PHENOTYPE OF SPINOCEREBELLAR ATAXIA TYPE 48, A NOT RARE FORM OF AUTOSOMAL DOMINANT ATAXIA**
G. DE MICHELE (*Napoli*)

12.00 **SSBP1 MUTATIONS CAUSE A COMPLEX OPTIC ATROPHY SPECTRUM DISORDER WITH MITOCHONDRIAL DNA DEPLETION**
C. LA MORGIA (*Bologna*)

12.10 **COMBINED PLASMA LYSO-GB3 AND SKIN GB3 DEPOSITS AS A DIAGNOSTIC TOOL IN FABRY DISEASE**
S. DE PASQUA (*Bologna*)

12.20 **CIRCULATING NON-CODING RNAS IN HUNTINGTON DISEASE**
M. FERRALDESCHI (*Roma*)

13.00 - 14.30 **Pausa pranzo**

SALA AZZURRA

COMUNICAZIONI ORALI: NEUROGENETICA

ore 11.00 - 13.00

Moderatori

M.T. DOTTI (*Siena*) - M. ZEVIANI (*Padova*)

12.30 **AUTOSOMAL RECESSIVE PRIMARY FAMILIAL BRAIN CALCIFICATION IN AN ITALIAN FAMILY WITH A NOVEL MUTATION IN MYORG**
A. MIGNARRI (*Siena*)

12.40 **SPINAL CORD INVOLVEMENT IN MITOCHONDRIAL DISEASES: CLINICO-RADIOLOGICAL EVALUATION IN A LARGE ADULT COHORT**
G. PRIMIANO (*Roma*)

12.50 **NEUROPETIDE Y RECEPTOR 1 POLYMORPHISMS AND BRAIN ATROPHY FOLLOWING TRAUMATIC BRAIN INJURY**
M. PARDINI (*Genova*)

13.00 - 14.30 **Pausa pranzo**

13 OTTOBRE

SALA ERD

COMUNICAZIONI ORALI: NEUROIMMUNOLOGIA E NEUROINFETTIVOLOGIA

ore 11.00 - 13.00

Moderatori

L. Battistini (*Roma*) - B. Bonetti (*Verona*)

11.00 **2015 REVISED DIAGNOSTIC CRITERIA FOR NMOSD[47] APPLIED TO ANTI-AQP4+ AND ANTI-MOG+ ANTIBODIES PATIENTS: A PROSPECTIVE INCIDENTAL STUDY IN A LARGE ITALIAN POPULATION**
L.A. Capobianco (*Orbassano - TO*)

11.10 **WEST NILE VIRUS NEUROINVASIVE DISEASE: CLINICAL CHARACTERISTICS AND OUTCOMES IN EASTERN VENETO 2012 AND 2018 OUTBREAKS**
A. Baldi (*Portogruaro - VE*)

11.20 **CLINICAL AND SEROLOGICAL CHARACTERISTICS OF PATIENTS WITH DOUBLE SERONEGATIVE MYASTHENIA GRAVIS**
V. Damato (*Roma*)

11.30 **PARANEOPLASTIC NEUROLOGICAL SYNDROMES EPIDEMIOLOGY: A POPULATION-BASED STUDY**
A. Bernardini (*Udine*)

11.40 **HIPPOCAMPAL EPILEPTOGENESIS IN AUTOIMMUNE ENCEPHALITIS**
A. Verzina (*Perugia*)

11.50 **BLOOD-BRAIN BARRIER DAMAGE EVALUATED THROUGH THE ALBUMIN QUOTIENT: DIFFERENCES BY SEX**
M. Castellazzi (*Ferrara*)

12.00 **CLINICAL CHARACTERISTICS OF NEUROLOGICAL COMPLICATIONS ASSOCIATED WITH IMMUNE CHECKPOINT INHIBITORS: INSIGHTS FROM AN ANALYSIS OF 255 CASES**
A. Marini (*Udine*)

12.10 **EVALUATION OF THE KAPPA INDEX IN PATIENTS WITH A SINGLE CEREBROSPINAL FLUID IGG[28] BAND**
D. Ferraro (*Modena*)

13.00 - 14.30 **Pausa pranzo**

SALA VERDE

COMUNICAZIONI ORALI: NEUROIMMUNOLOGIA E NEUROINFETTIVOLOGIA

ore 11.00 - 13.00

Moderatori

L. Battistini (*Roma*) - B. Bonetti (*Verona*)

12.20 **CENTRAL NERVOUS SYSTEM NEUROSARCOIDOSIS: EXPERIENCE FROM SARCOIDOSIS TUSCAN REFERRAL CENTRE**
S. Bocci (*Siena*)

12.30 **ARE THERE ANTIBODIES TO NEURONAL SURFACE ANTIGENS IN PATIENTS GIVEN A DIAGNOSIS OF NEURODEGENERATIVE DISORDER?**
M.P. Giannoccaro (*Bologna*)

12.40 **THE CARTA INFETTIVOLOGICA: A USEFUL TOOL FOR ASSESSING INFECTIOUS RISK IN PATIENTS WITH MULTIPLE SCLEROSIS UNDER DISEASE MODIFYING THERAPY**
M.A. Zingaropoli (*Roma*)

12.50 **KAPPA INDEX VERSUS CEREBROSPINAL FLUID IGG[28] OLIGOCLONAL BANDS IN EVERYDAY CLINICAL PRACTICE: PRELIMINARY RESULTS OF A PROSPECTIVE STUDY**
D. Ferraro (*Modena*)

13.00 - 14.30 **Pausa pranzo**

13 OTTOBRE

SALA MAGNA

COMUNICAZIONI ORALI: DEMENZA E INVECCHIAMENTO 1

ore 11.00 - 13.00

Moderatori

A.C. BRUNI (*Lamezia Terme, CZ*) - P.NICHELLI (*Modena*)

11.00 **NEUROPHISYOLOGICAL FEATURES OF AD[1] CONTINUUM ASSESSED BY TRANSCRANIAL MAGNETIC STIMULATION PROTOCOLS**
M. ASSOGNA (*Roma*)

11.10 **ARE STATINS EFFECTIVE FOR AD[1] TREATMENT? RESULTS FROM A BIOMARKER-BASED STUDY**
E. SCARICAMAZZA (*Roma*)

11.20 **DIFFERENTIAL ALTERATIONS OF METABOLIC CONNECTIVITY BETWEEN DORSAL ATTENTION AND LIMBIC NETWORKS ARE ASSOCIATED WITH VISUAL HALLUCINATIONS IN LEWY BODY DEMENTIA (DLB): A FDG- PET/MRI STUDY**
G. ZORZI *(Padova)*

11.30 **VALIDATION OF SUBJECTIVE COGNITIVE DECLINE-PLUS (SCD-PLUS) CRITERIA: THE EFFECT OF DEMOGRAPHIC FEATURES AND APOE STATUS ON THE RISK OF PROGRESSION FROM SCD TO ALZHEIMER'S DISEASE. A 10-YEAR FOLLOW-UP STUDY**
S. MAZZEO (*Firenze*)

11.40 **ASSOCIATION BETWEEN HIPPOCAMPUS, THALAMUS AND CAUDATE IN MCI APOEE4 CARRIERS: A STRUCTURAL COVARIANCE MRI STUDY**
F. NOVELLINO (*Catanzaro*)

11.50 **EVALUATION OF THE PERFORMANCE OF A FULLY AUTOMATED CHEMILUMINESCENT ENZYME IMMUNOASSAYS FOR CSF[11] AD[1] BIOMARKERS (AB42, AB40, T-TAU AND P-TAU)**
R. RINALDI (*Perugia*)

12.00 **FDG[20]-PET[52] IN PSEUDODEMENTIA**
S. PICCO (*Genova*)

12.10 **EFFECT OF APOE E4 ALLELE ON DIAGNOSTIC PERFORMANCES OF AMYLOID BETA42/40 RATIO FOR ALZHEIMER'S DISEASE**
T. PICCOLI (*Palermo*)

12.20 **Aβ PATHOLOGY ACCOUNTS FOR HETEROGENEITY OF CSF[11] IN AD[1] CONTINUUM**
V. BRAMATO (*Roma*)

13.00 - 14.30 **Pausa pranzo**

COMUNICAZIONI ORALI: DEMENZA E INVECCHIAMENTO 1

ore 11.00 - 13.00

Moderatori

A.C. BRUNI (*Lamezia Terme, CZ*) - P. NICHELLI (*Modena*)

12.30 **ESTABLISHING THE RISK OF CONVERSION IN PATIENTS WITH MILD COGNITIVE IMPAIRMENT (MCI) AND NEGATIVE AMYLOID CEREBROSPINAL FLUID MARKERS: A COHORT STUDY**
S. SALEMME (*Modena*)

12.40 **SALIVARY AND CEREBROSPINAL FLUID ABETA42 CONCENTRATIONS ARE INVERSELY CORRELATED IN PATIENTS WITH DEMENTIA**
I. RAINERO (*Torino*)

12.50 **A METABOLIC IMAGING SIGNATURE OF BEHAVIOURAL FRONTOTEMPORAL DEMENTIA RESPECT TO PSYCHIATRIC PHENOCOPY SYNDROME**
C. BUSSÈ (*Firenze*)

13.00 - 14.30 **Pausa pranzo**

13 OTTOBRE

SALE TURACES

COMUNICAZIONI ORALI: DISORDINI DEL MOVIMENTO 1

ore 11.00 - 13.00

Moderatori

G. Abbruzzese (*Genova*) - F. Valzania (*Cesena, FC*)

11.00 **BALANCE ASSESSMENT BY MEANS OF WEARABLE SENSORS IN PARKINSON'S DISEASE**
A. Zampogna (*Roma*)

11.10 **LONGITUDINAL CLINICAL AND NEUROANATOMICAL CHANGES OF PD[50]-MCI[34] REVERTERS**
G. Donzuso (*Catania*)

11.20 **REMEDIO: A PROOF-OF-CONCEPT NEUROPROTECTION STUDY FOR PRODROMAL SYNUCLEINOPATHIES**
D. Arnaldi (*Genova*)

11.30 **A NEW IMAGING BIOMARKER FOR DIFFERENTIATION OF PROGRESSIVE SUPRANUCLEAR PALSY FROM NORMAL PRESSURE HYDROCEPHALUS**
A. Quattrone (*Catanzaro*)

11.40 **KINEMATIC ANALYSIS OF FACIAL, UPPER AND LOWER LIMB BRADKINESIA IN PARKINSON'S DISEASE**
A. Cannavacciuolo (*Roma*)

11.50 **ESSENTIAL TREMOR AND PARKINSON'S DISEASE-RELATED TREMOR TREATMENT WITH 3T-MR GUIDED FOCUSED ULTRASOUND THALAMOTOMY: ONE YEAR EXPERIENCE IN THE CENTRE OF L'AQUILA**
P. Sucapane (*L'Aquila*)

12.00 **BIOMARKERS OF IDIOPATHIC REM** (Rapid Eye Movements) **SLEEP BEHAVIOR DISORDER VERSUS RBD** (rare bleeding disorders) **WITHIN NARCOLEPSY**
E. Antelmi (*Bologna*)

13.00 - 14.30 **Pausa pranzo**

COMUNICAZIONI ORALI: DISORDINI DEL MOVIMENTO 1

ore 11.00 - 13.00

Moderatori

G. Abbruzzese (*Genova*) - F. Valzania (*Cesena, FC*)

12.10 **FREQUENCY OF SENSORY TRICK IN ADULT-ONSET SECONDARY DYSTONIA**
V. Melas (*Cagliari)*

12.20 **UPDATE ON MOLECULAR GENETICS OF PRIMARY FAMILIAL BRAIN CALCIFICATION**
A. Mignarri (*Siena*)

12.30 **LONGITUDINAL EVOLUTION OF WHITE MATTER DAMAGE IN PARKINSON'S DISEASE**
P. G. Scamarcia (*Milano*)

12.40 **KINEMATIC ANALYSIS OF BLINKING IN PATIENTS WITH BLEPHAROSPASM**
S. Frittoli (*Limbiate - MB*)

12.50 **PROSPECTIVE EVALUATION OF MOTOR PERFORMANCES IN A COHORT OF PARKINSON'S DISEASE PATIENTS AND IDENTIFICATION OF TECHNOLOGY-BASED BIOMARKERS OF MOTOR PROGRESSION**
G. Di Lazzaro (*Roma*)

13.00 - 14.30 **Pausa pranzo**

13 OTTOBRE

SALA MAGGIORE

COMUNICAZIONI ORALI: NEUROIMMAGINI

ore 11.00 - 13.00

Moderatori

M. Corbetta (*Padova*) - A. Quattrone (*Catanzaro*)

11.00 **COGNITIVE RESERVE AS MEDIATOR BETWEEN COGNITION AND WHITE MATTER MICROSTRUCTURAL DAMAGE IN EARLY MS**[37]
C. Vinciguerra(*Siena*)

11.10 **ASSESSMENT OF CORTICOSPINAL TRACT PROFILE IN IDIOPATHIC NORMAL PRESSURE HYDROCEPHALUS AND PROGRESSIVE SUPRANUCLEAR PALSY: A DTI** (Diffusion Tensor Imaging) **STUDY**
A. Quattrone (*Catanzaro*)

11.20 **VALIDATION OF MRI**[36] **3T PROTOCOL FOR THE ASSESSMENT OF LOCUS COERULEUS IN HEALTHY ELDERLY SUBJECTS**
A. Galgani (*Pisa*)

11.30 **LOSS OF BRAIN FLEXIBILITY IN PARKINSON'S DISEASE: FUNCTIONAL REPERTOIRE, HYPERSYNCHRONIZATION AND CLINICAL DISABILITY**
P. Sorrentino (*Napoli*)

11.40 **REDUCED VENTRAL TEGMENTAL AREA CONNECTIVITY PREDICTS THE RISK OF CONVERSION FROM MILD COGNITIVE IMPAIRMENT TO ALZHEIMER'S DISEASE: A 2 YEAR LONGITUDINAL STUDY**
L. Serra (*Roma*)

11.50 **CEREBROSPINAL FLUID Aβ RATIO AND OTHER AD**[1] **BIOMARKERS SUGGEST THE PRESENCE OF FALSE NEGATIVE AMYLOID-PET RESULTS**
G. Lombardi (*Firenze*)

12.00 **WHITE MATTER MYELIN ALTERATIONS ARE DIFFUSE IN NEUROMYELITIS OPTICA SPECTRUM DISORDERS AND PREVAIL ON AXONAL DAMAGE**
L. Cacciaguerra (*Milano*)

13.00 - 14.30 **Pausa pranzo**

COMUNICAZIONI ORALI: NEUROIMMAGINI

ore 11.00 - 13.00

Moderatori

M. Corbetta (*Padova*) - A. Quattrone (*Catanzaro*)

12.10 **MEASUREMENT OF WHITE MATTER ATROPHY IN MULTIPLE SCLEROSIS USING DIFFUSION WEIGHTED IMAGING**
L. Storelli (*Milano*)

12.20 **MOTOR NETWORK TOPOLOGY IN MS: STRUCTURAL CONNECTIVITY CHANGES ACCOUNTING FOR DENSITY REDUCTION**
M. Petracca (*New York - USA*)

12.30 **18F-3,4-DIHYDROXYPHENYLALANINE POSITRON EMISSION TOMOGRAPHY FEATURES IN BRAIN TUMEFACTIVE DEMYELINATING LESIONS**
E. Sbragia (*Genova*)

12.40 **ASSESSMENT OF SACCADIC MOVEMENTS AS POTENTIAL BIOMARKERS IN EARLY-ONSET FRIEDREICH'S ATAXIA**
I. Sammarra (*Catanzaro*)

13.00 - 14.30 **Pausa pranzo**

COMUNICAZIONI ORALI: SCLEROSI MULTIPLA 1

ore 12.00 - 13.00

Moderatori

P. Cavalla (*Torino*) - L. Moiola (*Milano*)

12.00 **THE EFFECT OF OPTIC NEURITIS IN MULTIPLE SCLEROSIS, AQUAPORIN4-POSITIVE NEUROMYELITIS OPTICA SPECTRUM DISORDERS, AND ANTI-MOG ANTIBODIES ASSOCIATED-DISEASE**
A. Bianchi (*London - UK*)

12.10 **RELATIONSHIP BETWEEN RETINAL LAYERS THICKNESS AND DISABILITY WORSENING IN RELAPSING AND PROGRESSIVE MULTIPLE SCLEROSIS**
M. Cellerino (*Genova*)

12.20 **SPINAL CORD INVOLVEMENT IN MULTIPLE SCLEROSIS IS HIGHLY PREDICTIVE OF DISABILITY AND DISEASE PHENOTYPE**
R. Bonacchi (*Milano*)

12.30 **EFFECTS OF FINGOLIMOD AND NATALIZUMAB ON BRAIN T1/T2- WEIGHTED AND MAGNETIZATION TRANSFER RATIOS: A 2-YEAR STUDY**
P. Preziosa (*Milano*)

12.40 **EVALUATING THE RISK FACTORS FOR THE CONVERSION TO SECONDARY PROGRESSIVE MULTIPLE SCLEROSIS: A RETROSPECTIVE COHORT STUDY OF THE ITALIAN MS REGISTER**
P. Iaffaldano (*Bari*)

12.50 **THE CENTRAL VEIN SIGN IDENTIFIES PATIENTS DIAGNOSED WITH MULTIPLE SCLEROSIS PROBABLY CARRYING DIFFERENT DISEASES AND SHOWING MILDER DISEASE COURSE**
F. Azzolini (*Firenze*)

13.00 - 14.30 **Pausa pranzo**

13 OTTOBRE

SALA BEIGE

SIMPOSIO

ore 12.30 - 13.30

NOVITÀ IN TEMA DI NMOSD[47]

con il contributo non condizionante di Roche

Moderatori

G. Comi (*Milano*) - C. Pozzilli (*Roma*)

12.30 **Introduzione**
C. Pozzilli (*Roma*)

12.35 **L'IL-6 come attore chiave del processo infiammatorio nella NMOSD[47]**
A. Uccelli (*Genova*)

12.50 **NMOSD[47]: quali le conoscenze ad oggi?**
M. Capobianco (*Orbassano, TO*)

13.05 **Prospettive future nel trattamento della NMOSD[47]**
F. Patti (*Catania*)

13.20 **Conclusioni e discussione**
G. Comi (*Milano*)

13.00 - 14.30 **Pausa pranzo**

13 OTTOBRE

SALA BEIGE

CONFERENZA DIDATTICA
ore 13.30 - 14.00

QUADRI CLINICI E FATTORI PROGNOSTICI NELLA MIELITE ACUTA TRAVERSA

Relatore
P. ANNUNZIATA (*Siena*)

13.00 - 14.30 **Pausa pranzo**

13 OTTOBRE

SALA INDACO

CONFERENZA DIDATTICA
ore 13.30 - 14.00

EMBRYOSAFE PATHWAYS

IN LATE-ONSET NEUROGENETIC PATHOLOGIES: NEW PERSPECTIVES FOR THE PREVENTION OF RARE DISEASES IN PRE-IMPLANTATION GENETIC DIAGNOSIS (PGD)

Relatore

P. Zolo (*Arezzo*)

13.00 - 14.30 **Pausa pranzo**

13 OTTOBRE

SALA VERDE

CONFERENZA DIDATTICA
ore 13.30 - 14.00

LO SPETTRO CLINICO DEI DISTURBI DEL MOVIMENTO FUNZIONALE

Relatore
C. Colosimo (*Terni*)

13.00 - 14.30 **Pausa pranzo**

13 OTTOBRE

SALA MAGENTA B

CONFERENZA DIDATTICA

ore 13.30 - 14.00

BIOMARKERS LIQUORALI NELLE MALATTIE NEURODEGENERATIVE: DALLE PRIONOPATIE ALLE MALATTIE PRION-LIKE

Relatore
P. PARCHI (*Roma*)

13.00 - 14.30 **Pausa pranzo**

13 OTTOBRE

SIMPOSIO

ore 13.30 - 14.30

TRATTAMENTO PRECOCE NELLA SM: RESPONSABILITÀ E IMPATTO CLINICO

in collaborazione con Novartis

evento non accreditato ECM

Moderatori

E. Cocco (*Cagliari*) - M. Filippi (*Milano*)

13.30 **Il primo trattamento conta: implicazioni ed impatto clinico**
S. Bonavita (*Napoli*)

13.45 **La potenza anti-infiammatoria nella scelta del primo trattamento**
F. Esposito (*Milano*)

14.00 **Oltre la potenza anti-infiammatoria: esistono altri fattori importanti per l'efficacia?**
M. Calabrese (*Verona*)

14.15 **L'azione del primo trattamento sul sistema immunitario e l'impatto sulle scelte terapeutiche successive**
F. Sacca (*Napoli*)

SALA BIANCA

SIMPOSIO

ore 14.00 - 15.30

NUSINERSEN: DAGLI STUDI CLINICI AI RISULTATI REAL WORLD

con il contributo non condizionante di Biogen

Moderatori

G. MANCARDI (*Genova*) - G. VITA (*Catania*)

14.00 **Il ruolo del neurologo e l'importanza di fare rete**
F. MANCARDI (*Genova*)

14.15 **Nusinersen, la prima terapia per la SMA[65]: dallo sviluppo clinico ai risultati degli ultimi studi**
V. SANSONE (*Milano*)

14.45 **Real World Evidence: risultati sull'intera popolazione elegibile**
V. SANSONE (*Milano*)

15.15 **Discussione sulle tematiche trattate**

13 OTTOBRE

SALA CIANO

SIMPOSIO
ore 14.30 - 16.30

IPERSONNIE DEL SISTEMA NERVOSO CENTRALE

in collaborazione con Associazione Italiana Medicina del Sonno (AIMS)

Moderatori
R. Eleopra (*Milano*) - G. Plazzi (*Bologna*)

14.30 **Sinergia medico-paziente per una diagnosi precoce**
G. Plazzi (*Bologna*)

14.55 **Eziologia delle Ipersonnie di origine centrale**
E. Mignot (*Stanford, UK*)

15.20 **Classificazione e diagnosi differenziale delle Ipersonnie con e senza cataplessia**
C. Bassetti (*Berna, CH*)

15.45 **Dalla sonnolenza alle Ipersonnie centrali: il ruolo della neurodegenerazione**
Y. Dauvilliers (*Montpellier, F*)

16.10 **Il trattamento delle Ipersonnie centrali: ieri, oggi, domani**
L. Ferini Strambi (*Milano*)

13.00 - 14.30 **Pausa pranzo**

13 OTTOBRE

SALA MAGENTA

SIMPOSIO

ore 14.30 - 15.30

SCLEROSI MULTIPLA: RISCRIVIAMO INSIEME IL FUTURO

con il contributo non condizionante di Merck Serono

Moderatori

M. Filippi (*Milano*) - M. Trojano (*Bari*)

14.30 **Immunomodulazione e immunosoppressione per una gestione a lungo termine della Sclerosi Multipla**
L. Battistini (*Roma*)

14.50 **Interferone beta-1a sc a 360°: quando e perché nella definizione dell'algoritmo terapeutico**
C. Gasperini (*Roma*)

15.10 **Cladribina per la gestione personalizzata del paziente con Sclerosi Multipla**
F. Patti (*Catania*)

17.00 - 17.30 **Pausa caffè**

13 OTTOBRE

SALA MAGENTA B

SIMPOSIO
ore 14.30 - 15.30

OPICAPONE NELLE FLUTTUAZIONI MOTORIE DELLA MALATTIA DI PARKINSON: UN ANNO DI ESPERIENZE CLINICHE A CONFRONTO

in collaborazione con Bial

evento non accreditato ECM

Moderatore
F. Stocchi (*Roma*)

14.30 **Introduzione**
F. Stocchi (*Roma*)

14.40 **Quali approcci al paziente con fluttuazioni**
A. Tessitore (*Napoli*)

14.55 **Esperienza clinica di opicapone**
N. Modugno (*Roma*)

15.10 **Discussione**

17.00 - 17.30 **Pausa caffè**

13 OTTOBRE

SALA INDACO

SIMPOSIO

ore 14.30 - 17.00

MALATTIE NEUROLOGICHE TRA INFIAMMAZIONE E NEURODEGENERAZIONE

in collaborazione con Società Italiana NeuroScienze (SINS)

Moderatori
P. Calabresi (*Perugia*) - C. Ferrarese (*Milano*)

14.30 **Meccanismi infiammatori nella Malattia di Alzheimer: un ruolo centrale per la periferia?**
L. Tremolizzo (*Milano*)

15.00 **Stimolazione magnetica transcranica e riduzione della neuroinfiammazione in modelli sperimentali di Malattia di Parkinson**
V. Ghiglieri (*Roma, Perugia*)

15.30 **Interazione tra infiammazione e neurodegenerazione nella Sclerosi Multipla**
D. Centonze (*Roma, Pozzilli, IS*)

16.00 **Infiammazione, neurodegenerazione e disfunzione sinaptica nella patogenesi del deficit cognitivo della Sclerosi Multipla**
M. Di Filippo (*Perugia*)

17.00 - 17.30 **Pausa caffè**

13 OTTOBRE

SALA AZZURRA

LETTURA
ore 15.30 - 16.00

LA PROMESSA DI LILLY:
PIÙ GIORNI LIBERI DALL'EMICRANIA
in collaborazione con Lilly

evento non accreditato ECM

Moderatore
G. DELL'AGNELLO (*Firenze*)

Relatore
S. SACCO (*L'Aquila*)

17.00 - 17.30 **Pausa caffè**

13 OTTOBRE

SALA BEIGE

SIMPOSIO
ore 15.30 - 17.30

PDTA E CESSIONE DELLE MALATTIE NEUROLOGICHE CRONICHE

in collaborazione con l'Associazione Italiana Neurologi Ambulatoriali (AINAT)

Moderatori

D. CASSANO (*Salerno*) - G. MANCARDI (*Genova*)

15.30 **Il progetto di integrazione Ospedale-Territorio nella provincia di Catania**
M. ZAPPIA (*Catania*)

15.50 **La rete neurologica nell'area metropolitana bolognese**
R. LIGUORI (*Bologna*)

16.10 **Il progetto Alcmeone Migraine Care: la rete cefalea come modello di integrazione Ospedale-Territorio**
F. TRIPODI (*Reggio Calabria*) - R. ARLOMEDE (*Lamezia Terme, CZ*)

16.30 **Progetto integrato Università-Territorio per lo studio dei Disordini cognitivi ad esordio precoce**
C. COPPOLA (*Napoli*) - R. IANNACCHERO (*Catanzaro*)

16.50 **Il PDTA (percorsi diagnostic terapeutici assistenziali) del paziente parkinsoniano: un progetto congiunto AINAT Campania-Sicilia**
C.A. MARIANI (*Palermo*)

17.00 - 17.30 **Pausa caffè**

13 OTTOBRE

SALA ITALIA

SIMPOSIO
ore 15.30 - 17.30

PROGRESSION IN MS: UNDERSTANDING, RECOGNIZING AND TREATING

con il contributo non condizionante di Roche

Moderatori
M. Filippi (*Milano*) - A. Lugaresi (*Bologna*)

15.30 **Introduzione**
M. Filippi (*Milano*)

15.40 **Understanding progression: aspetti immunopatologici**
D. Centonze (*Roma, Pozzilli, IS*)

16.00 **Recognizing progression: il ruolo del neuroimaging**
A.M. Rocca (*Milano*)

16.20 **Recognizing progression: impairment clinico e cognitivo**
M.P. Amato (*Firenze*)

16.40 **Treating progression: ocrelizumab nella pratica clinica italiana**
R. Lanzillo (*Napoli*)

17.00 **Conclusioni e discussione**
A. Lugaresi (*Bologna*)

17.20 **Presentazione del Progetto «MRI Academy 4MS»**
G. Tedeschi (*Napoli*)

17.00 - 17.30 **Pausa caffè**

13 OTTOBRE

SALA MAGENTA B

SIMPOSIO
ore 16.00 - 17.00

PENSIERI AD ALTA VOCE:
IL PRESENTE E IL FUTURO DELLA TERAPIA DI PROFILASSI DELL'EMICRANIA

in collaborazione con Teva

evento non accreditato ECM

Moderatore
E. Agostoni (*Milano*)

16.00 **Emicrania: alla vigilia di un cambiamento - Nuovi strumenti per la prevenzione, nuove prospettive per i pazienti**
F. Pierelli (*Roma*)

16.20 **La target therapy in emicrania. Il razionale e il percorso di una scelta innovativa**
P. Geppetti (*Firenze*)

16.40 **Fremanezumab - Il paziente emicranico al centro della ricerca clinica**
P. Barbanti (*Roma*)

17.00 - 17.30 **Pausa caffè**

13 OTTOBRE

SALA CIANO

WORKSHOP

ore 17.30 - 19.30

CLINICA, FISIOPATOLOGIA E TERAPIA DELLA DISTONIA

Moderatori

A. Albanese (*Milano*) - G. Defazio (*Cagliari*)

17.30 **Clinica e classificazione**
A. Albanese (*Milano*)

18.00 **Fattori genetici e ambientali**
G. Defazio (*Cagliari*)

18.30 **Fisiopatologia**
A. Conte (*Roma*)

19.00 **Terapia**
S. Lalli (*Milano*)

SALA BEIGE

WORKSHOP

ore 17.30 - 19.30

GLI ERRORI INNATI DEL METABOLISMO: UNA NUOVA SFIDA PER LA MEDICINA DEGLI ADULTI

Moderatori

G. Giaccone (*Milano*) - M. Melone (*Napoli*)

17.30 **Malattia di Pompe late onset e miopatie Pompe-like: complessità e prospettive dell'approccio integrato**
S. Sampaolo (*Napoli*)

18.00 **La malattia di Fabry**
R. Liguori (*Bologna*)

18.30 **Trattamenti modificatori di malattia e ceroidolipofuscinosi neuronale: quali strategie per la sfida terapeutica?**
A. Simonati (*Verona*)

19.00 **Le strategie attuali e future del trattamento farmacologico nella Adrenoleucodistrofia X-Linked, con esordio in età adulta**
M. Melone (*Napoli*)

13 OTTOBRE

SALA BIANCA

WORKSHOP
ore 17.30 - 19.30

DISPOSITIVI INDOSSABILI PER MONITORAGGIO E RIABILITAZIONE DEL PAZIENTE NEUROLOGICO

Moderatori
G. Comi (*Milano*) - R. Liguori (*Bologna*)

17.30 **Il monitoraggio wireless nella Malattia di Parkinson**
A. Suppa (*Roma*)

18.00 **Il monitoraggio wireless nella Sclerosi Multipla**
L. Leocani (*Milano*)

18.30 **Il monitoraggio wireless nello Stroke**
P. Caliandro (*Roma*)

19.00 **Dispositivi robotici indossabili per il miglioramento della marcia nel Parkinson e della presa manuale post-Stroke**
S. Rossi (*Siena*)

13 OTTOBRE

SALA ITALIA

WORKSHOP

ore 17.30 - 19.30

ICTUS CEREBRALE ACUTO: DALLA FASE PRE-OSPEDALIERA ALLA GESTIONE AVANZATA INTRA-OSPEDALIERA

Moderatori

D. Toni (*Roma*) - A. Zini (*Bologna*)

17.30 **Modelli di organizzazione della rete preospedaliera**
M. Silvestrini (*Ancona*)

18.00 **Le neuroimmagini e la possibilità di estendere la finestra terapeutica**
E. Fainardi (*Firenze*)

18.30 **L'unità neurovascolare (Stroke Unit) ha ancora un senso nell'era delle terapie di rivascolarizzazione?**
S. Ricci (*Città di Castello, PG*)

19.00 **Terapie di rivascolarizzazione: prospettive future**
A. Zini (*Bologna*)

13 OTTOBRE

SALA INDACO

WORKSHOP

ore 17.30 - 19.30

"BURNING QUESTIONS" IN NEURO-ONCOLOGIA: CASI CLINICI ESEMPLIFICATIVI ALLA LUCE DELLE NUOVE EVIDENZE

Moderatori
R. Rudà (*Torino*) - A. Silvani (*Milano*)

17.30 **Pseudo-risposta e pseudo-progressione: problematiche emergenti**
F. Franchino (*Torino*)

18.00 **Citologia liquorale versus biopsia liquida: quali avanzamenti. Crederci fino in fondo?**
P. Gaviani (*Milano*)

18.30 **Complicanze neurologiche dei check point inhibitors nelle malattie onco-ematologiche: una sfida per il neurologo**
L. Diamanti (*Pavia*)

19.00 **Come gestire le fasi finali della malattia, la razionalizzazione dei trattamenti**
U. Villani (*Roma*)

13 OTTOBRE

SALA AZZURRA

WORKSHOP

ore 17.30 - 19.30

FENOTIPI NEUROGENETICI ACUTI NELLA DIAGNOSI DIFFERENZIALE DI MALATTIE NEUROLOGICHE COMUNI

Moderatori
M. Filosto (*Brescia*) - O. Musumeci (*Messina*)

17.30 **Episodi stroke-like**
M. Mancuso (*Pisa*)

18.00 **Atassia acuta**
A. Filla (*Napoli*)

18.30 **Deficit funzionale acuto nelle malattie neuromuscolari: la lezione delle canalopatie genetiche**
S. Servidei (*Roma*)

19.00 **Neuropatia ottica acuta**
V. Carelli (*Bologna*)

13 OTTOBRE

SALA VERDE

WORKSHOP

ore 17.30 - 19.30

"NEUROLOGIA DI GENERE": VERSO UNA MEDICINA PERSONALIZZATA

Moderatori

G. Arabia (*Catanzaro*) - A. Nicoletti (*Catania*)

17.30 **"Neurologia di Genere": obiettivi del nuovo gruppo di studio SIN**
G. Arabia (*Catanzaro*)

18.00 **Evoluzione della medicina di genere in campo internazionale**
E. Moro (*Grenoble, F*)

18.30 **Differenze di genere nel trattamento dell'epilessia**
B. Mostacci (*Bologna*)

19.00 **Differenze di genere nella malattia di Parkinson**
A. Nicoletti (*Catania*)

13 OTTOBRE

SALA MAGENTA

WORKSHOP

ore 17.30 - 19.30

LE NEUROPATIE TOSSICHE

Moderatori

G. Cavaletti (*Monza, MB*) - A. Schenone (*Genova*)

17.30 **La neurotossicità periferica dei nuovi farmaci antineoplastici**
A. Argyriou (*Patras, G*)

18.00 **Il contributo della neuropatologia e della neuroinfiammazione nelle neuropatie tossiche**
S. Ferrari (*Verona*)

18.30 **Le neuropatie tossiche oltre alla chemioterapia antineoplastica**
W. Grisold (*Vienna, A*)

19.00 **Le neuropatie tossiche del bambino**
I. Moroni (*Milano*)

WORKSHOP

ore 17.30 - 19.30

TERAPIE MODIFICANTI IL DECORSO NELLA SCLEROSI MULTIPLA. SCELTA DEL "SEQUENCING": QUALE E PERCHÉ

Moderatori
F. Patti (*Catania*) - C. Tortorella (*Roma*)

17.30 **L'effetto del "sequencing" delle terapie modificanti il decorso sul sistema immunitario. Potenziali benefici e prevedibili rischi**
A. Uccelli (*Genova*)

17.55 **Strategie di "escalation"**
A. Lugaresi (*Bologna*)

18.20 **Strategie di "de-escalation"**
E. Cocco (*Cagliari*)

18.45 **Strategie di switch laterale fra i farmaci di II linea**
M. Capobianco (*Orbassano, TO*)

19.10 **Impatto del "sequencing" sugli studi osservazionali real-life di efficacia e sicurezza delle terapie modificanti il decorso**
P. Iaffaldano (*Bari*)

SALA MAGENTA B

WORKSHOP

ore 17.30 - 19.30

TOSSINA BOTULINICA: NUOVE PROSPETTIVE ED EFFETTI A LUNGO TERMINE

Moderatori

M.C. Altavista (*Roma*) - F. Bono (*Catanzaro*)

17.30 **Le Nuove Tossine Botuliniche**
C. Montecucco (*Padova*)

Efficacia ed eventi avversi a lungo termine

17.55 **Distonie**
P. Girlanda (*Messina*)

18.20 **Spasticità**
F. Molteni (*Como*)

18.45 **Sistema Autonomico**
A.R. Bentivoglio (*Roma*)

19.10 **Riunione Gruppo di Studio**
R. Eleopra (*Milano*)

13 OTTOBRE

SALA TURCHESE

HIGHLIGHTS

ore 19.30 - 20.00

PRESENTAZIONE DELLE LINEE GUIDA SIN SULLA SCLEROSI MULTIPLA

in collaborazione con Gimbe

Relatori

G. MANCARDI (*Genova*)
N. CARTABELLOTTA (*Bologna*)

14 OTTOBRE

AUDITORIUM EUROPA

SESSIONE PLENARIA

ore 8.30 - 10.30

150 ANNI DI SLA[63]: DA CHARCOT AD OGGI

Moderatori

A. CALVO (*Torino*) - G. MANCARDI (*Genova*)

08.30 **SLA[63]: *splitting or lumping?***
A. CHIÒ (*Torino*)

09.00 **Epidemiologia e *biomarkers***
G. LOGROSCINO (*Bari*)

09.30 **Genetica e malattie del motoneurone**
V. SILANI (*Milano*)

10.00 **Prospettive terapeutiche**
G. MORA (*Pavia*)

10.30 - 11.00 **Pausa caffè**

COMUNICAZIONI ORALI: CEFALEE 1

ore 11.30 - 13.00

Moderatori

F. Frediani (*Milano*) - P.Sarchielli (*Perugia*)

11.30 **INFLUENCE OF KIDNEY TRANSPLANT ON HEADACHE CHARACTERISTICS**
G. Viticchi (*Ancona*)

11.40 **NEURAL CORRELATES OF VISUOSPATIAL PROCESSING IN MIGRAINE PATIENTS: DOES THE PAIN NETWORK INTERFERE?**
R. Messina (*Milano*)

11.50 **CONNECTIVITY OF THE HYPOTHALAMUS WITH RESTING CORTICAL NETWORKS HAS INCREASED IN PATIENTS WITH CHRONIC MIGRAINE**
G. Coppola (*Latina*)

12.00 **NEW EVIDENCE FROM THE ITALIAN CHRONIC MIGRAINE REGISTRY (IRON REGISTRY): AN UPDATE ON 852 PATIENTS**
P. Barbanti (*Roma*)

12.10 **NORMAL RETINAL NERVE FIBER LAYER THICKNESS AT OCT SCAN IN MIGRAINE WITH AURA: RESULTS FROM RETECA ITALIAN CASE CONTROL STUDY**
S. Quintana (*Parma*)

12.20 **MIGRAINE ONSET IN CHILDREN IS IN YOUNGER AGE THAN THEIR PARENTS**
B. Colombo (*Milano*)

12.30 **CYCLIC VOMITING SYNDROME AND BENIGN PAROXYSMAL TORTICOLLIS ARE ASSOCIATED WITH A HIGH RISK OF DEVELOPING PRIMARY HEADACHE: A LONGITUDINAL STUDY**
M.A. Noris Ferilli (*Roma*)

12.40 **CEREBRAL AND SYSTEMIC HEMODYNAMICS IN MIGRAINEURS ON ERENUMAB TREATMENT**
C. Altamura (*Roma, Ancona*)

12.50 **REAL-WORLD EVIDENCE ON UNMET MEDICAL NEED MIGRAINE: INSIGHTS INTO TRIPTAN-TREATED PATIENTS FROM THE RESDATABASE**
S. Cevoli (*Bologna*)

COMUNICAZIONI ORALI: CASI CLINICI 2

ore 11.30 - 13.30

Moderatori

G. De Michele (*Napoli*) - M. Guarino (*Bologna*)

11.30 **INTRAVENOUS THROMBOLYSIS FOR ACUTE ISCHEMIC STROKE IN A PATIENT WITH ACUTE MULTIFOCAL PLACOID PIGMENT EPITHELIOPATHY: A CASE REPORT**
A. Mastronardi (*Bari*)

11.40 **COULD ARTERIAL SPIN LABELING PERFUSION IMAGING UNCOVER THE INVISIBLE IN NMDAR ENCEPHALITIS?**
C. Lapucci (*Genova*)

11.50 **ISOLATED CORTICAL VEIN THROMBOSIS, WITH THE CORD SIGN, ASSOCIATED WITH EPSTEIN BARR VIRUS INFECTION**
A. Carnevale (*Roma*)

12.00 **KEY ROLE OF VIDEO-POLYSOMNOGRAPHY IN AN "ATYPICAL PARKINSONISM": A CASE OF ANTI-IGLON5 DISEASE**
V. Mastrangelo (*Bologna*)

12.10 **PARADOXICAL REACTIVATION WITH FINGOLIMOD THERAPY IN PEDIATRIC ONSET MULTIPLE SCLEROSIS**
R. Fratangelo (*Firenze*)

12.20 **POSTPARTUM POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME**
F. Caso (*Milano*)

12.30 **ADVANCED BRAIN MRI[36] HELP DIAGNOSIS AND GIVE INSIGHT INTO THE PATHOPHYSIOLOGY OF NEURODEGENERATION IN MELAS SYNDROME**
L. Gramegna (*Bologna*)

12.40 **UNUSUAL PRESENTATION OF ANTI-NMDAR AUTOIMMUNE ENCEPHALITIS RESEMBLING A CENTRAL PONTINE MYELINOLYSIS**
G. Flora (*Siena*)

12.50 **A CASE OF MULTIPLE SCLEROSIS AND CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPHATHY TREATED WITH ALEMTUZUMAB**
F. Masuzzo (*Torino*)

13.30 - 15.00 **Pausa pranzo**

COMUNICAZIONI ORALI: CASI CLINICI 2

ore 11.30 - 13.30

Moderatori

G. DE MICHELE (*Napoli*) - M. GUARINO (*Bologna*)

13.00 **MAGNETIC RESONANCE IMAGING–GUIDED FOCUSED ULTRASOUND THALAMOTOMY IN PATIENT WITH TREMOR COMBINED WITH PARKINSONISM: RETREATMENT AFTER BENEFIT DECAY**

F. VALENTINO (*Palermo, Pavia*)

13.10 **A CASE OF INTERNAL CAROTID ARTERY WEB IN YOUNG MAN WITH ISCHEMIC STROKE TREATED WITH ENDOVASCULAR STENTING**

L. GENTILE (*Roma*)

13.20 **ATROPHIC TONGUE DUE TO ORAL CANCER: CLINICAL MIMICKER OF ALS**

P. BARBERO (*Novara*)

13.30 - 15.00 **Pausa pranzo**

SALA BEIGE

COMUNICAZIONI ORALI: MALATTIE DEL MOTONEURONE

ore 11.30 - 13.30

Moderatori

J. MANDRIOLI (*Modena*) - M. SABATELLI (*Roma*)

11.30 **EXPRESSION OF FUS PROTEIN IN FIBROBLASTS OF A FUS P525L ALS (Amyotrophic lateral sclerosis) MUTATION CARRIER IN THE ASYMPTOMATIC STAGE AND AFTER DISEASE ONSET**
M. CAPUTO (*Palermo*)

11.40 **FREQUENCY OF PLATEAUS IN AMYOTROPHIC LATERAL SCLEROSIS PROGRESSION: RESULTS FROM A POPULATION-BASED COHORT**
R. VASTA (*Torino, Novara*)

11.50 **BRAIN METABOLIC CORRELATES OF APATHY IN AN ALS (Amyotrophic lateral sclerosis) SERIES: A 18F- FDG PET STUDY**
V. VACCHIANO (*Bologna, Roma, Torino*)

12.00 **MRI PREDICTORS OF LONGITUDINAL FUNCTIONAL DECLINE IN AMYOTROPHIC LATERAL SCLEROSIS**
E.G. SPINELLI (*Milano*)

12.10 **BRAIN METABOLIC CHANGES ACROSS KING'S STAGES IN ALS** (Amyotrophic lateral sclerosis)**: A 18F- FDG-PET STUDY**
A. CANOSA (*Torino, Roma*)

12.20 **PRELIMINARY DATA ON RETINAL INVOLVEMENT IN AMYOTROPHIC LATERAL SCLEROSIS (ALS)**
I. TEMPESTA (*Bari*)

12.30 **FUNCTIONAL IMPAIRMENT AND SURVIVAL PREDICTION IN AMYOTROPHIC LATERAL SCLEROSIS PATIENTS: A PROBABILISTIC MODEL OF DISEASE PROGRESSION**
A. CHIÒ (*Torino*)

12.40 **PROGRESSION OF BRAIN FUNCTIONAL CONNECTIVITY CHANGES ASSOCIATED WITH ALTERED COGNITION IN AMYOTROPHIC LATERAL SCLEROSIS**
V. CASTELNOVO (*Milano*)

12.50 **THE IMPACT OF COGNITIVE IMPAIRMENT ON FUNCTIONAL BRAIN ORGANIZATION IN AMYOTROPHIC LATERAL SCLEROSIS**
B. CIVIDINI (*Milano*)

13.30 - 15.00 **Pausa pranzo**

COMUNICAZIONI ORALI: MALATTIE DEL MOTONEURONE

ore 11.30 - 13.30

Moderatori

J. MANDRIOLI (*Modena*) - M. SABATELLI (*Roma*)

13.00 **ASSOCIATION BETWEEN EYE MOVEMENT ABNORMALITIES AND COGNITIVE IMPAIRMENT IN AMYOTROPHIC LATERAL SCLEROSIS**
M. TICOZZI (*Milano*)

13.10 **PROGNOSTIC ROLE OF SLOW VITAL CAPACITY IN AMYOTROPHIC LATERAL SCLEROSIS**
A. CALVO (*Torino)*

13.20 **METABOLIC CORRELATES OF DIFFERENT DEGREES OF COGNITIVE IMPAIRMENT IN ALS (Amyotrophic lateral sclerosis)**
C. MOGLIA (*Torino*)

13.30 - 15.00 **Pausa pranzo**

COMUNICAZIONI ORALI: MALATTIE NEUROMUSCOLARI 2

ore 11.30 - 13.30

Moderatori

E. Nobile Orazio (*Milano*) - G. Vita (*Messina*)

11.30 **ROLE OF COMORBIDITIES ON CLINICAL PRESENTATION, TREATMENT CHOICE, RESPONSE TO TREATMENT AND DISABILITY IN CIDP. DATA FROM THE ITALIAN CIDP DATABASE**
P.E. Doneddu (*Rozzano - MI*)

11.40 **CSF[11] BIOMARKERS IN PATIENTS AFFECTED BY SPINAL MUSCULAR ATROPHY TYPE 1 TREATED WITH NUSINERSEN**
S. Messina (*Messina*)

11.50 **SURAL NERVE BIOPSY IN PERIPHERAL NEUROPATHIES: THIRTY-YEAR EXPERIENCE FROM A SINGLE CENTRE**
A. Di Paolantonio (*Roma*)

12.00 **OUTCOMES AFTER SINGLE-CYCLE RITUXIMAB MONOTHERAPY IN PATIENTS WITH ANTI-MAG POLYNEUROPATHY: AN AVERAGE ELEVEN YEARS FOLLOW-UP ANALYSIS**
L. Benedetti (*Genova*)

12.10 **CLASS-II HLA ALLELES ASSOCIATIONS IN A LARGE COHORT OF ACHR- POSITIVE LATE-ONSET MYASTENIA GRAVIS PATIENTS**
G. Spagni (*Roma*)

12.20 **HATTR : NEUROTROPHIC FACTORS EXPRESSION IN SCHWANN CELL LINE AFTER MIR-150 TRANSFECTION**
A. Mazzeo (*Messina*)

12.30 **SUBCUTANEOUS IMMUNOGLOBULINS IN MYASTHENIA GRAVIS AND ANTI-HMGCR MYOSITIS**
C. Demichelis (*Genova*)

12.40 **MUSCLE INVOLVEMENT IN MYASTHENIA GRAVIS: EXPANDING THE CLINICO-PATHOLOGICAL SPECTRUM OF MYASTHENIA-MYOSITIS ASSOCIATION FROM A LARGE COHORT OF PATIENTS**
L. Fionda (*Roma*)

13.30 - 15.00 **Pausa pranzo**

COMUNICAZIONI ORALI: MALATTIE NEUROMUSCOLARI 2

ore 11.30 - 13.30

Moderatori

E. Nobile Orazio (*Milano*) - G. Vita (*Messina*)

12.50 **SKIN DENERVATION AND IMPAIRED AXONAL REGENERATION IN TRANSTHYRETIN FAMILIAL AMYLOID NEUROPATHY. A CLINICAL, NEUROPHYSIOLOGICAL AND SKIN BIOPSY STUDY**
E. Galosi (*Roma*)

13.00 **RITUXIMAB TREATMENT IN REFRACTORY CHRONIC INFLAMMATORY DEMYELINATING POLYRADICULONEUROPATHY: MONOCENTRIC EXPERIENCE**
S. Tronci (*Milano*)

13.10 **WILD-TYPE TRANSTHYRETIN AMYLOIDOSIS: CLINICAL, NEUROPHYSIO- LOGICAL AND IMAGING PROFILE**
M. Campagnolo (*Padova*)

13.20 **GLYCOGEN SYNTHASE DEFICIENCY MYOPATHY: TWO NEW CASES WITH ATYPICAL PHENOTYPE**
A. Pugliese (*Messina*)

13.30 - 15.00 **Pausa pranzo**

COMUNICAZIONI ORALI: MALATTIE CEREBROVASCOLARI

ore 11.30 - 13.30

Moderatori

P. CERRATO (*Torino*) - R. MUSOLINO (*Messina*)

11.30 **SUCCESSFUL PERFORMANCE OF THE TUSCANY STROKE NETWORK: A BEFORE-AND-AFTER STUDY**
M. BALDERESCHI (*Firenze*)

11.40 **LONG-TERM RISK OF STROKE AFTER TRANSIENT GLOBAL AMNESIA**
M. ROMOLI (*Perugia*)

11.50 **WHITE MATTER HYPERINTENSITIES AND BLOOD PRESSURE LOWERING IN ACUTE INTRACEREBRAL HEMORRHAGE. A SECONDARY ANALYSIS OF THE ATACH-2 TRIAL**
A. MOROTTI (*Pavia*)

12.00 **INCIDENCE AND LONG-TERM PROGNOSIS OF TRANSIENT ISCHEMIC ATTACK: RESULTS FROM A POPULATION-BASED STUDY**
A. SALVALAGGIO (*Padova*)

12.10 **CEREBROVASCULAR INVOLVEMENT AMONG FABRY'S DISEASE PATIENTS COMPARING THOSE WITH THE CLASSICAL OR THE ATYPICAL PHENOTYPE. A 5 YEARS FOLLOW-UP STUDY**
I. ROMANI(*Firenze*)

12.20 **TREAT_CCM: A MULTICENTER RANDOMIZED CLINICAL TRIAL ON PROPRANOLOL IN CEREBRAL CAVERNOUS MALFOMATION (CCM)**
S. LANFRANCONI (*Milano*)

12.30 **CTSA GENE ANALYSIS IN PATIENTS WITH NOTCH3 AND HTRA1 NEGATIVE FAMILIAL CEREBRAL SMALL VESSEL DISEASE**
M.T. DOTTI (*Siena*)

12.40 **WHITE MATTER INTEGRITY IN FABRY DISEASE AND ITS CLINICAL IMPLICATIONS. MR DIFFUSION TENSOR IMAGING STUDY**
L. ULIVI (*Pisa*)

13.30 - 15.00 **Pausa pranzo**

COMUNICAZIONI ORALI: MALATTIE CEREBROVASCOLARI 2

ore 11.30 - 13.30

Moderatori

P. Cerrato (*Torino*) - R. Musolino (*Messina*)

12.50 **SHORT- AND LONG-TERM PROGNOSIS OF FIRST-EVER ISCHEMIC STROKE IN PATIENTS WITH ATRIAL FIBRILLATION**
C. Tiseo (*L'Aquila*)

13.00 **AGE-DEPENDENT EFFECT OF SUSCEPTIBILITY FACTORS ON THE RISK OF INTRACEREBRAL HAEMORRHAGE MULTICENTER STUDY ON CEREBRAL HAEMORRHAGE IN ITALY (MUCH-ITALY)**
M. Locatelli (*Brescia*)

13.10 **ENDOVASCULAR TREATMENT IN PATIENTS WITH ACUTE STROKE AND COMORBID CANCER: ANALYSIS OF THE ITALIAN REGISTRY OF ENDOVASCULAR TREATMENT IN ACUTE STROKE**
F. Letteri (*Roma*)

13.20 **THE ROLE OF CAROTID OCCLUSIONS IN COGNITIVE IMPAIRMENT PROGRESSION**
G. Viticchi (*Ancona*)

13.30 - 15.00 **Pausa pranzo**

SALA AZZURRA

COMUNICAZIONI ORALI: NEUROPSICOLOGIA CLINICA

ore 11.30 - 13.30

Moderatori

U. Nocentini (*Roma*) - D. Perani (*Milano*)

11.30 **ASSESSING AWARENESS IN MOTOR NEURON DISEASE**
M. Consonni (*Milano*)

11.40 **SEMANTIC PROXIMITY IN A CATEGORICAL VERBAL FLUENCY TEST: AN EXPLORATORY INVESTIGATION IN MILD COGNITIVE IMPAIRMENT**
D. Quaranta (*Roma*)

11.50 **MOTOR AND COGNITIVE DISABILITY MEASURES IN MULTIPLE SCLEROSIS: CORRELATIONS WITH MRI SUB-REGIONAL VOLUMETRIC ANALYSIS OF CEREBELLUM**
S.M. Lazzarin (*Milano*)

12.00 **THE IMPACT OF PHYSICAL EXERCISE ON THE COGNITION IN CHILDREN. EVIDENCES FROM A NEW EXPERIMENTAL PARADIGM**
L. Serra (*Roma*)

12.10 **CSF[11] BIOMARKERS PROFILE ACCORDING TO THE A/T/N CLASSIFICATION MODEL IN A COHORT OF SCD AND PRE-MCI PATIENTS: A RETROSPECTIVE STUDY**
E. Chipi (*Perugia*)

12.20 **GLOBAL AND REGIONAL HIPPOCAMPAL VOLUMES ARE PRESERVED IN NEUROMYELITIS OPTICA SPECTRUM DISORDERS AND DO NOT CONTRIBUTE TO COGNITIVE IMPAIRMENT**
L. Cacciaguerra (*Milano*)

12.30 **TESTING THE ROLE SEMANTIC MEMORY MEASURES IN IDENTIFYING THE EARLIEST STAGES OF ALZHEIMER PATHOLOGY**
A. Venneri (*Sheffield - UK*)

12.40 **A SCREENING TOOL FOR DETECTION OF SUBCORTICAL COGNITIVE DEFICITS IN NEUROLOGICAL DISEASES ASSOCIATED WITH SUBCORTICAL DAMAGE: THE ITALIAN VERSION OF HIV-DEMENTIA SCALE**
C. Montanucci (*Perugia*)

12.50 **SLOW SUBCUTANEOUS INFUSION OF FLUMAZENIL IMPROVES MULTIFOCAL COGNITIVE DYSFUNCTION IN HIGH-DOSE BENZODIAZEPINE ABUSERS**
S. Tamburin (*Verona*)

13.30 - 15.00 **Pausa pranzo**

COMUNICAZIONI ORALI: NEUROPSICOLOGIA CLINICA

ore 11.30 - 13.30

Moderatori

U. NOCENTINI (*Roma*) - D. PERANI (*Milano*)

13.00 **COGNITION IN MULTIPLE SCLEROSIS: THE ROLE OF DEEP GREY MATTER**
G. FENU (*Cagliari*)

13.10 **COGNITIVE RESERVE AND ITS RELATIONSHIP WITH DEPRESSIVE SYMPTOMATOLOGY AND APATHY: A CROSS-SECTIONAL STUDY IN HEALTHY INDIVIDUALS**
M. ALTIERI (*Caserta*)

13.20 **DISCRIMINATING BETWEEN PSYCHOGENIC NON-EPILEPTIC SEIZURES AND MAJOR DEPRESSION DISORDERS**
I. MARTINO (*Catanzaro*)

13.30 - 15.00 **Pausa pranzo**

COMUNICAZIONI ORALI: NEUROFISIOLOGIA CLINICA

ore 11.30 - 13.30

Moderatori

D. Cocito (*Torino*) - M. Romano (*Palermo*)

11.30 **ASYMMETRY INDEX OF BLINK REFLEX RECOVERY CYCLE DIFFERENTIATES EARLY PARKINSON'S DISEASE FROM ATYPICAL PARKINSONIAN SYNDROMES**
G. Sciacca (*Catania*)

11.40 **THE ROLE OF THALAMUS IN THE PATHOGENESIS OF FATIGUE IN MULTIPLE SCLEROSIS: A NEUROPHYSIOLOGICAL STUDY**
F. Capone (*Roma*)

11.50 **NEURAL RESPONSE INDUCED BY TRANSCRANIAL MAGNETIC STIMULATION: A TMS[69]-EEG[16] STUDY**
A. Di Santo (*Roma*)

12.00 **THE CIRCADIAN AND STATE-DEPENDENT MODIFICATION OF BODY CORE TEMPERATURE IN PATIENTS WITH SPINAL CORD INJURY**
F. Baschieri (*Bologna*)

12.10 **EEG[16] THETA-DELTA ACTIVITY AND PERIODIC DISCHARGES WITH TRIPHASIC MORPHOLOGY PREDICT MORTALITY IN WEST NILE NEUROINVASIVE DISEASE WITHIN 7 DAYS AFTER ONSET**
M. Pugliatti (*Ferrara*)

12.20 **CATHODAL TDCS[67] REDUCES TRANSCALLOSAL INHIBITION AND IMPROVES VISION IN AMBLYOPIC PATIENTS**
F. Sartucci(*Pisa*)

12.30 **DIFFERENT CONTRIBUTION OF MUSCULAR AND CUTANEOUS AFFERENTS TO THE SCALP SEPS**
L. Valeriani (*Roma*)

12.40 **EFFECTS OF CONCURRENT VISUAL AND SOMATOSENSORY STIMULATION ON SOMATOSENSORY EVOKED POTENTIALS HABITUATION IN HEALTHY HUMANS**
G. Coppola (*Latina*)

12.50 **SOMATOSENSORY EVOKED POTENTIALS AMPLITUDE RELEVANCE AS OUTCOME PREDICTORS IN POSTANOXIC COMA**
G. Barbella (*Monza*)

13.00 **LEVETIRACETAM THERAPY EFFECTS ON MODULATION OF CEREBRAL RHYTHMS IN TEMPORAL LOBE EPILEPSY PATIENTS: A QUANTITATIVE EEG STUDY**
M. Tombini (*Roma*)

13.30 - 15.00 **Pausa pranzo**

COMUNICAZIONI ORALI: NEUROFISIOLOGIA CLINICA

ore 11.30 - 13.30

Moderatori

D. Cocito (*Torino*) - M. Romano (*Palermo*)

13.10 **BLINK REFLEX EVOKED BY MUCOSAL TRIGEMINAL STIMULATION IN NORMAL SUBJECTS**
D. Saccani (*Parma*)

13.20 **PATHOPHYSIOLOGY OF VISUAL HALLUCINATIONS IN PATIENTS WITH PD[50] AND DLB: A TMS-EEG STUDY**
A. Fabbrini (*Roma*)

13.30 - 15.00 **Pausa pranzo**

SALA MAGGIA

COMUNICAZIONI ORALI: DEMENZA E INVECCHIAMENTO 2

ore 11.30 - 13.30

Moderatori

A. PADOVANI (*Brescia*) - S. SORBI (*Firenze*)

11.30 **CSF[11] AND FDG[20] PET[52] STUDY OF THE AD CONTINUUM: BIOCHEMICAL AND IMAGING FEATURES OF TWO DIFFERENT MECHANISMS OF NEURODEGENERATION**
V. DE LUCIA (*Roma*)

11.40 **BRAIN TOPOGRAPHY OF PLINS: PRELIMINARY RESULTS FROM THE ABBIATEGRASSO BRAIN BANK**
T.E. POLONI (*Abbiategrasso - MI*)

11.50 **NEUROPHYSIOLOGICAL CORRELATES OF MOTOR IMPAIRMENT IN ALZHEIMER'S DISEASE**
E. CIOFFI (*Roma*)

12.00 **THE ASSOCIATION BETWEEN COGNITIVE AND MOTOR PERFORMANCES IN PATIENTS WITH ATRIAL FIBRILLATION. DATA FROM STRAT-AF STUDY**
F. GALMOZZI (*Firenze*)

12.10 **CONCORDANCE OF Aβ42/40, Aβ42/TAU, AND Aβ42/P-TAU RATIOS WITH AMYLOID PET[52] IN ALZHEIMER'S DISEASE CONTINUUM: DATA FROM A ROUTINE CLINICAL SERIES**
L. FAROTTI (*Perugia*)

12.20 **AMYLOID-β42, TAU PROTEINS AND NEUROFILAMENTS IN CEREBROSPINAL SPINAL IN DEMENTIAS**
V. CAMERIERE (*Ancona*)

12.30 **IATROGENIC EARLY ONSET CEREBRAL AMYLOID ANGIOPATHY 30 YEARS AFTER CEREBRAL TRAUMA WITH NEUROSURGERY**
G. GIACCONE (*Milano*)

12.40 **PREDICTORS OF RAPID COGNITIVE DECLINE IN PATIENTS WITH ALZHEIMER'S DISEASE: A RETROSPECTIVE COHORT STUDY**
A.R. PATI (*Lecce*)

13.30 - 15.00 **Pausa pranzo**

COMUNICAZIONI ORALI: DEMENZA E INVECCHIAMENTO 2

ore 11.30 - 13.30

Moderatori

A. PADOVANI (*Brescia*) - S. SORBI (*Firenze*)

12.50 **CONCORDANCE AMONG NEUROPSYCHOLOGICAL PROFILE, FUNCTIONAL NEUROIMAGING AND PATHOLOGICAL BIOMARKERS IN PRIMARY PROGRESSIVE APHASIA: A SINGLE CENTRE EXPERIENCE**
R. MAZZEO (*Firenze*)

13.00 **EPIDEMIOLOGY AND SOCIAL IMPACT OF EARLY ONSET DEMENTIA IN THE PROVINCE OF MODENA, NORTHERN ITALY**
L. FIONDELLA (*Modena*)

13.10 **THE BRAIN CORRELATES OF BEHAVIORAL DISTURBANCES IN FRONTOTEMPORAL DEMENTIA**
I. MATTIOLI (*Modena*)

13.20 **BRAIN FUNCTIONAL CONNECTIVITY DISRUPTION IN A LARGE COHORT OF PATIENTS WITH PRIMARY PROGRESSIVE APHASIA**
E. CANU (*Milano*)

13.30 - 15.00 **Pausa pranzo**

SALA TURHES

COMUNICAZIONI ORALI: DISORDINI DEL MOVIMENTO 2

ore 11.30 - 13.30

Moderatori

R. MARCONI (*Grosseto*) - M. TINAZZI (*Verona*)

11.30 **DYSBIOSIS OF GUT MICROBIOTA IN A SELECTED POPULATION OF PARKINSON'S DISEASE PATIENTS**
R. CERRONI (*Roma*)

11.40 **INTRINSIC FUNCTIONAL CONNECTIVITY CORRELATES OF ANXIETY IN COGNITIVELY UNIMPAIRED DRUG-NAÏVE PARKINSON'S DISEASE PATIENTS**
R. DE MICCO (*Napoli*)

11.50 **MIDBRAIN MRI[36] MORPHOMETRIC MEASUREMENTS AND MCI[34] IN PARKINSON'S DISEASE: THE PACOS STUDY**
C. E. CICERO (*Catania*)

12.00 **IMPAIRED LTP-LIKE PLASTICITY IN PARKINSON'S DISEASE CAN BE RESTORED BY Γ-TRANSCRANIAL ALTERNATING CURRENT STIMULATION**
A. GUERRA (*Roma*)

12.10 **OLDER AGE DOES NOT AFFECT EFFICACY AND SAFETY OF LEVODOPA DUODENAL INFUSION**
V. OPPO (*Cagliari*)

12.20 **STEPWISE CONNECTIVITY REVEALS THE SPREADING OF PATHOLOGY IN PARKINSON'S DISEASE**
R. BASAIA (*Milano*)

12.30 **MICROSTRUCTURAL CHANGES OF NORMAL-APPEARING WHITE MATTER IN VASCULAR PARKINSONISM**
M. SALSONE (*Catanzaro*)

12.40 **RETINAL THICKNESS AND MICROVASCULAR PATTERN IN EARLY PARKINSON'S DISEASE**
C. RASCUNÀ (*Catania*)

13.30 - 15.00 **Pausa pranzo**

COMUNICAZIONI ORALI: DISORDINI DEL MOVIMENTO 2

ore 11.30 - 13.30

Moderatori

R. Marconi (*Grosseto*) - M. Tinazzi (*Verona*)

12.50 **DOES ACUTE PERIPHERAL TRAUMA CONTRIBUTE TO IDIOPATHIC ADULT-ONSET DYSTONIA?**
S. Ercoli (*Cagliari*)

13.00 **THE ARP MOTOR TRAINING: A NEW SUPPORT OF THE RECOVERY OF UPPER EXTREMITY FUNCTION IN PARKINSON'S DISEASE**
L. Raciti, (*Messina*)

13.10 **TREMOR DISTRIBUTION AND DISEASE DURATION ARE TWO MAJOR DETERMINANTS OF THE VARIABLE CLINICAL PRESENTATION OF ESSENTIAL TREMOR**
G. Paparella (*Roma*)

13.20 **IMPULSE CONTROL AND REPETITIVE BEHAVIOR DISORDERS IN PARKINSON'S DISEASE: A COMPARATIVE STUDY BETWEEN DYSKINETIC AND NON-DYSKINETIC PATIENTS**
F. Paolini Paoletti (*Perugia*)

13.30 - 15.00 **Pausa pranzo**

SIMPOSIO

ore 11.30 - 12.30

HANDS ON SESSION: CLADRIBINA NELLA PRATICA CLINICA DELLA SCLEROSI MULTIPLA

con il contributo non condizionante di Merck Serono

Moderatori
E. Cocco (*Cagliari*) - A. Lugaresi (*Bologna*)

11.30 **Esperienze cliniche a confronto:**

L. Moiola (*Milano*)
C. Pozzilli (*Roma*)
P. Perini (*Padova*)

12.20 **Conclusioni**

13.30 - 15.00 **Pausa pranzo**

COMUNICAZIONI ORALI: SCLEROSI MULTIPLA 2

ore 12.30 - 13.30

Moderatori

R. Bergamaschi (*Pavia*) - D. Centonze (*Roma*)

12.30 **TAILORING B-CELLS DEPLETING THERAPY IN MS ACCORDING TO MEMORY B-CELLS MONITORING: A PILOT STUDY**
G. Novi(*Genova*)

12.40 **IN-VIVO MAPPING OF THALAMIC PATHOLOGICAL MECHANISMS IN PEDIATRIC PATIENTS WITH MS**[37]
E. De Meo (*Milano*)

12.50 **EXPOSURE TO DISEASE MODIFYING DRUGS REDUCES DISABILITY PROGRESSION IN PEDIATRIC-, ADULT- AND LATE-ONSET RELAPSING MULTIPLE SCLEROSIS: REAL WORLD DATA FROM THE EARLY MULTIPLE SCLEROSIS ITALIAN COHORT (E-MUSIC)**
M.P. Amato (*Firenze*)

13.00 **FIVE- AND SEVEN-YEAR PROGNOSTIC VALUE OF NEW EFFECTIVENESS MEASURES (NEDA, MEDA, SIX-MONTH DELAYED NEDA) IN RELAPSING- REMITTING MULTIPLE SCLEROSIS**
E. Tsantes (*Parma*)

13.10 **CLINICAL AND PARACLINICAL MARKERS OF DISABILITY PROGRESSION AFTER A FIRST NEUROLOGICAL EVENT: A LONG TERM FOLLOW-UP STUDY**
G. Dalla Costa (*Milano*)

13.20 **HIGH LEVELS OF PERIVASCULAR INFLAMMATION AND ACTIVE WHITE MATTER LESIONS AT TIME OF DEATH ARE ASSOCIATED WITH RAPIDLY PROGRESSIVE MULTIPLE SCLEROSIS**
D. Marastoni (*Verona*)

13.30 - 15.00 **Pausa pranzo**

SALA ITALIA

LETTURA
ore 13.00 - 13.30

SCLEROSI MULTIPLA ED EMICRANIA:
BURDEN SOCIALE E INDIVIDUALE
in collaborazione con Teva

evento non accreditato ECM

Relatori
B. Colombo (*Milano*)
A. Lugaresi (*Bologna*)

13.30 - 15.00 **Pausa pranzo**

SIMPOSIO

ore 13.30 - 14.30

DAL PROCESSO PATOGENETICO ALLE ORIGINI DELLA SM SECONDARIAMENTE PROGRESSIVA ALLA SUA TERAPIA[64]

in collaborazione con Novartis

evento non accreditato ECM

Moderatori
C. Pozzilli (*Roma*) - M. Trojano (*Bari*)

13.30 **La progressione secondaria: andare oltre il visibile. La patogenesi e la clinica**
L. Massacesi (*Firenze*)

14.00 **La progressione secondaria e la fase transizionale: l'importanza di una diagnosi precoce**
P. Gallo (*Padova*)

14.15 **Siponimod: l'importanza di arrivare al processo patogetico alla base della progressione secondaria**
G. Comi (*Milano*)

13.30 - 15.00 **Pausa pranzo**

14 OTTOBRE

SALA BEIGE

CONFERENZA DIDATTICA

ore 14.00 - 14.30

BURN OUT E QUALITÀ DI VITA DEI CAREGIVERS NEI CENTRI SM[64]

Relatore

F. P$_{ATTI}$ (*Catania*)

13.30 - 15.00 **Pausa pranzo**

14 OTTOBRE

SALA BIANCA

CONFERENZA DIDATTICA
ore 14.00 - 14.30

LA CARENZA DEI MEDICI NEUROLOGI IN ITALIA

Relatore
D. Consoli (*Vibo Valentia, CZ*)

13.30 - 15.00 **Pausa pranzo**

14 OTTOBRE

SALA AZZURRA

CONFERENZA DIDATTICA
ore 14.00 - 14.30

FARMACI OFF-LABELS

Relatore
C. TORTORELLA (*Roma*)

13.30 - 15.00 **Pausa pranzo**

14 OTTOBRE

LETTURA
ore 14.30 - 15.00

**ALZHEIMER'S DISEASE:
EVIDENZE SUL RUOLO
DELL'AMILOIDE IN TERMINI DI
EFFETTO BIOLOGICO
ED EFFICACIA CLINICA**
con il contributo non condizionante di Roche

Relatore
A. Padovani (Brescia)

13.30 - 15.00 **Pausa pranzo**

SIMPOSIO

ore 14.30-15.30

INNOVATION MATTERS:
L'ESPERIENZA ITALIANA CON ERENUMAB

in collaborazione con Novartis

evento non accreditato ECM

Moderatori
P. Calabresi (*Perugia*) - G. Tedeschi (*Napoli*)

14.30 **Reimmaginare la prevenzione dell'emicrania grazie alla terapia anti-CGRP[7]: il contesto internazionale**
C. Tassorelli (*Pavia*)

14.50 **Erenumab dall'evidenza scientifica alla pratica clinica: le prime esperienze italiane di real life**
P. Barbanti (*Roma*)

15.10 **Ridisegnare il futuro dei pazienti emicranici: dibattito su esperienze con erenumab**
A. Russo (*Napoli*)
L. Grazzi (*Milano*)
S. Cevoli (*Bologna*)

13.30 - 15.00 **Pausa pranzo**

SIMPOSIO

ore 14.30 - 15.30

SYSTEM REBOOTING IN MS[37]

con il contributo non condizionante di Sanofi

Moderatore
P. GALLO (*Padova*)

14.30 **Rebooting the trajectory in MS[37]**
G. LUS (*Napoli*)

14.50 **Turning the tide in MS[37]**
L. MOIOLA (*Milano*)

15.10 **Switching therapy to switch the disease course**
J. FRAU (*Cagliari*)

13.30 - 15.00 **Pausa pranzo**

14 OTTOBRE

SALA INDACO

SIMPOSIO

ore 14.30 - 16.30

ICTUS ISCHEMICO: PREVENZIONE SECONDARIA PRECOCE

in collaborazione con Italian Stroke Organization (ISO)

Moderatori

A. Carolei (*Roma*) - D. Toni (*Roma*)

14.30 **Ruolo della doppia antiaggregazione piastrinica nella prevenzione secondaria precoce dell'ictus ischemico cerebrale**
L. Pantoni (*Milano*)

15.00 **Timing della anticoagulazione nella prevenzione secondaria dell'ictus ischemico cardioembolico**
A. Bersano (*Milano*)

15.30 **Endoarterectomia carotidea: quanto precoce?**
G. Lanza (*Castellanza, VA*)

16.00 **PFO** (Forame Ovale Pervio) **e ictus: siamo sicuri di sapere tutto?**
D. Consoli (*Vibo Valentia, CZ*)

17.00-17.30 **Pausa caffè**

14 OTTOBRE

AUDITORIUM EUROPA

SIMPOSIO

ore 14.30-17.00

ADVANCES IN NEUROLOGY

in collaborazione con European Accademy of Neurology (EAN)

Moderatori

G. Mancardi (*Genova*) - C. Bassetti (*Berna, CH*)

14.30 **The close relationship between National societies and EAN**
D. Muresanu (*Cluji, RO*)

14.50 **Sleep disordes**
C. Bassetti (*Berna, CH*)

15.10 **Rare neurological disorders**
A. Federico (*Siena*)

15.30 **Movement Disorders**
G. Deuschl (*Kiel, D*)

15.40 **Discussion**

16.00 **Neuro oncology**
R. Soffietti (*Torino*)

16.20 **Epilepsy**
P. Boon (*Ghent, B*)

16.40 **Neuromuscular disorders**
A. Toscano (*Messina*)

17.00 **Discussion and conclusing remarks**

17.00-17.30 **Pausa caffè**

SALA VERDE

SIMPOSIO
ore 15.00 - 16.00

DIAGNOSI DIFFERENZIALE DELLE NEUROPATIE PERIFERICHE: LA NEUROPATIA DA hATTR E LA SUA TERAPIA CON OLIGONUCLEOTIDI ANTISENSO

in collaborazione con Akcea Therapeutics

evento non accreditato ECM

Moderatori
L. Obici (*Pavia*) - M. Sabatelli (*Roma*)

15.00 **La diagnosi differenziale delle neuropatie periferiche**
F. Manganelli (*Napoli*)

15.20 **L'inotersen nella terapia della neuropatia da Hattr[25]: Principali evidenze cliniche dal piano di studi registrativi**
M. Luigetti (*Roma*)

15.40 **La Hattr[25] con fenotipo misto neurologico e cardiaco: quadri clinici, prognosi ed efficacia della terapia con l'inotersen**
A. Mazzeo (*Messina*)

17.00-17.30 **Pausa caffè**

SIMPOSIO
ore 15.00 - 16.00

GESTIONE AVANZATA DELLA MALATTIA DI PARKINSON

con il contributo non condizionante di ABBVIE

Moderatore
A. Antonini (*Padova*)

15.00 **Frazionamento della terapia orale: è sempre la migliore strategia?**
A. Tessitore (*Napoli*)

15.20 **Impatto dell'off sulla qualità della vita**
A. Antonini (*Padova*)

15.40 **Quando la discinesie diventano invalidanti**
F. Stocchi (*Roma*)

17.00-17.30 **Pausa caffè**

14 OTTOBRE

SALA CIANO

SIMPOSIO

ore 15.30 - 17.30

LA RIABILITAZIONE DELL'ARTOSUPERIORE

in collaborazione con la Società Italiana Riabilitazione Neurologica (SIRN)

Moderatori

S. Paolucci (*Roma*) - L. Provinciali (*Ancona*)

15.30 **Gli indicatori prognostici e i fabbisogni riabilitativi della compromissione motoria dell'arto superiore**
M. Zampolini (*Foligno, PG*)

16.00 **Efficacia clinica della robotica in neuroriabilitazione: eterna promessa?**
G. Morone (*Roma*)

16.30 **Robotica per l'arto superiore: assessment e riabilitazione**
F. Posteraro (*Camaiore, LU*) - S. Mazzoleni (*Pisa*)

17.00 **La riorganizzazione funzionale in RMN^{60} dopo riabilitazione dell'arto superiore**
M. Inglese (*Genova*)

17.00-17.30 **Pausa caffè**

SIMPOSIO
ore 15.30 - 17.30

VIVERE AL MEGLIO CON LA SCLEROSI MULTIPLA

con il contributo non condizionante di Biogen

Moderatori
A. Lugaresi (*Bologna*) - A. Uccelli (*Genova*)

15.30 **L'evoluzione dell'approccio alla malattia: la centralità della persona con SM**[64]
M.P. Amato (*Firenze*)

15.55 **Come migliorare la soddisfazione del paziente in trattamento con interferone**
D. Centonze (*Roma*)

16.20 **L'impatto di dimetilfumarato su outcome non convenzionali: Studio HiTech**
G. Comi (*Milano*)

16.45 **L'efficacia oltre il No Evidence of Disease Activity: "Feel good effect" con natalizumab**
P. Gallo (*Padova*)

17.10 **Discussione sui temi trattati**

17.00-17.30 **Pausa caffè**

SALA AZZURRA

LETTURA
ore 16.30 - 17.00

PERAMPANEL EED EPILESSIA DEL LOBO TEMPORALE: NUOVE EVIDENZE DI PRATICA CLINICA

con il contributo non condizionante di Eisai

Moderatore
A. GAMBARDELLA (*Catanzaro*)

Relatori
G. DI GENNARO (*Pozzilli, IS*)
A. LABATE (*Reggio Calabria*)

17.00-17.30 **Pausa caffè**

LETTURA
ore 16.30 - 17.00

ATROFIA MUSCOLARE SPINALE:
EVOLUZIONE DEL CONTESTO TERAPEUTICO
con il contributo non condizionante di Roche

Relatore
G. COMI (*Milano*)

17.00-17.30 **Pausa caffè**

WORKSHOP
ore 17.30 - 19.30

I DISTURBI
DELLA GIUNZIONE NEUROMUSCOLARE

Moderatori
G. Antonini (*Roma*) - M. Maestri (*Pisa*)

17.30 **Linee guida nelle miastenie autoimmuni**
A. Evoli (*Roma*)

18.00 **Linee guida nelle miastenie congenite**
L. Maggi (*Milano*)

18.30 **Nuovi approcci terapeutici nella miastenia**
C. Rodolico (*Messina*)

19.00 **Update sulle patologie autoimmuni presinaptiche della giunzione neuromuscolare**
R. Liguori (*Bologna*)

WORKSHOP
ore 17.30 - 19.30

MODELLI DI EDUCATION E GESTIONE DELLE MALATTIE NEUROLOGICHE IN AFRICA E NEI PAESI IN VIA DI SVILUPPO

Moderatori
M. Leone (*Milano*) - V. Napoletano (*Bari*)

17.30 **L'ENI e la Società Italiana di Neurologia sullo scenario globale**
F. Uberti (*Milano*)

17.55 **DREAM, un modello italiano di salute pubblica in Africa. Quali costi, quali benefici**
S. Orlando (*Roma*)

18.15 **Ruolo della telemedicina nei paesi dell'Africa**
F. Gabbrielli (*Pavia*)

18.35 **Community health workers e gestione territoriale dell'epilessia in America Latina**
A. Nicoletti (*Catania*)

18.55 **L'impegno della cooperazione internazionale per il diritto alla salute in Africa**
M. Chiappa (*Brescia*)

19.15 **Discussione**

WORKSHOP
ore 17.30 - 19.30

MANIFESTAZIONI COMUNI E MALATTIE RARE: QUANDO SOSPETTARE UNA MALATTIA MITOCONDRIALE O METABOLICA

Moderatori
V. Carelli (*Bologna*) - S. Servidei (*Roma*)

17.30 **Epilessia**
F. Santorelli (*Roma*)

18.00 **Sindromi atassiche**
C. Mariotti (*Milano*)

18.30 **Sindromi midollari e leucoencefalopatie**
S. Servidei (*Roma*)

19.00 **Neuropatie**
D. Pareyson (*Milano*)

WORKSHOP
ore 17.30 - 19.30

BIOMARCATORI DI NEUROIMAGING IN NEUROLOGIA: DALLA FISIOPATOLOGIA AL MONITORAGGIO DELLA TERAPIA

Moderatori
F. Agosta (*Milano*) - M. Inglese (*Genova*)

17.30 **Sclerosi Multipla**
N. De Stefano (*Siena*)

18.00 **Emicrania**
G. Tedeschi (*Napoli*)

18.30 **Demenze**
E. Canu (*Milano*)

19.00 **Encefaliti infettive ed autoimmuni**
S. Gerevini (*Milano*)

WORKSHOP
ore 17.30 - 19.30

CONTROLLO DELLA PRESSIONE ARTERIOSA, MALATTIA DELLA SOSTANZA BIANCA E DECADIMENTO COGNITIVO

Moderatori
L. PANTONI (*Milano*) - G. PELLICCIONI (*Ancona*)

17.30 **Ipotensione ortostatica cronica**
G. MICIELI (*Pavia*)

18.00 **Ipertensione resistente, attivazione simpatica: quale trattamento?**
G. PARATI (*Milano*)

18.30 **Cosa causa la leucoaraiosi: ischemia acuta o cronica?**
L. PANTONI (*Milano*)

19.00 **Leucoaraiosi e decadimento cognitivo**
A. POGGESI (*Firenze*)

WORKSHOP
ore 17.30 - 19.30

LA SINDROME FRONTALE RIVISITATA

Moderatori
D. QUARANTA (*Roma*) - M.C. SILVERI (*Milano*)

17.30 **Modelli di organizzazione anatomo-funzionale delle funzioni esecutive: focus sui due lobi frontali**
A. VALLESI (*Padova*)

18.00 **Disturbi di regolazione del comportamento**
L. TROJANO (*Caserta*)

18.30 **Ricordo del passato e immaginazione del futuro dopo lesione prefrontale**
E. CIARAMELLI (*Bologna*)

19.00 **Aspetti medico-legali nella sindrome frontale**
A. STRACCIARI (*Bologna*)

WORKSHOP
ore 17.30 - 19.30

DBS[14] - STATO DELL'ARTE E DIREZIONI FUTURE

Moderatori
A. Priori (*Milano*) - M. Zibetti (*Torino*)

17.30 **DBS[14] e Depressione**
T. Bocci (*Milano, Pisa*)

18.00 **DBS[14] – stato dell'arte delle indicazioni classiche: Parkinson, Tremore e Distonia**
C.A. Artusi (*Torino*)

18.30 **DBS[14] e Demenza**
F. Morgante (*London, UK*)

19.00 **DBS[14] e Stroke**
G. Cossu (*Cagliari*)

WORKSHOP
ore 17.30 - 19.30

DISORDINI DEI RITMI CIRCADIANI IN NEUROLOGIA

Moderatori
G. Calandra Buonaura (*Bologna*) - R. Quatrale (*Venezia, Mestre*)

17.30 **La fisiologia dei ritmi circadiani**
A. Silvani (*Bologna*)

18.00 **Come si studiano i ritmi circadiani**
F.P Lacidi (*Roma*)

18.30 **Disturbi dei ritmi circadiani**
R. Manni (*Pavia*)

19.00 **Terapia dei disturbi dei ritmi circadiani**
B.M. Guarnieri (*Pescara*)

WORKSHOP
ore 17.30 - 19.30

INTERACTIVE CLINICAL GRAND ROUNDS

Moderatori
F. Di Lorenzo (*Roma*) - F. Iodice (*Roma*) - G. Meola (*Milano*)

17.30 **Disturbo extrapiramidale pediatrico**
A. Antonini (*Padova*)

17.50 **Miopatia**
G. Meola (*Milano*)

18.10 **Neuropatia**
L. Santoro (*Napoli*)

18.30 **Tremore**
P. Martinelli (*Bologna*)

18.50 **Malattie cerebrovascolari**
A. Zini (*Bologna*)

WORKSHOP
ore 17.30 - 19.30

SISTEMA MOTORIO E PERCEZIONE CORPOREA: LA DIMENSIONE COGNITIVA COME FRONTIERA NEL DANNO CEREBRALE

Moderatori
M. De Tommaso (*Bari*) - M. Valeriani (*Roma*)

17.30 **Rappresentazione corporea nel danno cerebrale: dall'attenzione all'integrazione multisensoriale**
N. Bolognini (*Milano*)

18.10 **Riorganizzazione funzionale della corteccia motoria in pazienti con patologie neurologiche: evidenze TMS[69]-EEG[16]**
G. Koch (*Roma*)

18.50 **Sistema motorio e dolore: dalla fisiopatologia alle prospettive terapeutiche**
T. Bocci (*Milano, Pisa*)

WORKSHOP
ore 17.30 - 19.30

QUALI ALTRE REVISIONI SISTEMATICHE SERVONO PER LA MEDICINA DELL'ICTUS?

Moderatori
T.A. Cantisani (*Perugia*) - G. Filippini (*Milano*)

17.30 **Trombolisi versus trombectomia – che altro c'è da indagare?**
I. Maestrini (*Roma*)
Discussant: D. Toni (*Roma*)

18.00 **Prevenire le complicanze infettive – sappiamo bene come?**
C. Padiglioni (*Città di Castello, PG*) *Discussant:* A. Ciccone (*Mantova*)

18.30 **Quando mobilizziamo il paziente?**
U. Oppo (*Cagliari*)
Discussant: M. Zampolini (*Foligno, PG*)

19.00 **Sempre NAO[41] nell'ictus con fibrillazione atriale?**
A.G. Gallina (*Branca, PG*)
Discussant: G. Micieli (*Pavia*)

15 OTTOBRE

SALA CIANO

COMUNICAZIONI ORALI: CASI CLINICI 3

ore 09.00 - 11.00

Moderatori

D. Guidetti (*Reggio Emilia*) - F. Iodice (*Roma*)

09.00 **ISOLATED PERIBUCCAL AND PHARYNGEAL MYORHYTHMIA AS A PRESENTING SYMPTOM OF UNILATERAL HYPERTROPHIC OLIVARY DEGENERATION SECONDARY TO CEREBELLAR PARAVERMIAN CAVERNOUS MALFORMATION**
F. Cavallieri (*(Reggio Emilia*)

09.10 **QUALITY OF LIFE AND ROBOTIC ASSISTED REHAB: AN ESSENTIAL INTERPLAY IN CENTRAL PONTINE MYELINOLYSIS. A CASE REPORT**
L. Raciti (*Messina*)

09.20 **RECURRENT ISCHEMIC STROKES AS PRESENTING MANIFESTATIONS OF POLYCYTHEMIA VERA: CASE REPORT AND REVIEW OF THE LITERATURE**
L. Burattini (*Ancona*)

09.30 **JUVENILE EMBOLIC STROKE IN A PATIENT WITH ULCERATIVE COLITIS**
G. Capaldo (*Ariano Irpino - AV*)

09.40 **ADULT PRIMARY CENTRAL NERVOUS SYSTEM VASCULITIS: AN UNUSUAL PRESENTATION**
G. De Vanna (*Perugia*)

09.50 **DISAPPEARANCE OF MIDBRAIN COMPRESSION AND VERTICAL OCULAR DYSFUNCTION AFTER SHUNT IN A PATIENT WITH IDIOPATHIC NORMAL PRESSURE HYDROCEPHALUS**
A. Quattrone (*Catanzaro*)

10.00 **IDIOPATHIC NORMAL PRESSURE HYDROCEPHALUS. LONG-TERM OUTCOME OF A SERIES OF PATIENTS TREATED WITH PROGRAMMABLE VENTRICULO-PERITONEAL SHUNT**
A. Carnevale (*Roma*)

10.10 **EFFICACY OF BOTULINUM TOXIN INJECTION IN TRIGEMINAL NEUROMYOTONIA DUE TO RADIOTHERAPY**
S. Di Marco (*Palermo*)

10.20 **JERKING STIFF-MAN SYNDROME: A CASE OF PROGRESSIVE ENCEPHALOMYELITIS WITH RIGIDITY AND MYOCLONUS**
C. Civardi (*Ivrea - TO*)

10.30 **INTRACRANIAL CALCIFICATIONS ASSOCIATED WITH A NOVEL MISSENSE MUTATION IN SLC20A2 GENE**
F. De Marchi (*Novara*)

11.00-11.30 **Pausa caffè**

COMUNICAZIONI ORALI: CASI CLINICI 3

ore 09.00 - 11.00

Moderatori

D. Guidetti (*Reggio Emilia*) - F. Iodice (*Roma*)

10.40 **A CASE OF INTRAVASCULAR LARGE B CELL LYMPHOMA WITH BRAIN INVOLVEMENT MIMICKING PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY**

E. Belli (*Pisa*)

10.50 **THE CHALLENGING DIAGNOSIS OF IDIOPATHIC OCULAR NEUROMYOTONIA: A CASE REPORT**

M. Parisi (*Bari*)

11.00-11.30 **Pausa caffè**

COMUNICAZIONI ORALI: EPILESSIA

ore 09.00 - 11.00

Moderatori

M. ELIA (*Troina, EN*) - F. PISANI (*Messina*)

09.00 **EPILEPSY AND PERIVENTRICULAR NODULAR HETEROTOPIA: NEW INSIGHTS FROM IN VIVO HUMAN INTRACEREBRAL MICROELECTRODE RECORDINGS**
V. FRAZZINI (*Parigi - F*)

09.10 **INCIDENCE OF EPILEPSY AFTER STROKE IN UMBRIA: POPULATION STUDY BASED ON ADMINISTRATIVE REGIONAL HEALTH DATA**
C. COSTA (*Perugia*)

09.20 **RETINAL STRUCTURAL CHANGES IN PHOTOSENSITIVE EPILEPSIES: EVALUATION WITH OCULAR COHERENCE TOMOGRAPHY**
L. GIULIANO (*Catania*)

09.30 **NEURONAL CEROIDOLIPOFUSCINOSIS: CLINICAL AND GENETIC HETEROGENEITY IN RELATION WITH INNOVATIVE THERAPEUTIC OPPORTUNITIES**
S. DALLAGIACOMA (*Siena*)

09.40 **LOW DOSES OF PERAMPANEL PROTECT STRIATAL AND HIPPOCAMPAL NEURONS AGAINST IN VITRO ISCHEMIA AND PRESERVE NEUROPHYSIOLOGICAL MEMORY**
E. NARDI CESARINI (*Perugia*)

09.50 **EFFECTS OF PERAMPANEL ON CARDIAC AUTONOMIC CONTROL IN PATIENTS WITH DRUG-RESISTANT TEMPORAL LOBE EPILEPSY**
F. DONO (*Chieti*)

10.00 **EFFECTIVENESS OF ANTIEPILEPTIC DRUGS IN STATUS EPILEPTICUS TREATMENT: DATA FROM THE ADULT STATUS EPILEPTICUS POPULATION OF MODENA, NORTHERN ITALY**
N. ORLANDI (*Modena*)

10.10 **DIAGNOSTIC ROLE OF ANTI-TG6 ANTIBODIES IN PATIENTS WITH EPILEPSY AND CEREBRAL CALCIFICATIONS**
T. GARCEA (*Reggio Calabria*)

10.20 **INCIDENCE OF EARLY POST-STROKE SEIZURES DURING REPERFUSION THERAPIES IN PATIENTS WITH ACUTE ISCHEMIC STROKE: AN OBSERVATIONAL, PROSPECTIVE STUDY**
S. NERI (*Catanzaro*)

11.00-11.30 **Pausa caffè**

COMUNICAZIONI ORALI: EPILESSIA

ore 09.00 - 11.00

Moderatori

M. ELIA (*Troina, EN*) - F. PISANI (*Messina*)

10.30 **NEUROPSYCHOLOGICAL AND CSF[11] BIOMARKERS PROFILE IN PATIENTS WITH LATE-ONSET EPILEPSY OF UNKNOWN AETIOLOGY**
N. SALVADORI (*Perugia*)

10.40 **HEART RATE VARIABILITY ANALYSIS SHOWS A LATERALIZATION OF THE AUTONOMIC CONTROL IN TEMPORAL LOBE EPILEPSY (TLE)**
G. EVAGELISTA (*Chieti*)

10.50 **PERIVENTRICULAR NODULAR HETEROTOPIA: ELECTRO-CLINICAL FEATURES AND FUNCTIONAL NEUROIMAGING STUDY**
A. MORANO (*Roma*)

11.00-11.30 **Pausa caffè**

15 OTTOBRE

SALA BIANCA

COMUNICAZIONI ORALI: MALATTIE DEGENERATIVE

ore 09.00 - 11.00

Moderatori

A. PRIORI (*Milano*) - F. TAGLIAVINI (*Milano*)

09.00 **PHENOTYPIC HETEROGENEITY OF VARIABLY PROTEASE-SENSITIVE PRIONOPATHY: A REPORT OF THREE NEW CASES CARRYING DIFFERENT GENOTYPES AT PRNP CODON 129**
S. BAIARDI (*Bologna*)

09.10 **ROLE OF SURROGATE CSF[11] BIOMARKERS IN THE EARLY DIAGNOSIS OF CREUTZFELDT-JAKOB DISEASE IN THE ERA OF PRION RT-QUIC: A COMPARATIVE STUDY**
S. ABU-RUMEILEH (*Bologna*)

09.20 **BIOMARKERS BASED DEFINITION OF LIMBIC PREDOMINANT LONG LASTING AMNESTIC MILD COGNITIVE IMPAIRMENT**
G. TONDO (*Milano*)

09.30 **PSEUDO-CONTINUOUS ARTERIAL SPIN LABELING IN CREUTZFELDT- JAKOB DISEASE: AN OBSERVATIONAL STUDY**
A. INTRONA (*Tricase - LE, Lecce*)

09.40 **LIPIDOMICS OF SKIN SURFACE LIPIDS: A NEW APPROACH FOR THE RESEARCH OF NEURODEGENERATIVE BIOMARKERS**
S. LOMBARDO (*Campobasso*)

09.50 **BLUE LIGHT STIMULATION OF MELANOPSIN RETINAL GANGLION CELLS REVEALS VISUAL CORTEX ACTIVATION AND MODULATES COGNITION IN LHON PATIENTS**
C. LA MORGIA (*Bologna*)

10.00 **EFFECT OF ACUTE L-DOPA ADMINISTRATION ON EYE MOVEMENT PARAMETERS IN PARKINSON'S DISEASE**
C. CHISARI (*Catania*)

10.10 **TRANSCRANIAL MAGNETIC STIMULATION DISTINGUISHES PATIENTS WITH BEHAVIORAL VARIANT OF FRONTOTEMPORAL DEMENTIA FROM PRIMARY PROGRESSIVE APHASIA PATIENTS**
F. DI LORENZO (*Roma*)

10.20 **PERIPAPILLARY RNFL AS A POTENTIAL DISEASE SEVERITY MARKER IN ALZHEIMER'S DISEASE**
R. SANTANGELO (*Milano*)

11.00-11.30 **Pausa caffè**

15 OTTOBRE

SALA BIANCA

COMUNICAZIONI ORALI: MALATTIE DEGENERATIVE

ore 09.00 - 11.00

Moderatori

A. PRIORI (*Milano*) - F. TAGLIAVINI (*Milano*)

10.30 **RECURRENT TRAUMATIC BRAIN INJURY (TBI) IN ITALIAN AMERICAN FOOTBALL PLAYERS: A NEUROPSYCHOLOGICAL ASSESSMENT**
G. QUERZOLA (*Milano*)

10.40 **CLINICAL PROGNOSIS OF FRONTOTEMPORAL LOBAR DEGENERATION: DATA FROM THE SLAP-DEM PUGLIA REGISTRY FOR RARE NEURODEGENERATIVE DISORDERS**
R. CAPOZZO (*Tricase - LE*)

10.50 **CEREBRAL VASOMOTOR REACTIVITY IN DE NOVO UNILATERAL PARKINSON'S DISEASE: A COMPARISON OF HEMODYNAMIC PARAMETERS AMONG AFFECTED AND HEALTHY HEMISPHERE**
A. ROCCO (*Roma*)

11.00-11.30 **Pausa caffè**

COMUNICAZIONI ORALI: SCLEROSI MULTIPLA 3

ore 09.00 - 11.00

Moderatori

S. Bonavita (*Napoli*) - C. Gasperini (*Roma*)

09.00 **PM2.5 EXPOSURE AS A RISK FACTOR OF MULTIPLE SCLEROSIS**
R. Bergamaschi (*Pavia*)

09.10 **THEORY OF MIND DEFICITS MEDIATE THE IMPACT OF LESION LOAD ON QUALITY OF LIFE IN MULTIPLE SCLEROSIS**
M. Pardini (*Genova*)

09.20 **AUTOLOGOUS HEMATOPOIETIC STEM CELL TRANSPLANTATION FOLLOWING ALEMTUZUMAB THERAPY IN AGGRESSIVE MULTIPLE SCLEROSIS**
E. Capello (*Genova*)

09.30 **THE PREDICTIVE VALUE OF NEUROFILAMENT LIGHT CHAIN LEVELS IN BLOOD FOR COGNITIVE IMPAIRMENT IN PATIENTS WITH SECONDARY PROGRESSIVE MULTIPLE SCLEROSIS**
J. Kuhle (*Basel - CH*)

09.40 **INDUCTION VERSUS ESCALATION IN MULTIPLE SCLEROSIS: A 10-YEAR REAL-WORLD STUDY**
L. Prosperini (*Roma*)

09.50 **INTRATHECAL INFLAMMATORY PROFILE PREDICTS DISEASE COURSE IN MULTIPLE SCLEROSIS**
M. Calabrese (*Verona*)

10.00 **MODULATION OF LARGE-SCALE FUNCTIONAL NETWORKS OCCURS IN MS[37] PATIENTS STARTING FINGOLIMOD OR NATALIZUMAB: A 2-YEAR RESTING-STATE FUNCTIONAL CONNECTIVITY STUDY**
M.A. Rocca (*Milano*)

10.10 **PREDICTIVE VALUE OF CEREBROSPINAL FLUID BIOMARKERS ON OPTIC COHERENCE TOMOGRAPHY OUTCOMES IN MULTIPLE SCLEROSIS**
R. Capuano (*Napoli*)

11.00-11.30 **Pausa caffè**

SALA ITALIA

COMUNICAZIONI ORALI: SCLEROSI MULTIPLA 3

ore 09.00 - 11.00

Moderatori

S. Bonavita (*Napoli*) - C. Gasperini (*Roma*)

10.20 **BRAINSTEM MONOAMINERGIC AND CHOLINERGIC NUCLEI DISPLAY ALTERED FUNCTIONAL CONNECTIVITY WITH THE REST OF THE BRAIN IN PATIENTS WITH RELAPSING-REMITTING MULTIPLE SCLEROSIS**
T. Carandini (*Brighton - UK*)

10.30 **EVALUATION OF CLINICAL AND RADIOLOGICAL CHARACTERI- STICS PREDICTING RELAPSES FOLLOWING DISEASE MODIFYING THERAPIES DISCONTINUATION IN MULTIPLE SCLEROSIS: A MONOCENTRIC COHORT STUDY**
M. Pasca (*Firenze*)

10.40 **INCIDENCE OF MULTIPLE SCLEROSIS IN THE PROVINCE OF CATANIA: A GEOEPIDEMIOLOGICAL STUDY**
C. Rascunà (*Catania)*

10.50 **FREQUENCY AND CHARACTERISTICS OF DYSAUTONOMIA IN MULTIPLE SCLEROSIS: A DOUBLE CENTER CROSS-SECTIONAL, CASE-CONTROL STUDY WITH THE VALIDATED ITALIAN VERSION OF COMPOSITE AUTONOMIC SYMPTOM SCORE-31 (COMPASS-31)**
M. Foschi (*Bologna*)

11.00-11.30 **Pausa caffè**

COMUNICAZIONI ORALI: CEFALEE 2

ore 09.00 - 11.00

Moderatori

P. Querzani (*Ravenna*) - C. Tassorelli (*Pavia*)

09.00 **PREVALENCE AND CLINICAL PROFILE OF MIGRAINE WITH AURA IN A COHORT OF YOUNG PATIENTS WITH STROKE: A RETROSPECTIVE ANALYSIS**
A. Cascio Rizzo (*Roma, Seriate - BG, Ancona*)

09.10 **ARE CLINICAL PAIN SCALES USEFUL TO EVALUATE THE RESPONSE TO ONABOTULINUMTOXIN-A TREATMENT? A REAL LIFE EXPERIENCE**
G. Cecchi (*Roma*)

09.20 **MICROSTRUCTURAL ABNORMALITIES PREDICT CUTANEOUS ALLODYNIA IN PATIENTS WITH MIGRAINE**
F. Scotto di Clemente (*Napoli*)

09.30 **DRUG RESPONSIVENESS IN CLUSTER HEADACHE: SUMATRIPTAN. RESULTS FROM THE CLUSTER HEADACHE DATABASE**
L. Giani (*Milano*)

09.40 **HYPNIC HEADACHE: A SURVEY BY A MULTICENTRE STUDY GROUP OF THE ITALIAN SOCIETY FOR THE STUDY OF HEADACHES (SISC)**
C. Lisotto (*Pordenone*)

9.50 **CEREBRAL CONNECTIVITY CHANGES IN MIGRAINE-LINKED ALLODYNIA AND OSMOPHOBIA: A RESTING STATE FUNCTIONAL MRI[36] STUDY**
A. Bellomo (*Milano*)

10.00 **PLASMA LEVELS OF OXIDATIVE STRESS MARKERS, BEFORE AND IN THE COURSE OF ADMINISTRATION OF BOTULINUM TOXIN, IN A POPULATION OF PATIENTS WITH CHRONIC REFRACTORY MIGRAINE WITH SYMPTOMATIC OVERUSE**
E. Dini (*Pisa*)

10.10 **CORRELATION BETWEEN MIGRAINE FREQUENCY AND CIRCADIAN RHYTHM**
S. Salvemini (*Ancona*)

10.20 **MANAGEMENT OF SPONTANEOUS INTRACRANIAL HYPOTENSION DURING PREGNANCY**
M. Trimboli (*Potenza*)

10.30 **IS PEDIATRIC MEDICATION OVERUSE HEADACHE REALLY DUE TO MEDICATION OVERUSE?**
M. Valeriani (*Roma*)

11.00-11.30 **Pausa caffè**

SALA INDCO

COMUNICAZIONI ORALI: CEFALEE 2

ore 09.00 - 11.00

Moderatori

P. Querzani (*Ravenna*) - C. Tassorelli (*Pavia*)

10.40 **ASSOCIATION BETWEEN PATENT FORAMEN OVALE AND MIGRAINE: A VOXEL BASED MORPHOMETRY STUDY**
F. Pistoia (*L'Aquila*)

10.50 **MIGRAINE AND SPORT: PHYSICAL EXERCISE AS A PROTECTIVE FACTOR FOR MIGRAINE IN WOMAN**
L. Pilati (*Palermo*)

11.00-11.30 **Pausa caffè**

15 OTTOBRE

SALA AZZURRA

COMUNICAZIONI ORALI: SONNO

ore 09.00 - 11.00

Moderatori

L. Ferini Strambi (*Milano*) - L. Parrino (*Parma*)

09.00 **COGNITIVE-NIGROSTRIATAL RELATIONSHIP IN IDIOPATHIC REM SLEEP BEHAVIOR DISORDER PATIENTS: A 123I-FP-CIT-SPECT STUDY**
R. Meli (*Genova*)

09.10 **ABNORMAL VESTIBULAR EVOKED MYOGENIC POTENTIALS CORRELATES WITH REM SLEEP WITHOUT ATONIA IN ISOLATED REM SLEEP BEHAVIOR DISORDER**
M. Puligheddu (*Cagliari*)

09.20 **BRAIN GLUCOSE METABOLISM IN IDIOPATHIC REM SLEEP BEHAVIOUR DISORDER WITH OR WITHOUT MILD COGNITIVE IMPAIRMENT: NIGROSTRIATAL AND COGNITIVE CORRELATIONS**
P. Mattioli (*Genova*)

09.30 **CARDIOVASCULAR AUTONOMIC FUNCTION IN NARCOLEPSY TYPE 1 DURING WAKEFULNESS AND THE EFFECTS OF PITOLISANT THERAPY**
C. Rocchi (*Roma*)

09.40 **USEFULNESS OF CARDIAC PARASYMPATHETIC INDEX IN CPAP-TREATED PATIENTS WITH OBSTRUCTIVE SLEEP APNEA: A PRELIMINARY STUDY**
M. Salsone (*Catanzaro*)

09.50 **PAROXYSMAL AROUSALS IN SLEEP-RELATED HYPERMOTOR EPILEPSY (SHE): DISTINCTIVE SEMEIOLOGICAL FEATURES IN COMPARISON TO NREM PARASOMNIAS**
G. Loddo (*Bologna*)

10.00 **NEUROPHYSIOLOGICAL FEATURES OF REM SLEEP BEHAVIOUR DISORDER (RBD) CORRELATE WITH COGNITIVE AND PSYCHO-BEHAVIORAL PROFILE**
M. Figorilli (*Cagliari*)

10.10 **OBJECTIVE SLEEP PARAMETERS AND COGNITIVE DECLINE**
L. Buratti (*Ancona*)

11.00-11.30 **Pausa caffè**

COMUNICAZIONI ORALI: SONNO

ore 09.00 - 11.00

Moderatori

L. Ferini Strambi (*Milano*) - L. Parrino (*Parma*)

10.20 **OBSERVATIONAL STUDY ON PREVALENCE OF SLEEP DISTURBANCE IN A MULTICENTRIC COHORT OF ITALIAN PHYSICIANS**
R. Lecca (*Cagliari*)

10.30 **DISTINCTIVE FEATURES PREDICT WORSE NINV ADAPTATION**
D. Cosenza (*Messina*)

10.40 **RED FLAGS FOR EARLY REFERRAL OF PEOPLE WITH SYMPTOMS SUGGESTIVE OF NARCOLEPSY**
E. Antelmi (*Bologna*)

10.50 **SEASONALITY OF RESTLESS LEGS SYNDROME: SYMPTOMS VARIABILITY IN WINTER AND SUMMER TIMES**
C. Liguori (*Roma*)

11.00-11.30 **Pausa caffè**

15 OTTOBRE

SALA MAGNA

COMUNICAZIONI ORALI: MALATTIE CEREBROVASCOLARI 3

ore 09.00 - 11.00

Moderatori

R. Bella (*Catania*) - G. Giardini (*Aosta*)

09.00 **SHORT AND LONG-TERM STROKE PREDICTORS AND OUTCOMES AFTER TIA: A PROSPECTIVE OBSERVATIONAL STUDY EVALUATING THE FAST-TRACK CARE MODEL OF THE BOLOGNA TIA CLINICAL PATHWAY**

M. Foschi (*Bologna*)

09.10 **COGNITION IN ACUTE CEREBROVASCULAR DISEASES: THE LUIGI SACCO HOSPITAL STROKE UNIT EXPERIENCE**

F. Mele (*Milano*)

09.20 **PROSPECTIVE OBSERVATIONAL COHORT STUDY OF RECURRENT TIA FEATURES, FREQUENCY AND OUTCOME**

L. Pavolucci (*Bologna*)

09.30 **PREVENTING STROKE IN SUB-SAHARAN AFRICA: A MULTINATIONS EXPERIENCE FROM THE DREAM PROGRAM**

M. Leone (*Milano*)

09.40 **PREVALENCE OF ATRIAL FIBRILLATION SUBTYPES IN THE ITALIAN ELDERLY POPULATION. PROGETTO FAI. LA FIBRILLAZIONE ATRIALE IN ITALIA**

A. Di Carlo (*Firenze*)

09.50 **INFLUENCE OF CEREBRAL FIBROMUSCULAR DYSPLASIA ON CLINICAL FEATURES AND OUTCOME OF SPONTANEOUS CERVICAL ARTERY DISSECTION. THE ITALIAN PROJECT ON STROKE AT YOUNG AGE (IPSYS)**

S. Bonacina (*Brescia*)

11.00-11.30 **Pausa caffè**

COMUNICAZIONI ORALI: MALATTIE CEREBROVASCOLARI 3

ore 09.00 - 11.00

Moderatori

R. Bella (*Catania*) - G. Giardini (*Aosta*)

10.00 **RELATIONSHIP BETWEEN MMP, TIMP AND MARKERS OF INFLAMMATION WITH CEREBRAL OEDEMA IN ACUTE ISCHEMIC STROKE PATIENTS: RE-ANALYSIS OF THE MAGIC STUDY**
A. Sodero (*Firenze*)

10.10 **FIVE-YEAR PROGNOSIS OF FIRST-EVER TRANSIENT ISCHEMIC ATTACKS IN A POPULATION-BASED SETTING**
D. Degan (*L'Aquila*)

10.20 **INCIDENCE AND MORTALITY FOR CEREBROVASCULAR DISEASES FROM A PROSPECTED POPULATION BASED STUDY IN BAGHERIA ELDERLY COMMUNITY**
P. Aridon (*Palermo*)

10.30 **FIBRINOLYSIS AVOIDING BLOOD EXAMES (FABLE STUDY), A MULTICENTER PROSPECTIVE OBSERVATIONAL STUDY AD MAIORA GROUP**
C.S. Tadeo (*Milano*)

10.40 **QUANTITATIVE EEG[16] ANALYSIS DURING AN ACTIVE HAND-GRASPING TASK IN ACUTE ISCHEMIC STROKE AS A POTENTIAL PREDICTOR OF UPPER EXTREMITY FUNCTIONAL RECOVERY**
F. Giatsidis (*San Donato Milanese - MI*)

10.50 **ADMISSION GLUCOSE AND OUTCOMES AFTER MECHANICAL THROMBECTOMY FOR ACUTE ISCHEMIC STROKE - A SINGLE CENTER EXPERIENCE**
F. D'Agostino (*Roma*)

11.00-11.30 **Pausa caffè**

COMUNICAZIONI ORALI: DISORDINI DEL MOVIMENTO 3

ore 09.00 - 11.00

Moderatori

P. BARONE (*Salerno*) - M. GUIDI (*Pesaro*)

09.00 **DOPAMINE AGONIST WITHDRAWAL SYNDROME IN PATIENTS AFFECTED BY PARKINSON'S DISEASE**
P. SOLLA (*Cagliari*)

09.10 **DUAL-TASK IN PARKINSON'S DISEASE: A GAIT ANALYSIS AND FUNCTIONAL MRI[36] STUDY**
F. AGOSTA (*Milano*)

09.20 **TRANSCRANIAL RANDOM NOISE STIMULATION IN PD[50]-MCI[34]: A CROSS-OVER RANDOMIZED SHAM-CONTROLLED STUDY**
R. BASCHI (*Palermo*)

09.30 **PROFILE OF FLUID BIOMARKERS AND CLINICAL FEATURES DIFFERS BETWEEN YOUNG ONSET AND LATE ONSET PARKINSON'S DISEASE**
T. SCHIRINZI (*Roma*)

09.40 **SKIN BIOPSY MAY HELP TO DISTINGUISH MULTIPLE SYSTEM ATROPHY-PARKINSONISM TYPE FROM PARKINSON DISEASE WITH ORTHOSTATIC HYPOTENSION**
V. DONADIO (*Bologna*)

09.50 **BAIN FUNCTIONAL PLASTICITY OF LIMBIC CIRCUIT IN PARKINSON'S DISEASE PATIENTS WITH FREEZING OF GAIT**
N. PIRAMIDE (*Milano*)

10.00 **RESTING STATE CEREBELLAR CONNECTIVITY IN EARLY-STAGE DRUG- NAÏVE PATIENTS WITH PARKINSON'S DISEASE**
S. MARINO (*Messina*)

10.10 **CEREBELLAR RTMS THETA BURST FOR POSTURAL INSTABILITY IN PROGRESSIVE SUPRANUCLEAR PALSY: A DOUBLE BLIND CROSS-OVER SHAM CONTROLLED STUDY USING WEARING SENSORS TECHNOLOGY**
A. PILOTTO (*Brescia*)

10.20 **COMPARATIVE DYSFUNCTIONS OF BASAL GANGLIA CIRCUITS IN RAT EXPERIMENTAL PARKINSONISM AND IN MOUSE GENETIC MODEL OF DYSTONIA SELECTIVELY DETECTED BY PDE10A IMMUNO-HISTOCHEMISTRY**
G. SANCESARIO (*Roma*)

11.00-11.30 **Pausa caffè**

COMUNICAZIONI ORALI: DISORDINI DEL MOVIMENTO 3

ore 09.00 - 11.00

Moderatori

P. Barone (*Salerno*) - M. Guidi (*Pesaro*)

10.30 **IDENTIFICATION OF LRRK2 VARIANTS IN NORTHERN ITALIAN PARKINSON'S DISEASE PATIENTS BY NGS[44] ANALYSIS**
S. Capellari (*Bologna*)

10.40 **SERUM NEUROFILAMENT LIGHT CHAIN LEVELS AND DISABILITY MILESTONES IN LEWY BODY DISEASES**
A. Imarisio (*Brescia*)

10.50 **INHIBITION OF CHOREIC MOVEMENTS: A CLINICAL AND ELECTROPHYSIOLOGICAL STUDY**
R. Bonomo (*Catania*)

11.00-11.30 **Pausa caffè**

15 OTTOBRE

SALA CELST

COMUNICAZIONI ORALI: NEURONCOLOGIA

ore 09.00 - 11.00

Moderatori

A. PACE (*Roma*) - R. SOFFIETTI (*Torino*)

09.00 **PATTERNS OF CARE AND IMPACT ON SURVIVAL OF FIRST SALVAGE THERAPY IN HIGH-RISK GRADE II GLIOMAS FOLLOWING INITIAL TEMOZOLOMIDE**
F. BRUNO (*Torino*)

09.10 **ADJUVANT CHEMOTHERAPY AFTER SEVERE MYELOTOXICITY DURING TEMOZOLOMIDE CHEMORADIATION IN GLIOMAS. IT IS FEASIBILE?**
V. VILLANI (*Roma*)

09.20 **RETROSPECTIVE ITALIAN MULTICENTER STUDY ON ADULT BRAINSTEM GLIOMAS. PRELIMINARY RESULTS IN 47 PATIENTS**
A. SALMAGGI (*Milano*)

09.30 **NEUROCOGNITIVE EFFECT OF RADIOTHERAPY IN PATIENTS WITH GLIOMA: A LONGITUDINAL STUDY**
A. TANZILLI (*Roma*)

09.40 **LACOSAMIDE IN MONOTHERAPY IN BRAIN TUMOR RELATED EPILEPSY (BTRE): RESULTS FROM A RETROSPECTIVE MONO-INSTITUTIONAL STUDY**
F. MO (*Torino*)

09.50 **SYNAPTIC VESICLE PROTEIN 2A TUMORAL EXPRESSION PREDICTS LEVETIRACETAM ADVERSE EVENTS**
C. CALVELLO (*Perugia*)

10.00 **RADIATION-INDUCED PARKINSONISM IN PATIENTS WITH CNS TUMOURS: DESCRIPTION OF SEVEN CASES**
F. FRANCHINO (*Torino*)

10.10 **D-DIMER IN GLIOMA: A POSSIBLE PREDICTOR OF OVERALL SURVIVAL**
S. ZANNINO (*Roma*)

10.20 **A SYNGENIC MOUSE MODEL TO STUDY THE EFFICACY OF KETOGENIC DIET IN HIGH GRADE GLIOMAS**
E. CIUSANI (*Milano*)

11.00-11.30 **Pausa caffè**

SALA CELESTE

COMUNICAZIONI ORALI: NEURONCOLOGIA

ore 09.00 - 11.00

Moderatori

A. PACE (*Roma*) - R. SOFFIETTI (*Torino*)

10.30 **HUMAN CYTOMEGALOVIRUS AND GLIOBLASTOMA: A CONTRO- VERSIAL ROLE**
E. DOMINA (*Lodi*)

10.40 **LACK OF DEVELOPMENT OF PNEUMOCYSTIS JIROVECII PNEUMONIA IN A COHORT OF 103 ITALIAN GLIOBLASTOMA PATIENTS NOT RECEIVING PROPHYLAXIS DURING POST-SURGICAL CHEMORADIOTHERAPY**
N. RIFINO (*Lecco*)

10.50 **TRIGEMINAL METASTASIS OF MUCOSAL MALIGNANT MELANOMA: CLINICAL, NEURORADIOLOGICAL AND PATHOLOGICAL FEATURES**
S. POMPANIN (*Venezia*)

11.00-11.30 **Pausa caffè**

15 OTTOBRE

SALA VERD

COMUNICAZIONI ORALI:
RIABILITAZIONE NEUROLOGICA E NEUROTRAUMATOLOGIA
ore 09.30 - 11.00

Moderatori
P. MANGANOTTI (*Trieste*) - C. TROMPETTO (*Genova*)

09.30 **BRAIN STRUCTURAL NETWORK ABNORMALITIES INVOLVED IN UPPER-LIMB MOTOR PERFORMANCE**
C. CORDANI (*Milano*)

09.40 **IMPROVED DUAL-TASK PERFORMANCE DURING TURNING AFTER A SINGLE SESSION OF ACTION OBSERVATION TRAINING IN PARKINSON'S DISEASE PATIENTS**
A. GARDONI (*Milano*)

09.50 **REPRODUCIBILITY OF OROPHARYNGEAL SWALLOWING IN AMYOTROPHIC LATERAL SCLEROSIS AND EXTRAPYRAMIDAL SYNDROMES. AN ELECTROPHYSIOLOGICAL STUDY**
G. COSENTINO (*Pavia*)

10.00 **LOCOMOTOR TRAINING WITH AN EXOSKELETON IN INCOMPLETE SPINAL CORD INJURED PATIENTS: EFFECTIVENESS AND TIMING OF USE**
A. MORREALE (*Imola*)

10.10 **POSITIVE EFFECTS OF EXERCISE ON COGNITION ARE ENHANCED BY THE TRANSCRANIAL DIRECT CURRENT STIMULATION**
G. COGHE (*Cagliari*)

10.20 **RELIABILITY OF A VIBROTACTILE BRAIN-COMPUTER INTERFACE PARADIGM FOR ASSESSMENT OF COMMAND FOLLOWING IN THE DISORDERS OF CONSCIOUSNESS**
Y. XU (*Palermo*)

10.30 **THE EFFICACY OF NEURO-REHABILITATION IN PATIENTS AFFECTED BY FOCAL DYSTONIA: KINEMATIC ANALYSIS**
L.G. SANTILIO (*Limbiate - MB*)

10.40 **CONTROL OF COURSE TEMPERATURE IN MAJOR ORTHOPEDIC SURGERY AND NEURO-TRAUMATOLOGY USING LEVOBUPIVACAINE FOR SPINAL ANESTHESIA IN OLD PATIENTS**
B. AMARISSE (*Perugia*)

10.50 **CEREBRAL HEMODYNAMIC CHANGES DURING A PASSIVE ROBOT-ASSISTED MOVEMENT OF THE LOWER LIMBS AND MOTOR IMAGERY**
M. RIDOLFI (*Trieste*)

11.00-11.30 **Pausa caffè**

15 OTTOBRE

SALA ITALIA

LETTURA

ore 11.00 - 11.30

CELLULE STAMINALI MESENCHIMALI NELLA SCLEROSI MULTIPLA

Relatore

A. Uccelli (*Genova*)

11.00-11.30 **Pausa caffè**

SESSIONE PLENARIA
ore 11.30 - 13.30

ANTICORPI MONOCLONALI IN NEUROLOGIA: NUOVE EVIDENZE E PROSPETTIVE FUTURE

Moderatori
B. Giometto (*Trento*) - G. Tedeschi (*Napoli*)

11.30 **Emicrania**
P. Geppetti (*Firenze*)

12.00 **Alzheimer e Parkinson**
C. Ferrarese (*Milano*)

12.30 **Sclerosi Multipla**
G. Comi (*milano*)

13.00 **Neuropatie disimmuni e malattie rare**
C. Briani (*padova*)

13.45 **Cerimonia di chiusura e pranzo di arrivederci**

13.30-14.30 **Pausa pranzo**

SIGLE PRESENTI NEL PROGRAMMA:

1	AD Alzheimer Disease
2	ADHD Disturbo da Deficit di Attenzione Iperattività
3	AMPPE Acute Multifocal Placoid Pigment Epitheliopathy
4	BTX botulinum toxin
5	CADASIL Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy
6	CCS Causative Classification System
7	CGRP Calcitonin Gene Related Peptide
8	CIDP CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPHATHY
9	CNSV Primary Central Nervous System Vasculitis
10	CPM central pontine myelinolysis
11	CSF cerebrospinal fluid
12	CT Computed Tomography
13	CW Carotid Web
14	DBS Deep Brain Stimulation
15	ECG elettrocardiogramma
16	EEG elettroencefalografia
17	EMG Elettromiografia
18	ER Emergency Room
19	ESUS embolic stroke of undetermined source
20	FDG fluorodeoxyglucose
21	FMD fibromuscular dysplasia
22	PFO Forame Ovale Pervio
23	GAD glutamic acid decarboxylase
24	GSDII Glycogen storage diseases II
25	HATTR amiloidosi ereditaria da accumulo di transtiretina
26	HH hereditary hemochromatosis
27	ICA internal carotid artery
28	IGG immunoglobuline
29	iNPH Idiophatic normal-pressure hydrocephalus iNPH
30	IS Ischemic Stroke
31	IVLBCL intravascular large B-cell lymphoma
32	IVT Intravenous thrombolysis
33	MCA Middle Cerebral Artery
34	MCI Mild Cognitive Impairment
35	MELAS mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes

36	MRI Magnetic Resonance Imaging
37	MS Multiple Sclerosis
38	mTOR mammalian target of rapamycin
39	MYORG Myogenesis Regulating Glycosidase
40	NAA N-acetylaspartate
41	NAO nuovi anticoagulanti orali
42	NC non conformità
43	NEDA no evidence of disease activity
44	NGS NEXT-GENERATION SEQUENCING
45	NMDAr N-Methyl-D-Aspartate Receptor
46	NMO neuromielite ottica
47	NMOSD disturbo dello spettro della neuromielite ottica
48	NPH normal pressure hydrocephalus
49	ONM Ocular NeuroMyotonia
50	PD Parkinson Disease
51	PERM Progressive encephalomyelitis with rigidity and myoclonus
52	PET positron emission tomography
53	PFBC Primary familial brain calcification
54	PICO Problem/patient/population Intervention Comparison Outcome
55	PML Progressive Multifocal Leukoencephalopathy
56	PRES posterior reversible encephalopathy syndrome
57	PSP progressive supranuclear palsy
58	PV Polycythemia Vera
59	RM Risonanza magnetica
60	RMN Risonanza Magnetica Nucleare
61	RNA RiboNucleic Acid
62	SINS Società Italiana di Neuroscienze
63	SLA Sclerosi Laterale Amiotrofica
64	SM Sclerosi Multipla
65	SMA atrofia muscolare spinale
66	tcMRgFUS trans-cranial Magnetic Resonance Imaging-guided Focused Ultrasound
67	TDCS Transcranial Direct Current Stimulation
68	TICI Thrombolysis In Cerebral Infarction
69	TMS Transcranial Magnetic Stimulation
70	UC Ulcerative colitis
71	VPS ventriculo-peritoneal shunt

DESCRIZIONE CASI CLINICI 1,2,3

EARLY FUNCTIONAL CONNECTIVITY CHANGES IN A PRODROMAL SEMANTIC VARIANT OF PRIMARY PROGRESSIVE APHASIA: A LONGITUDINAL CASE REPORT

Objective. To define initial and progressive brain functional activity associated with confrontation naming and object knowledge in a case of prodromal semantic variant of primary progressive aphasia (svPPA) who developed a frank core symptomatology in the course of the study.

Materials and Methods. We report a case of a 49-year-old woman with 17 years of education. Two years before the first visit, she started to complaint frequent anomias during spontaneous speech and difficulties in speaking previously known foreign languages. Here we described the first visit and the 8-month follow up. At each visit, the patient underwent a comprehensive neuropsychological assessment, 3D T1-weighted MRI, and task functional MRI (fMRI). During the fMRI sessions, she was asked to perform silent naming, word-picture matching-object knowledge, and control tasks.

MRI analysis was performed using SPM12 and results tested at $p<0.05$ FWE corrected. Results. At the first visit, the neuropsychological assessment quantitatively detects isolated anomias during a confrontation naming test and, only qualitatively, a response-latency during single word comprehension and object knowledge tests. For this reason, she did not receive a diagnosis of svPPA. Structural MRI showed a mild left temporal pole atrophy. During the object knowledge fMRI task (vs the control task), we observed an increased activation of the right superior temporal pole and middle temporal cortex, bilateral inferior frontal and occipital gyri (mainly at the left side). Higher activation of these regions was associated with better performances at the same task. During the silent naming task (vs the control task), we observed right orbitofrontal activation. After 8 months, she presented with a frank symptomatology reflecting the svPPA core features. Compared with the first visit, while the structural MRI was unchanged, fMRI showed a more widespread functional activation involving the same regions as at baseline, but also at the right side. However, the relationship between her object knowledge performance (which was poorer compared to the first visit) and the brain functional activity in this task was lacking.

Discussion and Conclusions. We showed the progression of brain functional activity during semantic tasks from the prodromal to the overt stage of svPPA. The initial bilateral recruitment of pivotal regions associated with a good patient's cognitive performance seems to reflect a compensatory mechanism that is progressively lost. Respect to the structural MRI, the investigation of brain functional activity is powerful to detect early and progressive markers of the disease.

PSYCHIATRIC ONSET IN A PATIENT WITH CLINICAL PHENOTYPE OF BEHAVIORAL VARIANT OF FRONTOTEMPORAL DEMENTIA: THINK OF NEUROSYPHILIS.

INTRODUCTION: Neurosyphilis is a rare disease which can be characterized by a rapidly progressive dementia and psychiatric symptoms such as mania, aggressiveness, or psychosis (1, 2). CASE REPORT: We present the case of a 59-y-old patient who developed over few months psychiatric disturbances with verbal aggressiveness, followed by disinhibiting behavior, judgment impairment, loss of social rules and progressive cognitive disturbances. The neurological examination revealed disorientation, signs of frontal release such as clap sign, environmental adherence, stereotypic behavior and perseverations, associated with mild parkinsonism. The neuropsychological examination showed cognitive impairment with dysexecutive syndrome, loss of semantic processing and deficits in long term memory. Brain MRI evidenced atrophy in frontotemporal regions and a brain FDG-PET showed hypometabolism in temporal, parietal and frontal regions. An amyloid-PET was negative, excluding Alzheimer's disease. All the criteria for a diagnosis of behavioral variant of FTD (bvFTD) were therefore fulfilled. However, TPHA and VDRL were positive on serum demonstrating syphilis infection. CSF proteins were mild elevated, cells count showed 10 elements/mm3 (lymphocytes) and Reiber reaction was positive. Intratecal anti-treponema IgM synthesis was positive with elevated Ig-M index. VDRL was negative on CSF. A diagnosis of probable neurosyphilis was thus done and a treatment with doxycycline started. After 2 months of antibiotic therapy the cognitive deficits and behavioral abnormalities notably improved. DISCUSSION: We reported the clinical and neuroradiological features of a patient presenting with clinical phenotype of bvFTD. In this patient syphilis infection was identified, possibly the consequence of disinhibited sexual behavior associated with FTD that could have worsen a preexisting frontal impairment. However, the improvement of cognitive deficits and behavior abnormalities after antibiotic therapy strongly suggests that neurosyphilis was the cause of psychiatric and behavioral impairment in this patient. The negativity of VDRL on CSF could be linked to the low sensitivity of the test. CONCLUSIONS: Neuropsyphilis should be suspected when psychiatric symptoms and a rapid cognitive decline are associated; our case demonstrate how insidious and misleading can be the clinical presentation of neuropsyphilis, which can indeed mimic degenerative dementias.

HYPEREOSINOPHILIA AND WATERSHED STROKES: A SNOWBALL EFFECT

Introduction: Hypereosinophilia (>1500 eosinophils/mm3) may be secondary to parasitic, neoplastic and allergic cause or can be a primary manifestation of hypereosinophilic syndromes (HESs), a heterogeneous group of uncommon disorders (i.e. idiopathic hypereosinophilic syndrome, eosinophilic granulomatosis with polyangiitis (EGPA), eosinophil-associated gastrointestinal disease) characterized by marked eosinophilia in the peripheral blood, tissues, or both, often without an identifiable cause. Neurological manifestations of hypereosinophilia include peripheral neuropathy, encephalopathy or thromboembolic infarction with a peculiar pattern (multiple symmetrical punctate lesions in internal watershed zone and cortical-subcortical location both supraand infratentorial compartments) sometimes associated with territorial infarctions. Case report: A 62-year-old woman with a remote history of bronchitis, newly diagnosed atrial fibrillation and chronic sinusitis, was admitted for the acute onset of psychomotor slowing, postural instability and right harm weakness which progressively evolved to tetraparesis. Brain-MRI noted multiple subcortical subacute ischemic lesions situated in watershed regions throughout the cerebral and cerebellar hemispheres. Blood examinations revealed severe hypereosinophilia (5540 eosinophils/mm3) while chest computed tomography demonstrated the presence of ground glass opacities. Infective, coagulation and neoplastic markers were negative; autoimmunity was positive for high-title antinuclear and anti-mitochondrial antibodies, while antineutrophil cytoplasmic antibodies were negative. High-dose intravenous steroid treatment was started leading to clinical improvement and normalization of hypereosinophilia. A diagnosis of EGPA was made and a treatment with cyclophosphamide was started. The second case relates to a 59-year-old woman presented with acute onset of blurred vision with moderate hypereosinophilia (1280 eosinophils/mm3) at blood examinations. At neurological examination bilateral visual loss associated with mild left-sided ataxia were seen. Brain-MRI showed bilateral multiple subcortical subacute ischemic lesions located in watershed regions throughout cerebral and cerebellar hemispheres prevalent in posterior regions. High-dose intravenous steroid treatment led to clinical improvement and normalization of hypereosinophilia. An extensive diagnostic work-up was performed, revealing the presence of high levels of serum CA125 symptomatic of an 6-cm right ovarian mass treated by laparoscopic surgery. Discussion: A watershed infarcts distribution affecting the border cerebral and cerebellar zone areas is a quite rare presentation among unselected stroke patients, classically found almost entirely only in hemodynamic strokes. However, if associated with hypereosinophilia an extensive diagnostic work-up should be done with the aim to exclude the presence of secondary causes of hypereosinophilia or a HESs-spectrum disorder. The

pathophysiologic mechanism that underlying watershed infarcts in hypereosinophilia may be partly related to perfusion disturbance due to high eosinophil count that can deteriorate brain microcirculation particularly in watershed regions.

PARKINSON'S DISEASE AND AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATED TO A LRRK2 MUTATION: A CASE REPORT

Background: Mutations in leucine-rich repeat kinase 2 (LRRK2) are typically associated with Parkinson's disease (PD). The LRRK2 locus is a pleomorphic risk locus which contains several variations that can be associated both with disease and genetic risk factors. LRRK2 is a neuronal protein widely expressed in most brain regions and mutations in this gene are associated with significant neuronal loss. Even if the mechanisms by which mutations can be linked to neurodegeneration are not fully defined, several hypotheses have been proposed, such as changes in autophagy, alteration in mitochondria and in protein synthesis. Material: A 74 years old man presented with a one-year history of left rest tremor and slowness in his arm (left > right). He had a history of colon cancer, in negative follow-up. His family history for PD was positive, with his mother and one maternal uncle affected. Neurological examination disclosed mild rest tremor, bradykinesia and rigidity in his left limbs. DaTSCAN showed bilateral dopaminergic deficit (right > left), confirming the clinical hypothesis of PD. He started a drug therapy with L-Dopa, with benefit. Few months after diagnosis, he developed progressive upper cingulate hypotrophy and weakness, bilaterally, with diffuse fasciculations. EMG exam showed marked degeneration of lower motor neurons, as described in Motor Neuron Diseases (MND). The disease progression was rapidly progressive, with lower limbs involvement, dysarthria and dysphagia, and the diagnosis of Amyo-trophic Lateral Sclerosis was made. Result: Due to the complex phenotype, and the positive familial history for PD, the patient was screened for the main genes causing or associated with MND and PD, revealing the p.G2019S mutation in LRRK2 gene. No mutation was found in the main ALS genes (C9orf72,SOD1,TARDBP,FUS). Discussion: We identified the p.G2019S LRRK2 PD causative variant in a proband presenting PD and ALS phenotype. Another pathogenic LRRK2 substitution (p.Y1699C) was originally identified in a large German-Canadian kindred where affected family members presented with a parkinsonian syndrome, dementia and motor neuron degeneration. However, in a larger study, ALS patients were screened for seven known LRRK2 pathogenic substitutions, but no mutations were observed. Although we cannot exclude that the two phenotypes are due to different causes and their concomitance is due to a coincidence, on the other hand this report suggests that mutations in LRRK2 may have a role in the neurodegenerative process leading to

ALS and extended neurodegenerative gene panel may be considered for genetic screening in patients with ALS and extrapyramidal signs.

TRANSIENT SYMPTOMS OTHER THAN TRANSIENT ISCHEMIC ATTACK (TIA): RESULTS FROM A PROSPECTIVE POPULATION-BASED REGISTRY

Background and Purpose. We investigated differences in baseline characteristics and prognosis of patients with transient ischemic attack (TIA) and with transient symptoms other than TIA.

Methods. We included in our prospective population-based registry all consecutive patients with established TIA and patients who were reassessed as transient symptoms other than TIA in the district of L'Aquila, from multiple overlapping sources, from 2011 to 2013. We ascertained differences in baseline characteristics, vascular risk factors, and 5-year prognosis. Recorded outcome events were TIA recurrence, stroke, myocardial infarction, and death from all causes. Results. The most frequent reassessed diagnoses in 725 patients with transient symptoms other than TIA were epilepsy (17%), syncope and collapse (16%), acute confusional state (15%), dizziness and giddiness (8%), and other diagnoses (44.1%), including transient alteration of awareness (4.6%), transient global amnesia (3.6%), malaise and fatigue (3.2%), hypotension (2.8%), isolated dysarthria (1.8%), and migraine (1.1%). In patients with transient symptoms other than TIA, mean age in men and in women ($p=0.001$ for both) and the proportion of patients aged >80 years were higher than in TIA patients (53.8% versus 40.5%, $p<0.0001$), while the proportion of women was similar in the two groups (57.0% versus 50.6%, $p=0.059$). In TIA patients we more frequently found hypercholesterolemia ($p<0.0001$), coronary heart disease ($p=0.006$), cigarette smoking ($p<0.0001$), and alcohol consumption ($p=0.009$). Median ABCD2 score was higher among TIA patients than in patients with transient symptoms other than TIA (5, interquartile range 4-6 vs 3, interquartile range 2-5; $p<0.0001$). At 5 years, in patients with transient symptoms other than TIA, there were 65 outcome events (9.0%), including 17 TIA (2.3%), 7 strokes (1.0%), 15 acute myocardial infarctions (2.1%), and 26 (3.6%) deaths from all causes. Conversely, in TIA patients, there were 77 outcome events (24.4%), including 14 TIA recurrences (4.4%), 28 strokes (8.9%), 12 acute myocardial infarctions (3.8%), and 23 (7.3%) deaths from all causes. No patient was lost to follow-up. At the Kaplan-Meier analysis, the 5-year cumulative probability of survival for patients with transient symptoms other than TIA was lower than that ascertained for patients with TIA (log-rank $p=0.02$). Conclusions. Our study strongly supports the need to distinguish TIA patients from patients with transient symptoms other than TIA as these two populations, despite apparent similarities, have different

baseline characteristics, different severity of symptoms at the time of clinical evaluation, and different long-term prognosis, which require a personalized diagnostic and therapeutic approach.

CHALLENGES IN THE DIAGNOSIS OF STIFF-PERSON SYNDROME CLINICAL SPECTRUM

Background and Objective: Stiff person syndrome (SPS) is a rare neuromuscular disorder featured by rigidity and muscular spasms, without any other associated sign. Stiff Limb Syndrome (SLS) is a focal variant of SPS affecting a specific body area (e.g. the leg). We aimed at analysing pitfalls of diagnosing SPS spectrum disorders through the retrospective analysis of two cases of SLS and a review of the current literature. Case series presentation: At diagnosis, both women were aged 65 and had a 4-year history of undiagnosed asymmetric progressive (distal-to-prossimal) leg rigidity and anxiety. At symptom onset, both patients underwent unremarkable brain and spine magnetic resonance imaging and electroneuromyography. Patient-1 has been misdiagnosed for years as psychogenic dystonia and then Parkinsonism. Patient-2 underwent surgery because was misdiagnosed as a musculoskeletal deformity and was labelled as psychogenic due to the presence of unsteadiness responsive to alprazolam. Both received unsuccessful DAT SCAN and a trial with Levodopa. Both had hypothyroidism. Patient-1 developed diabetes. Both referred spreading of symptoms to the other leg and reported the bizarre necessity to be touched or just slightly supported to walk in open spaces. Further focused electromyography revealed continuous firing of motor unit potentials at rest in agonist and antagonist leg muscles. All together fostered the clinical suspect of SPS spectrum disorder. Moreover, the presence of anti-GAD antibodies supported the diagnosis in both subjects. Paraneoplastic syndrome was ruled out. Patients improved with steroids and plasmapheresis. Both received botulinum toxin injections with clinical improvement. Discussion: SPS and its variant are rare disorders with a well-known diagnostic delay due to their clinical heterogeneity. Both our patients received correct diagnosis and treatment after 4 to 5 years since symptoms onset and several juvantibus treatments. Phenotypic variability and the superimposed psychiatric disorder (pseudo-agoraphobia) were the main points that challenged the diagnosis. Attention should be raised to such conditions. Although it is estimated as 1-2/1.000.000, the real prevalence of the disorder is not known. A biomarker is lacking (e.g. anti-GAD antibodies specificity for SPS is 60-80% and even lower for SLS, their significance in prognosis is uncertain) and a real cure is still missing.

PERSONALIZED MANAGING OF SAFETY ISSUES IN MULTIPLE SCLEROSIS DURING ALEMTUZUMAB-TREATMENT: A CASE REPORT

Background: Alemtuzumab (ALEM) is a humanized monoclonal antibody approved for treating relapsing-remitting multiple sclerosis (RR-MS). It is direct against CD52 to deplete circulating T and B lymphocytes, inducing a cell repopulation with an increase in regulatory and memory T cells. This allows an effective reduction of disease activity, but it may lead to an increased risk of infections. Therefore, an effective screening program against latent pathogens at risk of reactivation before and during the administration of ALEM is essential, just like a multidisciplinary approach to MS patient candidates for immunosuppressive therapy. Herby we present a RR-MS ALEM-treated-patient, although he resulted positive to Quantiferon test. Clinical case: In July 2009 a 15-yearâ€“old patient was diagnosed with RR-MS, fulfilling the 2005 Mc Donald criteria. He began subcutaneous therapy with interferon beta-1a, he had to stop two years later because of clinical and Magnetic Resonance Imaging (MRI) disease activity. So he switched to Natalizumab with EDSS improvement and MRI stability. In March 2018 he presented high-titre positivity to JCV Stratify Test and the switch to ALEM was planned. Performing the pre-ALEM-treatment screening exams, Quantiferon Test resulted positive at 1.67 IU/ml (normal value: 0.35 IU/ml). Infectious disease specialist (IDS) was consulted and, according to the International Guidelines for Treatment and Prevention of Tuberculosis (IGTPT), he prescribed Rifampicin 600 mg/day for 4 months. However, after one month, Rifampicin was discontinued due to an increase in transaminases (AST: 68U/I and ALT: 110U/I) and gamma-glutamyl transferase (121U/I). IDS replaced Rifampicin with Isoniazid 300 mg/day for 9 months, associated with Silymarin and vitamin B complex. After an Isoniazid-treatment of two months, the patient presented a normal hepatic function. Finally, in September 2018 he received the first cycle of ALEM without complications, continuing Isoniazid until the end of the expected 9 months. Discussion and Conclusions: our patient, during pre-ALEM treatment tests, resulted positive for latent tuberculosis, although he did not come from an endemic area and he did not report any risk factors for exposure to Mycobacterium tuberculosis, demonstrating the importance of a careful pre-treatment screening program. In order to make a balance between the best therapeutic choice for the patient and his risk profile, IDS was consulted and, in accordance to IGTPT, he set the specific therapy, changed because of the patient-specific condition. This is an example how just a multidisciplinary approach makes it possible to manage comorbidities and to ensure a personalized therapy to the single patient.

QUANTITATIVE MULTIDIMENSIONAL MOVEMENT ANALYSIS OF LEVODOPA-RESPONSIVE HEMIPARKINSONISM/HEMIDYSTONIA DUE TO MIDBRAIN STROKE

Objective: to describe the effects of a single dose of levodopa on parkinsonian and dystonic features in a patient with midbrain stroke. Materials: we report a 50-year-old male patient who developed clumsiness, rigidity, bradykinesia, hypokinesia, abnormal posturing and action tremor in the left upper limb approximately 5 months after an ischemic stroke located in the midbrain. Brain magnetic resonance images showed a lesion located in the right dorsal midbrain. SPECT DaTSCAN demonstrated a complete loss of dopaminergic terminals on the right striatum and a fully preserved left striatum. Patient's symptoms gradually improved with levodopa administration. Few months later the patient developed fluctuations with end-of-dose hemiparkinsonism/hemidystonia mainly in the left upper limbs along with disabling dystonic tremor. Dopamine agonist and COMT inhibitor were added and levodopa was incremented gradually to 1800 mg seven times daily with dramatic improvement of the end-of-dose dystonic and parkinsonian features, including tremor. Methods: we used clinical scales (Fahn-Marsden Scale, MDS - UPDRS III), and instrumented movement analysis with optoelectronic system (SMART, BTS) to record simultaneously videos, superficial EMG signals in couples of antagonists muscles in the upper limb and total body kinematic data. The variations of clinical features of parkinsonism, dystonia and tremor were assessed every 30 min to better define the levodopa-responsive pattern. The patient received a suprathreshold challenge dose of his usual morning dose 12-h after levodopa washout. Results: left hemidystonic features and upper limb rigidity appeared during the off state, respectively before and 200 min after the levodopa intake. Tremor exhibited a diphasic pattern mainly 45 min and 150 min after the levodopa intake and totally disappeared between 50 and 150 minutes. Discussion: levodopa therapy produced a dramatic improvement of parkinsonian and dystonic features. Interestingly, the patient exhibited a diphasic pattern of an unusual combination of rest, postural and kinetic tremor of the left upper limb. Conclusions: lesions to dopaminergic neurons in the substantia nigra, perirubral and retrorubral areas may cause hemiparkinsonism and hemidystonia that respond to levodopa treatment. Although is a rare complication of midbrain stroke, it is important to recognise as it may be potentially treatable.

A CHALLENGING CASE OF STATUS EPILEPTICUS

Objective: we report the case of a man who developed status epilepticus (SE) with a challenging differential diagnosis due to the coexistence of different MRI abnormalities. Case report: a 77 year-old man was admitted to the Emergency Department of the University hospital of Padova after two generalized tonic-clonic

seizures with left-side head deviation followed by a comatose state. He suffered of arterial hypertension and hypercholesterolemia. Slight memory deficits were also reported in the last years. Brain CT and angio-CT of intracranial vessel scans ruled out signs of acute stroke and occlusions of the main arterial vessels. No clinical or laboratory evidence of infectious disease or metabolic impairment was found. On second day, after withdrawal of sedation, he presented mental and motor slowness, disorientation, left side visuo-spatial neglect and allochiria. EEG showed continuous epileptic discharges arising from the right hemispheric cortex (mainly temporo-parietal regions) suggesting the diagnosis of partial status epilepticus. Anti-epileptic treatment with Lacosamide was started with a favorable evolution. Analysis of CSF was normal. A cerebral MRI diffusion-weighted imaging (DWI) disclosed an increased signal intensity involving the right temporo-parietal cortex, the ipsilateral thalamus and contralateral cerebellar cortex without contrast enhancement. Hyperintensity was also visible on FLAIR sequences in these corresponding regions, notably involving both cortical and subcortical areas in the temporo-parietal region. SWI sequences revealed microbleeds in fronto- temporal-parietal regions bilaterally, with right predominance, especially around the temporo-parietal damaged area as well as in basal ganglia and external capsule. There were no signs of cortical superficial siderosis. A follow-up MRI scan at one month showed almost complete resolution of DWI lesions and dramatic improvement in previously affected areas on the T2-weighted and FLAIR sequences associated with moderate brain-volume loss. Discussion and conclusions: Type of cortico-subcortical parieto-temporal MRI lesions suggested the differential diagnosis between inflammatory amyloid angiopathy and damage due to status epilepticus; while the presence of multiple microbleeds, both in lobar and subcortical regions, was suggestive of both amyloid angiopathy and hypertensive angiopathy. Cerebellar hyperintense abnormalities were interpreted as part of diaschisis phenomenon. Disappearance of DWI brain lesion in a one month-time supported the hypothesis of peri-ictal MRI signal abnormalities induced by SE, possibly due to sporadic amyloid angiopathy [1,2,3].

MS and CADASIL or “inflammatory CADASIL?”

Background: CADASIL is an autosomal dominant vasculopathy that includes subcortical infarcts and leukoencephalopathy linked to mutations in the gene Notch 3. On the other hand, Multiple Sclerosis (MS) is a chronic inflammatory disease of the Central Nervous System. CADASIL presenting together with MS is exceedingly rare and their coexistence complicates both diagnosis and therapy. Clinical case: The case presented is that of a 59 year-old woman who had been diagnosed with Multiple Sclerosis in 2003. Her first symptom had been a strong headache for which she had been hospitalised. A brain MRI was performed with evidence of non-enhancing

inflammatory white matter lesions and the lumbar puncture showed a positivity of oligoclonal bands. In 2004, an MRI showed several new paratrigonal lesions. Apart from the onset of Restless Legs Syndrome, during the following years the patient was clinically stable, up until 2009, when she presented with bilateral leg hyposthenia for which she underwent high dose steroid treatment. Control brain and spinal MRI were stable. In 2010, she began therapy with Glatiramer Acetate with no further clinical or neuro-radiological relapses. In July 2018, when she was first seen at our Ambulatory, her sister had recently been diagnosed with CADASIL. A brain MRI was proposed which showed several bilateral alterations of the supratentorial white matter bilaterally with involvement of the external capsule. Based on the MRI features and the family history, she underwent genetic testing of Notch 3 gene which resulted positive for CADASIL. Neuropsychological tests showed an initial decline in short-term verbal memory and verbal fluency. A lumbar puncture was repeated which confirmed the presence of Tipe 2 oligoclonal bands in the spinal fluid. Discussion: Few cases of CADASIL associated with MS have been described. Some authors have hypothesised that the positivity of oligoclonal bands, the presence of characteristic inflammatory lesions and the stability of some CADASIL patients with immunomodulatory treatments may be due to an inflammatory-like presentation of CADASIL, rather than to the coexistence of the disease with MS. This inflammatory-like presentation of CADASIL could benefit from the therapies used in MS, therefore diagnosis is important in order for patients to be treated. Both inflammatory CADASIL and MS associated with CADASIL should be further studied and characterised, in order to aid clinicians in diagnosis.

RECURRENT EMBOLIC STROKES OF UNDETERMINED SOURCE DUE TO TROUSSEAU'S SYNDROME

Objective: embolic strokes of undetermined source (ESUS) are a recently re-defined entity. Rarely ESUS can be triggered by occult cancer hypercoagulability (Trousseau’s syndrome). We aimed to describe the clinical presentation and diagnostic workup in a case of recurrent ESUS leading to the diagnosis of an occult epithelial ovarian cancer. Materials: clinical and instrumental data from a 54 years old woman presenting to our stroke unit with history of recurrent minor strokes in different cerebral artery territories were reviewed. Methods: our patient underwent an extensive diagnostic workup including neck vessels doppler sonography, transthoracic and transesophageal echocardiography, transcranial doppler with saline contrast to detect patent foramen ovale, Holter-electrocardiography, and intracranial MR angiography. Serology for vasculitis, thrombophilia, and infectious disorders was performed as well. Results: brain MRI confirmed multiple, bilateral recent ischemic areas in several brain artery territories. Major-risk cardioembolic sources,

proximal occlusive atherosclerosis, and lacunar strokes due to cerebral small artery disease were ruled out. All of the exams mentioned in methods were normal, except for elevated D-Dimer levels (>6000 microg/L). Ultrasonography of the lower extremity veins ruled out deep venous thrombosis. CT scan of the abdomen was therefore performed, demonstrating bilateral ovarian neoformations. CA125 was remarkably high (>24000 U/mL). The patient was promptly addressed to gynecologic surgery, and histologic diagnosis of malignant bilateral epithelial ovarian cancer was made. Chemotherapy and prophylaxis with aspirin showed good outcome and no further embolic event was recorded at 6 months follow-up.
Discussion: Trousseau's syndrome is a well-known cause of hypercoagulability, and can be an uncommon cause of ESUS.
Conclusions: in young women with ESUS and remarkably high D-Dimer levels, occult gynecologic malignancy should be taken into account as a possible underlying etiology. Furthermore, tumor resection seems to be beneficial in preventing further emboli formation.

HOMOZYGOUS TWIN WITH DEGENERATIVE GERSTMANN SYNDROME AS PRESENTATION OF EARLY ONSET ALZHEIMER DISEASE

Introduction: More than 90% of Alzheimer's disease (AD) cases are considered sporadic and begin in patient over 70 years old. It is also well known that prevalence of AD increases with age; early onset are more common in non sporadic cases. Few genes are related to AD, and in these cases early onset is present. Materials and Methods: A woman born in 1956, 13 years of education, working as secretary, single, no offspring, without family history suggestive for cognitive deterioration (his father, with schizo affective disorders and alcohol abuse, died older that 75 y.o. with cognitive deterioration; 4 healthy siblings -one her homozygous twin), in 2017 began to develop common object anomias, verbal latency, agraphia (letter omission) and difficulties in planning (how to read a clock, how to use a roundabout driving a car, how to operate a household appliance), with no memory complain. In October 2017 brain MRI showed cortical atrophy more prominent in left fronto temporal lobes, at neuropsychological testing spared verbal memory, deficit in in attentional and semantic fluency tasks. In October 2018 she was admitted to neurological ward: neurological examination was normal except for reduced verbal fluency. In EEG we detect bilateral FIRDA. Brain MRI was unchanged to the previous one. 18FDGPET confirmed hypometabolism in temporal parietal and occipital left lobes. At AAT mild writing deficit (orthographic errors on dictation), mild deficit at token test (due to interferences); spontaneous speech presents anomias and semantic paraphasias, error in verbal

pianification. Light repetition, denomination and comprehension deficit. At neuropsychological general testing deficit in number processing, number transcoding, deficit in visual discrimination (Street's Completion test and PGT). Digital agnosia, left/right disorientation: the cognitive pattern was suggestive for Gerstmann syndrome. Cerebro spinal fluid (CSF) examination demonstrate low Abeta42 protein (434 pg/ml, normal range >650), relative high P-tau protein (64 pg/ml, normal range <61) and high total tau protein (510 pg/mL, normal range <400 for patient 51-70 y.o.) Discussion: this particular patient encompass more than one peculiarity: onset without memory deficit, normal cognitive homozygous sister, young onset. The CSF pattern is suggestive for AD pathology. Conclusions: although more recent biochemical and instrumental tools add more power to diagnostic accuracy, a correct and exhaustive neuropsychological history recollection and neurological examination still build the diagnostic suspect and should drive the neuropsychological testing.

ATROPHIC TONGUE DUE TO ORAL CANCER: CLINICAL MIMICKER OF ALS

Background and aims Amyotrophic lateral sclerosis (ALS) is a motor neuron disease (MND) causing progressive degeneration of the upper and lower motor neurons in the brain and spinal cord. About one third of patients have bulbar onset. An hypo/atrophic tongue with fasciculation is considered highly specific in bulbar-onset ALS. Other rare causes of tongue atrophy are poliomyelitis in endemic areas, syringobulbia, and the lesions of the clivus, within the neck or tongue cancer. Tongue cancer is a type of oral cancer, that usually develops in the squamous cells of the tongue. Symptoms of oral cancer can include dysarthria, dysphonia, dysphagia, tongue atrophy with or without fasciculations. Material and methods, results. We present a case of a 60-year-old woman who was admitted to our Tertiary ALS Center with progressive dysarthria, dysphagia, tongue deviation to the left side with mild tongue emi-atrophy and fasciculations for four months. Deep tendon reflexes were diffusely brisk with pathological spread. A right plantar response in extension was present. Limb and neck tone and muscle strength were normal. Neither atrophy nor fasciculations were observed in the limbs. Assuming a MND with bulbar onset, the patient underwent several exams to exclude secondary form of ALS: tumor markers were negative. HIV, Borrelia burgdorferi, Rickettsia spp, HSV 1&2, CMV, Toxoplasma gondii serology were negative. Electromyography demonstrated neuropathic changes with signs of reinnervation in cervical (C5-C6-C7) and lombo-sacral segments; no signs of active denervation were found. Brain and spinal cord MRI were unremarkable. Videofluorography revealed significant slowed pharyngeal transit, lingual tonsil asymmetry and left hypoglossal nerve palsy. A total body CT scan demonstrated a growing tumor involving the base of the tongue and the

oropharynx. A tongue biopsy revealed a squamous cell carcinoma HPV positive. The tumour was inoperable and the patient underwent cycles of radio- and chemotherapy. We follow the patient for 5 months after therapy onset, with mild reduction of deep tendon reflexes. Discussion and conclusions. Only two cases of patients affected of a carcinoma tongue who were initially diagnosed as bulbar-onset ALS are described in literature. In these, patients presented signs and symptoms of bulbar palsy, such as dysarthria, dysphagia and hypoglossal palsy, however without atrophy or fasciculation of the tongue. Considering other causes of motor neurons involvement in a patient with signs and symptoms of ALS is reasonable because it could allow an early diagnosis of cancer. Treating the underlying tumor may improve also the neurologic features.

ISOLATED CORTICAL VEIN THROMBOSIS, WITH THE CORD SIGN, ASSOCIATED WITH EPSTEIN BARR VIRUS INFECTION

INTRODUCTION Isolated cortical vein thrombosis (ICoVT), without sinus involvement, is a rare and challenging condition. In our case it was associated with Epstein Barr Virus infection. CASE REPORT A 24-year-old female, on oral contraceptives (OC) for acne, was admitted to our Neurology Department for fever, headache and two focal seizures, with transient left arm weakness. Noncontrast CT revealed a frontal low attenuated lesion with hyperdensity of the superficial cortical veins. MRI showed a right frontal venous infarct with thrombosis of adiacent cortical veins. EEG showed right frontal epileptiform abnormalities. A hypercoagulability workup showed heterozygous MTHFR A1298C gene mutation, with normal homocysteine; two weeks after admission a positivization of anti-cardiolipin and lupus like anticoagulant was observed. Because of sore throat and lymphocytosis, laboratory investigation were performed and were consistent with acute EBV infection. A therapy with low-molecular-weight heparin (bridged with warfarin) and levetiracetam was started. OC were stopped. Neurologic examination was normal on discharge. DISCUSSION Our patient's ICoVT seems attributable to OC use, but the concomitant infectious mononucleosis raises a possible etiological and pathogenic role of EBV infection. To our knowledge there are only two other case reports of EBV causing cerebral venous thrombosis and none of EBV-associated ICoVT. Viral infections are associated with coagulation disorders and can affect primary hemostasis, coagulation, and fibrinolysis. The mechanisms by which EBV infection might promote thrombosis are not fully understood. Possible mechanisms include EBV-induced oxidative endothelial cell injury. Furthermore herpes viruses are known to convert vascular endothelial cells from an anticoagulant to a procoagulant phenotype and can facilitate factor Xa generation from the inactive precursor factor X. Another mechanism could be EBV-induced transient elevation of anti-

phospholipid antibodies. In our patient anti-cardiolipin antibodies were negative on admission and positive two weeks later. Whether these antibodies contribute to thrombotic events during infection remains controversial (1). The heterozygous MTHFR A1298C mutation might have been an additional procoagulant risk factor. ICoVT is difficult to diagnose, because cortical veins are extremely variable in number and location, and only the occlusion of the largest veins is detectable on MR Venogram. Noncontrast CT showed the rarely reported cord sign, which should be considered for early and accurate diagnosis of ICoVT. A magnetic susceptibility effect (MSE) on T2*-weighted gradient-echo imaging at the site of ICoVT was shown. MSE of hemoglobin products within the thrombus is of high diagnostic value, compared with the other signal intensity changes detected on standard MR imaging.

POSTPARTUM POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME

Objective: To describe clinical, neurophysiological and neuroimaging features of a postpartum posterior reversible encephalopathy syndrome (PRES). Material: A 43-year-old woman primigravida was admitted to Hospital at the 35/4-weeks of gestational age. Mild hypertension (140/90 mmHg) was detected in a single occasion but the values measured during the following hours were within normal range. She delivered without complications the day after (day 1). The patient was discharged on day 3. Since the patient came back home, she noticed peripheral edema in her lower legs. After few days, she developed persistent headache. On day-12, the patient woke up feeling confuse with visual difficulties and suddenly she developed generalized tonic-clonic seizure. The patient was carried to the Emergency room (ER). Methods: On ER admission, the patient lamented confusion and headache showing also mild hypertension (160/90 mmhg), that was treated with 0,6 milligrams of oral nitrogliceryn. MRI scan detected multiple foci of T2/FLAIR hyperintensity with increased diffusivity in cortex and subcortical white matter mainly involving temporo-parieto-occipital regions with further foci also in frontal lobes. After gadolinium injection, cortical lesions showed a patchy contrast enhancement. Electroencephalogram showed mild generalized background slowing without epileptic activity. Clinical and MRI findings were suggestive for PRES due to postpartum eclampsia. MgSO4 was administered, with a loading dose of 5g in 20 minutes, followed by a maintenance dose (i.v. 1 g per hour) for 48-hours. For hypertension we prescribed nifedipine at the dose of 20 milligrams every 8 hours. Finally, headache was treated with 30 milligrams of ketorolac injected endovenously. Results: We transferred the patient to the Neurology Unit where she remained for 1 week. The patient did not show further disturbances during the

hospitalization. The day of discharge, the patient repeated an electroencephalogram showing an amelioration of general background activity and a brain MRI detecting a reduction of cortico-subcortical lesions without gadolinium enhancement. The follow-up brain MRI performed 1 month after discharge showed the complete resolution of brain picture. Discussion. In our patient headache and seizure in the postpartum period were highly suggestive for eclampsia. Central nervous system might be involved in eclampsia such as in our patient who developed a PRES. Clinical and MRI findings led us to correctly diagnose and treat this syndrome with a full recovery. Conclusions. Our report emphasizes the need for early diagnosis and prompt treatment to avoid any short and long-term neurological sequelae including death in a reversible condition like PRES.

UNUSUAL PRESENTATION OF ANTI-NMDAR AUTOIMMUNE ENCEPHALITIS RESEMBLING A CENTRAL PONTINE MYELINOLYSIS

Anti-N-methyl D-aspartate receptor (NMDAr) encephalitis is the most common autoimmune encephalitis (AE) and it's caused by antibodies binding to extracellular epitopes of cell-surface-proteins causing neuronal dysfunction. Up to 58% of affected women have an ovarian teratoma. Patients typically present with seizures, insomnia, focal neurological deficits, behavioural changes and psychiatric symptoms. MRI can show in 30-40% of cases cortical thickening and increased T2/FLAIR-signal-intensity in both temporal lobes, hippocampus, insula and basal ganglia, often related to seizures. A 50-year-old woman was admitted to general hospital because of severe headache, nausea, mild fever; two days later, dysarthria, right hemiparesis first and then left hemiparesis also occurred. At neurological admission, 10 days after onset, the patient showed spastic anarthria, severe dysphagia, no motility of the tongue, pseudobulbar affect, partial superior and complete inferior bilateral facial palsy, spastic-plegia of upper limbs, severe paresis of lower limbs, Hoffman sign, brisk reflexes, clonus and Babinski signs. Consciousness and cognitive functions were spared. Brain MRI showed bilateral signal alterations in the pons with restricted diffusion and sparing of a thin median septum. Electrolytes, liver, pancreatic and renal function, copper, diabetes, toxicology screen, vitamins, serology for infections and total-body CT and FDG-PET were normal. Anti-NMDAr antibodies resulted positive in serum and negative in CSF. Oligoclonal bands were found in CSF and blood (mirror-pattern). Diagnosis of AE was supposed and metilprednisolone 1000 mg/day for-8-days together with intravenous immunoglobulins (2gr/Kg in 5-days) were administered. Partial improvement was observed few days later. Prednisone 50mg/day was started. Two months later the patient was able to walk for few meters without assistance and prednisone was tapered to 25mg/day. After six-months, only mild and non-disabling

spasticity and mild dysarthria left. No tumor was found and the patient is still in follow-up. To the very best of our knowledge, this is the first described anti-NMDAr AE with an exclusive and severe involvement of the pons. Challenging differential diagnosis with central pontine myelinolysis (CPM) was solved through accurate MRI analysis and exclusion of any causing factors (notably sodium values were normal at first admission and during hospitalization). Prompt and good response to immunomodulating therapy supported the diagnosis of immune-mediated disorder. Autoimmune encephalitis with anti-NMDAr antibodies is more-and-more diagnosed and atypical presentations have also to be known by clinicians. The current case could suggest the research of anti-NMDAr antibodies in suspected and untreatable CPM or other sub-acute brainstem affections, notably when known underlying causes are lacking.

PARADOXICAL REACTIVATION WITH FINGOLIMOD THERAPY IN PEDIATRIC ONSET MULTIPLE SCLEROSIS

Background: Immunomodulating drugs are widely used in Multiple Sclerosis (MS). Fingolimod is an oral immunomodulatory agent recently approved for the paediatric MS population too. It acts on the sphingosine-1-phosphate receptor causing selective retention of lymphocyte subsets in lymph nodes, thereby reducing autoaggressive lymphocyte infiltration into the central nervous system. An increasing number of reports (2,3,4) showed that Fingolimod might induce clinical and radiological relapse from 10 days to 5 months after the first administration (5), but the underlying mechanism is unknown. Some authors speculated that fingolimod may act as an inhibitor for regulatory T cells (2), while an increase in blood and intrathecal concentration of effector T cells CD8+ during reactivations has been demonstrated in other reports (3,4). Two forms of exacerbation were described: the multiple scattered type and the space-occupying tumefactive lesions (6). We hereby describe the clinical course of two patients with paediatric onset multiple sclerosis with both the two forms of exacerbation during treatment with fingolimod. Case series: In the first case, a 19-year-old woman was diagnosed with relapsing remitting MS (RRMS) when she was 11, and initiated treatment with interferon (IFN) Î²-1a. She was then switched to fingolimod for persisting disease activity. At that time, her brain Magnetic Resonance (MR) showed several periventricular lesions and two brainstem lesions. Five months later, she developed lower limbs weakness and dizziness. The MR scan showed multiple new gadolinium-enhancing (Gd+) lesions in the brain and two new lesions in the spinal cord. She was treated with plasma exchange for five days, with complete recovery. Based on the diagnosis of paradoxical exacerbation of MS due to Fingolimod, she was shifted to intravenous cyclophosphamide. After six months, she is clinically stable. In the second case, a 20 years-old woman was

diagnosed with RRMS at the age of 15. After unsuccessful treatment with IFN Î²-1a, she was switched to Fingolimod. Three months later, a brain MR follow-up scan disclosed several large tumefactive T2 lesions in periventricular white matter, juxtacortical white matter, and brainstem, all Gd+. Because of exacerbated disease activity, fingolimod was discontinued, and she was shifted to Natalizumab. Six months later, no new relapses had occurred, and the MR scan was stable. Conclusion: Albeit rare, the risk of paradoxical disease exacerbations should be taken into account when starting fingolimod, even in the paediatric onset multiple sclerosis patients. Unfortunately, up to now, no predictive features have been identified. New clinical studies are needed to detect biomarkers for paradoxical exacerbation under fingolimod therapy.

A CASE OF INTERNAL CAROTID ARTERY WEB IN YOUNG MAN WITH ISCHEMIC STROKE TREATED WITH ENDOVASCULAR STENTING

Background and Aims: Carotid Web (CW) is a rare cause of Ischemic Stroke (IS) in young people. It is a nonatherosclerotic alteration of internal carotid artery (ICA), identified radiographically as a shelf-like intraluminal filling defect on its posterolateral wall. It is also considered as â€œatypical focal carotid bulb fibromuscular dysplasia (FMD). CW etiology is unknown and there are no clear management strategies. We report a case of a young man with left CW and IS on ipsilateral Middle Cerebral Artery (MCA) territory. Case Description: A 49-years-old man was admitted to the Emergency Department 45 minutes after the sudden onset of right hemiparesis and aphasia (NIHSS 9). He had no previous pathology and did not use medical treatment. Contrast-enhanced Computed Tomography (CT) showed left temporo-parietal hypoperfusion and an occlusion of the M1 segment of the left MCA. According to the International Guidelines, we started intravenous thrombolysis (IV) 90 minutes after symptoms onset, followed by successful catheter-based cerebral thrombectomy 20 minutes later (Thrombolysis In Cerebral Infarction (TICI) score 2b). We observed immediate improvement of the neurological status (NIHSS=4). Cerebral Angiography showed a shelf-like intraluminal filling defect along the posterior wall of left proximal ICA with classical stasis of intravenous contrast distal to the CW. We performed endovascular stenting of CW 5 days later, followed by dual antiplatelet therapy. Workup for hypercoagulability and vasculitis was normal. Transthoracic Echocardiogram was normal. Transcranial Doppler Ultrasound with saline bubble test did not show evidence of shunt. Renal Doppler Ultrasound was negative. Day-2 Magnetic Resonance Imaging (MRI) showed small left parietal ischemic lesion. The patient was discharged on Day 7 after stroke onset (NIHSS=0). No new or recurrent events occurred during 3-month follow-up (NIHSS=0 and mRS=0). Discussion: CW has been accepted as a cause of 9.4-37%

of cryptogenic strokes and management strategies should be better defined. Literature data support the choice of Carotid Endarterectomy or Endovascular Stenting to prevent recurrence of stroke in CW patients, even if no randomized data are still available. It is still unknown if CW is a congenital feature or if it develops later in life. Conclusions: Further studies are needed to investigate the underlying mechanisms of CW formation and stroke in CW patients, possibly secondary to blood stasis along web surface, resulting in thrombus formation and embolism. Moreover a better definition of the optimal treatment strategies is required.

ADVANCED BRAIN MRI HELP DIAGNOSIS AND GIVE INSIGHT INTO THE PATHOPHYSIOLOGY OF NEURODEGENERATION IN MELAS SYNDROME

INTRODUCTION: MELAS (mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes) syndrome is a rare genetic multi-organ disorder with broad manifestations commonly associated with mutations in the MT-TL1 gene. Diagnostic imaging of MELAS syndrome may be challenging because of the absence of established MRI criteria. The pathogenesis of brain manifestation in MELAS is not yet fully understood and the proposed mechanism includes both neuronal mitochondrial dysfunction and nitric oxide (NO) deficiency. L-arginine, a NO-precursor, is reduced in patients and its administration is proposed to decrease the frequency and severity of stroke-like episodes. MATERIALS AND METHODS: Twenty-three patients with molecular diagnosis of MELAS (age: 42.2Â±12.1 years, 13M) and matched healthy controls (HC) were enrolled. The MR protocol (1.5T) included single voxel 1H-MRS (PRESS, TR/TE=4000/35 ms) in regions without signal abnormalities, namely the medial parieto-occipital gray matter (POGM, 18 ml), parieto-occipital white matter (POWM, 8ml), cerebellar hemisphere (6 ml), and a volumetric T1-w images (1mm3). NAA content relative to Cr was evaluated with LCModel 6.3 and a receiver operator characteristic (ROC) curve

was configured to calculate the diagnostic accuracy. Serum concentrations of lactate and arginine were evaluated in patients, and correlated with MR data. Statistical significance was set to $p<0.05$ (corrected for multiple comparison). Voxel-based morphometry (VBM) analyses were performed on T1-w images (excluding patients with stroke-like lesions) using SPM 12.0 and SUIT (Spatially Unbiased Infratentorial Toolbox). RESULTS: Six patients presented multiple stroke-like lesions. Compared to HC, MELAS patients showed lower NAA/Cr in the POGM (1.24Â±0.16 vs 1.39Â±0.11, $p=0.006$), in the POWM (1.62Â±0.23 vs 1.80Â±0.14, $p=0.007$) and in the cerebellum (0.96Â±0.15 vs 1.29Â±0.20, $p<0.001$). Lower NAA/Cr in the POGM negatively correlates with lactate acidemia ($rho=-0.682$, $p=0.021$). Cerebellar NAA/Cr reduction was the best discriminator between patients

and controls (accuracy 94%, sensitivity 83%, specificity 92%). VBM showed a widespread GM loss over the cerebral cortex ($p<0.05$), more severely ($p<0.001$) in the bilateral calcarine, insular and auditory cortices; a widespread GM loss was also found in the cerebellum. Cerebral GM loss negatively correlates with lactate acidemia (rho=-0.562, p=0.045) and positively with decreased serum L-arginine (rho=0.692, p=0.018). Also cerebellar GM loss correlates with decreased serum L-arginine (rho=0.624, p=0.04). CONCLUSIONS: Cerebellar NAA/Cr reduction detected by using 1H-MRS may be a valuable supplemental tool to help neuroradiologists in making the diagnosis of MELAS in clinical practice.

The correlation between brain GM loss, lactate acidemia and arginine levels suggests an in-vivo interplay between mitochondrial and NO pathways in the mechanism leading to neurodegeneration.

COULD ARTERIAL SPIN LABELING PERFUSION IMAGING UNCOVER THE INVISIBLE IN NMDAR ENCEPHALITIS?

Introduction N-Methyl-D-Aspartate Receptor (NMDAR) encephalitis is characterized by a high risk of missed/delayed diagnosis, more so because conventional MRI is often unremarkable. 18F-fluorodeoxyglucose (FDG) positron emission tomography (PET) demonstrated high sensitivity in the diagnosis and follow-up of this disease. Despite the brain metabolism-perfusion coupling, few reports exist on the utility of MRI perfusion techniques in NMDAR encephalitis. Case report A 16-year-old girl developed psychomotor slowing and auditory hallucinations over 3 weeks. CSF analysis disclosed lymphocytic pleocytosis, with negative infectious screening. Conventional brain MRI was unremarkable. Thus, she underwent 18F-FDG-PET revealing extensive hypometabolism in the occipital lobes and brain MRI including ASL, showing bilateral occipito-parietal hypoperfusion. A diagnosis of probable NMDAR encephalitis was made and intravenous immunoglobulins and methylprednisolone were performed, with clinical significant improvement over the next 2 weeks. CSF sample resulted positive for NMDAR antibodies. One month later, she underwent brain 18F-FDG-PET and MRI including ASL revealing an almost complete normalization of the focal hypometabolism and hypoperfusion. Discussion To our best knowledge, focal hypoperfusion at ASL, corresponding to occipito-parietal hypometabolism at 18F-FDG-PET, has never been reported. ASL reliability in the acute phase should be tested in large cohorts of patients.

KEY ROLE OF VIDEO-POLYSOMNOGRAPHY IN AN "ATYPICAL PARKINSONISM": A CASE OF ANTI-IGLON5 DISEASE

Introduction: Differential diagnosis of atypical parkinsonism can be challenging. Diagnostic approach relies on the identification of atypical findings which departs from classical phenotypic features. We report a patient presenting with MSA-like phenotype, in which an unusual disease progression and peculiar video-polysomnographic findings raised suspicion of anti-IgLON5 disease. Case presentation: A 66-years-old man referred to our clinic complaining of a 6-years-long multi-systemic and progressive disease. At the age of 60 he experienced subacute onset of fluctuating dysphonia/dysphagia along with behavioral, cognitive and sleep disturbances (insomnia, sleep apneas, excessive daytime sleepiness). Subsequently, diffuse fasciculations appeared, with spontaneous regression after two years. Since the age of 63, gait imbalance, rest and postural tremor, sialorrhea and bladder dysfunction occurred. Seronegative myasthenia and ALS-FTD were previously suspected. At the time of admission, sleep-related respiratory noise, vocalizations and limb movements were also reported. Neurologic examination showed frontal release signs, gaze evoked nystagmus, anterocollis, resting/action tremor, unsteady gait. Brain MRI, DAT-Scan, CSF biomarkers, serum antineuronal antibodies and surface neuronal antibodies (CASPR2, LGI1) were unremarkable. Video-polysomnography showed a complex sleep disorder characterized by abnormal sleep initiation with poorly structured N2 and normal N3 NREM, limb movements, vocalizations and complex behaviors during Non-REM and REM sleep, and a complex respiratory disturbance with co-occurrence of stridor, groaning and obstructive sleep apnea. HLA typing revealed HLA-DRB1*10:01 and HLA-DQB1*05:01 alleles. IgLON5 antibodies were detected in serum and CSF. The patient was treated with plasma exchange and IV immunoglobulin without clinical improvement. Discussion: Anti-IgLON5 disease is characterized by a prominent sleep disorder variously associated with bulbar dysfunction, gait instability, dementia, movement disorders and dysautonomia. Debate is open on whether it is an autoimmune process with secondary neurodegeneration or the opposite. Based on the clinical picture at the time of IgLON5 antibodies detection, four clinical profiles were previously recognized: sleep disorder, bulbar syndrome, PSP-like and cognitive impairment. Subsequently, ALS-like phenotype was also reported. Our case is peculiar as the patient presented all these phenotypes, alone or in combination during disease progression, and MSA-like phenotype at the time of diagnosis. However, the sleep disorder was present since disease onset but it was overlooked. Conclusion: Our case suggests to consider MSA-like phenotype in anti-IgLON5 disease and to investigate sleep disturbances in patients with atypical multi-systemic disease, as they could steer towards the correct diagnostic suspicion.

INTRAVENOUS THROMBOLYSIS FOR ACUTE ISCHEMIC STROKE IN A PATIENT WITH ACUTE MULTIFOCAL PLACOID PIGMENT EPITHELIOPATHY: A CASE REPORT

Background: Acute Multifocal Placoid Pigment Epitheliopathy (AMPPE) is an uncommon autoimmune chorioretinal disease characterized by typical retinal changes with multiple cream-colored lesions causing painless visual loss, followed by a generally good visual prognosis. The disease is rarely associated with a large spectrum of neurological complications, including vasculitis. Cerebral vasculitis is commonly considered as a contraindication for intravenous thrombolysis, even if recent guidelines on stroke management give that no further mention. Case report: A 70 years old man arrived to our emergency department referring a sudden onset of left side weakness and speech difficulties. His past medical history included pipe-smoking, well controlled arterial hypertension and diabetes mellitus. A diagnosis of AMPPE was done about ten days earlier, rapidly improving with steroid treatment, so that he was detapering the dosage at the time of admission to our department. On neurological examination, left-sided hemiparesis, dysarthria and left hemianopsia were present (NIHSS: 9). Lab tests, basal brain computed tomography (CT) scan and CT angiography showed normal findings. Intravenous thrombolysis (IVT) were subsequently performed at 2 hours and 20 minutes from the symptoms onset. After an initial improvement, at the end of Alteplase infusion, patient's clinical conditions rapidly worsened, showing an altered state of consciousness, emesis and right hemiplegia. An urgent brain CT scan was then performed, revealing a left basal ganglia parenchymal hematoma (rPH2), associated to mild homolateral ventricle compression. The severe clinical conditions required intubation. A brain MRI performed the next day showed the presence of multiple smaller recent and simultaneous ischemic lesions at the right emipons, right thalamus, cerebellum bilaterally and both hemispheres, particularly in the occipital lobe. A diagnosis of cerebral vasculitis secondary to AMPPE was strongly suspected and a high-dose steroid treatment started. After 5g methylprednisolone no improvement was documented, so cyclophosphamide was introduced. In seven days of immunosuppressive treatment, the patient's level of consciousness progressively improved, revealing global aphasia and severe tetraparesis; the multiple small supratentorial lesions were disappeared at a control brain MRI. He was discharged after 44 days to a Rehabilitation Unit with no need of any ventilatory support. Conclusions: Cerebral vasculitis is still considered a relative contraindication for IVT. Given that, here remains a critical need to promptly recognize the inflammatory etiology of ischemic stroke in the emergency setting, especially in the presence of rare autoimmune diseases. Thus, on our experience, caution is needed in considering thrombolysis in patients with recent active disimmune pathology.

A CASE OF MULTIPLE SCLEROSIS AND CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPHATHY TREATED WITH ALEMTUZUMAB

INTRODUCTION: Alemtuzumab is a humanized monoclonal antibody binding specifically to the CD52 antigen on the surface of B, T and natural killer cells. Currently this drug is approved for the treatment of patients with Multiple Sclerosis and chronic lymphatic leukemia. METHODS: A 28 years-old-female came to our attention for right hand weakness and paresthesias, that slowly affected feet and the contralateral hand. Deep tendon reflexes were absent both in upper and lower limbs. An electromyography confirmed the diagnosis of CIDP, according to EFNS criteria. She started intravenous immunoglobulin without results. Few months later she complained of left eye pain and vision loss. She underwent a brain and spinal cord MRI showing bilateral swelling of the optic nerves. A single oligoclonal band and a moderate pleocytosis were detected at CSF exam. AQP4 antibodies were negative. High dose steroids were administered, with clinical improvement. At three months, a new brain and spinal cord MRI displayed three new cervical and a multimeric dorsal lesions. AQP4 and MOG antibodies were tested again, being still negative. Monthly high dose Methylprednisolone was then administered with stabilization of polineuropathy. After 6 months, a new MRI scan showed a radiological progression with several new supra and infratentorial lesions. A diagnosis of Multiple Sclerosis was made. Due to the high disease activity a treatment with Alemtuzumab was proposed also relying on reports of efficacy in CIDP. RESULTS: After a first course of Alemtuzumab, the patient had a prolonged remission, in absence of steroids. At the first year follow up, the patient is asymptomatic and there is no evidence of clinical and MRI disease activity. Patellar and biceps tendon reflexes are elicitable, the Achilles ones are still absent. Motor and sensory conduction velocities of the examined nerves are at the lower limit of normal range. DISCUSSION: Cases of comorbid MS and CIDP have been described. A common antigenic target has been hypothesized. In a small study, four of seven CIDP patients showed improvement following alemtuzumab; two of these achieved complete remission. A single case report describes similar result. Although our patient could carry an higher risk of secondary autoimmunity, the need for a chronic immunosuppressant therapy for CIDP, suggested alemtuzumab as personalized treatment. CONCLUSIONS: Unless the short term follow up, our case supports the use of Alemtuzumab as a therapeutic chance in comorbid autoimmune disorders, in which B and T cells have a pathogenic role.

MAGNETIC RESONANCE IMAGING GUIDED FOCUSED ULTRASOUND THALAMOTOMY IN PATIENT WITH TREMOR COMBINED WITH PARKINSONISM: RETREATMENT AFTER BENEFIT DECAY

Background: trans-cranial Magnetic Resonance Imaging-guided Focused Ultrasound (tcMRgFUS) treatments is an emerging therapeutic modality for neurological diseases, such as essential tremor, tremor Parkinson and chronic pain. Here we report the case of a patient affected by tremor combined with parkinsonism who underwent a second tcMRgFUS thalamotomy because of relapsing tremor after a few months from the first treatment. Clinical Presentation: a 72-year-old, right-handed man came to our observation because of disabling tremor affecting his upper limbs since 2011. This symptom progressively worsened over the years and was resistant to treatment with stable doses of commonly used drugs for tremor (primidone, trihexyphenidyl, clonazepam and dopaminergic drugs). His past medical history was notable for arterial hypertension, diabetes mellitus and hereditary hemochromatosis (HH) with evidence of homozygous H63D mutation. The patient was treated by tcMRgFUS targeting the left Vim. However, clinical benefit had brief duration, as a progressive recurrence of tremor on the right upper limb was observed after a few months from the first treatment. Thus, the patient underwent a new left-sided tcMRgFUS procedure six months after the former treatment. Again, an immediate and complete relief from tremor on the right upper limb was achieved with clinical benefit that persisted up to 6-months follow-up. Conclusion: tcMRgFUS retreatment might be a feasible, safe and effective option in selected patients in whom an optimal clinical outcome is not achieved after the first treatment session. However, future well-designed studies in large samples are needed to assess the possible risks of retreatment and the optimal timing of reintervention as well as eligibility and exclusion criteria.

A CASE OF INTRAVASCULAR LARGE B CELL LYMPHOMA WITH BRAIN INVOLVEMENT MIMICKING PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY

Introduction: The intravascular large B-cell lymphoma (IVLBCL) is a rare type of extranodal lymphoma characterized by the proliferation of neoplastic B cells within the lumen of small vessels. It can virtually involve every organ with a large variety of possible clinical presentations, mainly involving skin and CNS. A tissue biopsy is necessary for the diagnosis; skin biopsies were found to be particularly sensitive. Due to its high aggressivity, the mean survival is 13 months and only anectodical cases of remission after chemotherapy have been described. We describe a case of IVLBCL presenting with multisystem involvement with prevalent neurological symptoms, whose diagnosis was achieved by muscle and skin biopsy. Case

description: We describe a case of a 58-year-old woman whose disease history began in April 2018, when she started to report recurrent episodes of paraesthesias; a brain MRI performed at that time was normal. Since October 2018 the patient had developed asthenia, gait impairment and weight loss, followed by night sweating and fever. Her blood tests showed anaemia with increased values of inflammation markers and LDH (up to the value of 2000); CK levels were normal. Serology for common infectious diseases and autoimmune profile were also tested, resulting a positivity of AMA and beta-2 microglobuline. A liver biopsy as well as total-body imaging were negative. After hematologic consultation and a bone-marrow biopsy, in February 2019 diagnosis of triple-negative myelofibrosis was performed; the patient started therapy with Ruxolitinib. The clinical picture further worsened within few weeks, with the appearance of a rapid and progressive deterioration of her neurological conditions, characterized by apraxia, emotional lability and mental confusion. In that period, she came to our attention and was admitted to our Neurology Unit. A brain MRI at that moment showed multifocal white matter abnormalities firstly suggestive of Progressive Multifocal Leukoencephalopathy. Since we found some reports of PML during Ruxolitinib therapy, we immediately stopped this treatment. Nevertheless, cerebrospinal fluid analysis for JC and BK virus was negative. The patient presented also several subcutaneous nodules at upper and lower limb, suggestive of fasciitis. Muscle MRI showed imbibition of fat tissue and muscle oedema. A skin and muscle biopsy was therefore performed, allowing the diagnosis of intravascular large B-cell lymphoma. The patient died few days later.

RECURRENT ISCHEMIC STROKES AS PRESENTING MANIFESTATIONS OF POLYCYTHEMIA VERA: CASE REPORT AND REVIEW OF THE LITERATURE

Objective: Polycythemia Vera (PV) is a myeloproliferative neoplasia causing a hypercoagulability state and blood stasis. Thrombosis is the presenting symptom in 20% of patients with PV; 70% of these thrombotic events are transient ischemic attacks or strokes. The hematological presentation of PV is heterogeneous: ischemic strokes with normal hematocrit have also been reported. Therefore, preventing cerebrovascular events in PV patients should be very important. Materials and Methods: We present the case of a 62-year-old woman who came to our attention for subacute onset of ophtalmoparesis and ataxia. Brain MRI showed posterior ischemic lesions while other instrumental and radiological examination did not find significant elements. She presented an elevated red blood cells count and hematocrit. A complete diagnostic work-up, including searching for JAK-2 mutations and bone marrow biopsy, lead to the diagnosis of PV, excluding other possible etiologies. We

performed an extensive review of scientific medical literature to analyze current knowledge about the relationship between stroke and PV by a neurologic point of view. A PubMed search was conducted using the terms Polycythemia Vera and Strok. We found 74 articles, then we selected 12 case reports and 5 cohort studies. No reviews or metanalysis were available. Results: Systematic data on PV about the clinical course, stroke presentation and treatment are not homogeneous. Ischemic stroke is first PV manifestation in up to 8,8% of cases. The cumulative rate of cerebrovascular events is up to 5,5 events per 100 persons per year and ischemic stroke accounts for 7,9% of all deaths in PV. Major risk factors are age, positive JAK-2 mutation and previous history of thrombosis, especially for stroke. Discussion: Ischemic stroke represents one of the commonest manifestations of PV. The best therapy in order to prevent and reduce risk of recurrent stroke is still matter of debate. The treatment goal to reduce thrombotic events is focused on maintaining hematocrit <45% with cytoreduction, correction of cardiovascular risk factors and antiplatelet therapy. Conclusion: PV-related strokes often remain underdiagnosed, especially for the PV low incidence, and especially when stroke occurs as the first manifestation. The clinicians should be vigilant about PV in the differential diagnosis of cryptogenic stroke. Early diagnosis could lead to prompt treatment with cytoreduction and low-dose aspirin to decrease the risk of recurrence. Such findings need of prospective studies aimed to investigate the best strategy tailored preventing recurrences.

JUVENILE EMBOLIC STROKE IN A PATIENT WITH ULCERATIVE COLITIS

Objectives Juvenile stroke is an ischemic stroke from 18 to 55 years, caused by cardiogenic emboli, vascular dissection, rarely vasculitis or thrombophilia. It often remains cryptogenic. 20-30% meets the criteria for an embolic stroke of undetermined source (ESUS). This has in common thromboembolic mechanisms, more responsive to anticoagulants rather than antiplatelet therapy for secondary stroke prevention. Ulcerative colitis (UC) is a chronic and debilitating disorder, characterized by inflammation of the colonic mucosa. UC-related manifestations in the central nervous system are quite rare. Cerebrovascular disorders have been documented in 0.12 to 4% of all patients with Inflammatory Bowel Diseases and they represent the most commonly described neurologic complications. Materials and method A 24-year-old man was admitted to the ER of our hospital for acute onset of imbalance, ataxia, vomiting and non-specific visual disorders after binge drinking and eating. After an urgent cranial CT scan and ethanol dosage, both normal, he was admitted to our Division Results Personal history: Ulcerative Colitis in treatment with Mesalazine. Neurological examination: left dysmetria and frenage to finger-nose test, ataxic gait, reduction of central visual acuity. Blood tests,

toxicological studies included, were normal. Brain MRI showed acute ischemic stroke in the left hemisphere of the cerebellum, left thalamus and occipital poles (non-contrast enhanced lesions). He underwent thrombophilic and vasculitic screening, Holter ECG, transthoracic and transesophageal echocardiogram, transcranial doppler ultrasound, total body CT Angiography. These examinations were normal. Therefore, we diagnosed Embolic Stroke of undetermined source (ESUS) and introduced Clopidogrel therapy. The clinical picture was completely resolved within a few days. Discussion The ESUS is defined on the basis of universally recognized diagnostic criteria and represents about 15% of the total ischemic strokes. Ulcerative Colitis is a chronic inflammatory bowel disease, with possible extra-intestinal complications, CNS ones included. During the past decades, a number of studies have assessed the association of IBD with stroke risk. However, the role of IBD in stroke is still controversial. However, the greater incidence of acute vascular events in patients with chronic inflammatory bowel disease is well known compared to the general population. Regarding the pathogenesis of thromboembolic events, a non-specific hypercoagulable state has been vaguely hypothesized.

IDIOPATHIC NORMAL PRESSURE HYDROCEPHALUS. LONG-TERM OUTCOME OF A SERIES OF PATIENTS TREATED WITH PROGRAMMABLE VENTRICULO-PERITONEAL SHUNT

INTRODUCTION Idiophatic normal-pressure hydrocephalus (iNPH) is a treatable syndrome characterized by a clinical triad of gait disturbance, cognitive impairment and urinary symptoms. When indicated, ventriculo-peritoneal shunt (VPS) improves symptoms. We reviewed our 15-year experience of iNPH treated with programmable valve shunt, with special emphasis to long-term outcome. PATENTS AND METHODS Thirty-three patients with iNPH were selected according to clinical, neuroradiological, and laboratory criteria: age ranging from 56 to 85 years, presence of one or more symptom(s) of the triad, MRI features of iNPH, absence of known disorders causing ventriculomegaly, normal cerebrospinal fluid content and pressure. Exclusion criteria were: severe systemic disorders and hemorrhagic diathesis or anticoagulant medication. Thirty patients were subjected to tap test (n=12) and/or to lumbar drainage (n=9) and/or to lumbar infusion test (n=18). Three patients were shunted on clinical and neuroradiological criteria only. Shunt surgery with programmable valve was successfully completed in all patients and no serious adverse events occurred. At baseline and at 3, 6, 12, 24 and 36 months after shunt surgery patients were evaluated with the modified Rankin Scale (mRS), 10-meters walking test and, the Mini-Mental State Examination. The follow-up also included serial CT scans. Valve pressure was readjusted according to clinical and

neuroradiological findings. RESULTS A positive response to VPS, defined as improvement by more than 1 level on mRS at any evaluation point in the first year, was achieved in 26/33 (78.8%) patients. At 24- and 36-month follow up no worsening of mRS, compared to the best score in the first year, was observed in 14/19 patients (73.7%); 7 patients are currently on follow up after the first year of shunting. The three patients with iNPH diagnosed solely on clinical and radiological criteria had a good outcome. Predictors of improvement after shunting were the presence of gait impairment as the dominant symptom, shorter duration of symptoms, younger age at diagnosis. CONCLUSIONS On a long-term basis, CSF shunting with programmable valves is safe and effective for iNPH. Careful selection of patients based on clinical and neuroradiological criteria is essential for long term outcome. CSF studies do not correlate with outcome and can be used for selecting patients for shunt surgery but not for excluding patients from treatment. Currently, pressure-adjustable valves are the only effective devices recommended for long term management. Clinical and neuroradiological follow up of shunted patients, with valve readjustments, if needed, can improve long term outcome.

ISOLATED PERIBUCCAL AND PHARYNGEAL MYORHYTHMIA AS A PRESENTING SYMPTOM OF UNILATERAL HYPERTROPHIC OLIVARY DEGENERATION SECONDARY TO CEREBELLAR PARAVERMIAN CAVERNOUS MALFORMATION

Introduction: The spectrum of clinical conditions that can led to unilateral involuntary twitching or contractions of the facial muscles is broad, encompassing different and heterogenous conditions such as facial myorhythmia, defined as repetitive, rhythmic, often jerky movement of slow (1-4 Hz) frequency, affecting mainly cranial and limb muscles. We report a case of a patient who developed left peribuccal and pharyngeal myorhythmia and right hypertrophic olivary degeneration after surgical treatment of cerebellar cavernous malformation. Case report: A 58 years-old woman was evaluated due to the progressive appearance of involuntary contractions of the left peribuccal region. Neurological examination revealed the presence of continuous pseudo-rhythmic involuntary contractions of the left orbicularis oris, depressor anguli oris and left pharyngeal muscles. The movements occurred at rest and were not influenced neither by voluntary activity nor by distractions maneuvers with motor tasks, disappearing during sleep. No palatal or ocular abnormalities were seen and electroencephalography was normal. Seven months before the patient had undergone successful surgical treatment of a left cerebellar paravermian cavernous malformation. Surface electromyography (EMG) recorded to the left orbicularis oris and depressor anguli oris at rest showed synchronous 3 Hz pseudo-rhythmic bursts with a mean duration of 100 mseconds.

3T brain MRI revealed FLAIR hyperintensity and hypertrophy of right inferior olivary nucleus (ION) consistent with hypertrophic olivary degeneration (HOD) associated with T2 hyperintensity and thinning of left superior cerebellar peduncle; subtle FLAIR hyperintensity of left ION was also detected. DTI-based fiber direction failed in demonstrating the normal appearance of decussation of superior cerebellar peduncles, probably as a result of axonal degeneration processes of dentatorubral tract. Botulinum toxin type A (BTX-A) injections was started and repeated every three months with 8 Xeomin units injected into the left orbicularis oris and depressor anguli oris muscles leading to persistent reduction of involuntary peribuccal contractions. Discussion: HOD is a rare condition that usually develops after a lesion involving the triangle of Guillain and Mollaret (TGM) or dentato-rubro-olivary pathway. Palatal tremor (PT) is a classically-associated feature of HOD and, in symptomatic cases, it is usually contralateral to the ION. Beyond PT, HOD could be associated very rarely with facial or pharyngeal myoclonus which are considered, together with PT, within the spectrum of myorhythmia. In presence of rhythmic facial or pharyngeal contractions even if without palatal involvement, a possible lesional involvement of TGM should be kept in mind.

"JERKING STIFF-MAN SYNDROM": A CASE OF PROGRESSIVE ENCEPHALOMYELITIS WITH RIGIDITY AND MYOCLONUS

Progressive encephalomyelitis with rigidity and myoclonus (PERM) syndrome is a rare neurological condition. PERM is suggested to be a more severe variant of the stiff person syndrome. Its clinical characteristics include muscle rigidity (both axial and limb), myoclonus often stimulus-sensitive painful spasms and ataxia. Seizures are often observed. This syndrome can present with an insidious onset, as well as an acute or subacute presentation, or exacerbations on a chronic course. This condition has previously been associated with the glutamic acid decarboxylase (GAD) antibodies. Materials and Methods: We describe a previously healthy 27 a -year-old female. She was admitted to our neurological ward because she acutely developed speech disturbances sub confusion followed by generalized seizures. In the previous two weeks she had observed some tremors in the legs. On admission she complained myoclonus and painful spams in the lower limbs, dystonic posture of left foot and urinary retention. EEG showed epileptic activity more pronounced in left hemisphere, MRI showed bilateral hippocampal FLAIR hyperintensity; cerebral spinal fluid examination showed lymphocytic pleocytosis with slight increase of protein. An extensive virologic and autoimune evaluation were normal, while we observed in the cerebral spinal fluid high titre for the antibodies to GAD. Results: Together with the clinical presentation high titre antiGAD antibodies led to the diagnosis of PERM syndrome. Initial treatment was therefore started with

gammaglobulins (during 5 days). Concomitant corticotherapy was started (1 mg/kG/day) with great improvement of clinical picture. Discussion: PERM is a challenging diagnosis mainly clinical (as in most cases) although antibodies in serum and CSF could help to confirm the diagnosis. Initial clinical presentation can be very unspecific and uncommon, and this case is no exception. Besides the clinical presentation, antibodies can be determinative in diagnosing this syndrome although GAD positive antibodies would only be present in 25% of the PERM cases. Presumably, GAD antibodies cause a reduced brain GABA, which is consistent with the occurrence of seizures and other signs of loss of the ammount of inhibitory phenomena. Conclusion. PERM syndrome is a rare disease and its diagnosis is not easy, which is underlined by this case report. Maintenance of long term oral corticotherapy is suggested to prevent relapses.

INTRACRANIAL CALCIFICATIONS ASSOCIATED WITH A NOVEL MISSENSE MUTATION IN SLC20A2 GENE

BACKGROUND: Primary familial brain calcification (PFBC), also known as Fahr's disease, is a rare, clinically heterogeneous neurodegenerative disorder characterized by bilateral calcifications located in the basal ganglia and in the thalami and cerebellum. Symptoms typically occur after the age of 40, with neuropsychiatric and movement disorders. Clinical features include dystonia, parkinsonism, chorea, and frontal-subcortical cognitive dysfunction. PFBC is genetically heterogeneous and typically transmitted as an autosomal dominant tract. Four major causative genes, accounting for almost half of the familial PFBC cases, have been reported: PDGFB, PDGFRB, SLC20A2, XPR1. Among them, mutations in the SLC20A2 gene, encoding the Pit2 protein, represent the most common genetic cause of familial PFBC. For this gene, missense, nonsense and small and large deletions have been described. OBJECTIVE: Clinical characterization and mutational analysis of a patient showing a severe phenotype resembling Fahr's disease with both motor and cognitive symptoms. METHODS: neurological examination and head CT scans were performed. Informed consent for genetic analysis was obtained. Blood sample was obtained from the proband and genomic DNA was extracted. Targeted Next Generation Sequencing was performed using the Illumina TruSight One sequencing panel on the MiSeq platform. Data analysis was performed according to the default parameters of the Illumina MiSeq Reporter software. The Burrows-Wheeler Aligner and the Genome Analysis Toolkit algorithms were used to read and map the raw sequence data and for variant calling, using GRCh37 (hg19) as reference sequence. Annotation was performed by software wANNOVAR. RESULTS: The patient was a 60-year-old man with dizziness, diffuse muscle cramps and mild dysarthria for two years. Medical history was negative. Neurological examination: ataxic gait,

anteflexed head, dysarthria, dysphagia; normal muscle strength, occasional choreiform movements in the four limbs. The neuropsychological assessment revealed severe behavioral and executive deficits. CT scan showed bilateral calcifications in the basal ganglia. EMG showed monomorphic fasciculations in cervical and lombar regions (not in bulbar one). Serum calcium and parathormone levels were normal. Similar symptoms were described, 20 years ago, in the patientâ€™s mother, who presented at age of 50 with limbs plastic hypertonia, hands tremor, buccofacial dyskinesia and dysarthria. By genetic analysis, we identified a novel heterozygous missense mutation in SLC20A2 gene, p.R181W. The mutation is localized in one of the cytosolic domains of the PiT2 protein and it is predicted to be probably pathogenic according to the ACMG guidelines. CONCLUSIONS: We identified a new SLC20A2 mutation in a patient showing a severe Fahr's disease phenotype.

ADULT PRIMARY CENTRAL NERVOUS SYSTEM VASCULITIS: AN UNUSUAL PRESENTATION

Introduction: Primary Central Nervous System Vasculitis (CNSV) is a complex disease that poses considerable diagnostic and therapeutic challenges; it is extremely rare and clinical presentation can be extremely variable; this case report is focused on the identification of an uncommon clinical and neuroradiological presentation of CNSV. Case Report-We describe the case of a 60yo women, admitted to our Neurologic Clinic for subacute left facio-brachio-crural hemiparesis that appeared twenty days before, with slowly increasing course. Before the admission, she underwent to brain magnetic resonance imaging (MRI) examination which showed a focal lesion in right internal capsule, positive in DWI, with enhancement and perifocal oedema, without univocal interpretation. During the hospitalization, neurological examination showed a left facial nerve palsy, left weakness (Medical Research Council grade 4/5) and left Babisky sign. We performed a brain MRI spectroscopy that showed mild N-acetylaspartate (NAA) reduction and choline (Cho) increase. Based on the above, Neuroradiologists have focused the attention on differential diagnosis between an inflammatory lesion and a tumour lesion. Therefore, we performed a cerebrospinal fluid (CSF) examination which showed a mild increase in protein (51 mg/dL with n.v. 14-45) and 2 oligoclonal bands; total body CT scan did not show abnormalities. As proposed by a discussion team (Neurosurgeons and Neurologists), the patient underwent to a brain lesion biopsy, with MRI guided stereotactic approach that showed necrotic-inflammatory changes of the brain parenchyma probably associated with vasculitis. Meanwhile, intramuscularly steroid treatment was started. The diagnosis of isolated CNSV was also supported by the evidence of reduction of both the lesion and the associated

oedema on brain MRI examination, after steroid treatment. Moreover, the evidence of mild Anti-Ku positivity within autoimmune screening and the electromyographic data of myogenic alterations could suggest association with miopathy or undifferentiated connectivitis. Conclusion: Diagnosis of primary CNSV should be considered when patients present with recurrent episodes of cerebral ischemia or infarction, in multiple vascular territories with an inflammatory CFS profile. We know that several subsets of primary CNSV are described: about 4% of patients with primary CNS vasculitis present with a solitary tumour-like mass lesion. We describe the case with an unexpected diagnosis of CNSV in a patient that presented single lesion with atypical symptoms for ischemic stroke. Moreover, association with anti-Ku positivity could have a diagnostic role in terms of subclinical systemic interest and a prognostic marker in terms of disease evolution.

EFFICACY OF BOTULINUM TOXIN INJECTION IN TRIGEMINAL NEUROMYOTONIA DUE TO RADIOTHERAPY

Background: Neuromyotonia of masticatory musculature is a rare complication due to radiotherapy. Local botulinum toxin (BTX) injections have proven to be effective for treatment different types of facial myokymia. Here we describe a successful use of botulinum toxin in post-radiation neuromyotonia that affecting masseter and pterygoideus medial muscles bilaterally. Case report: In a 55-years-old man a rinopharingeal carcinoma at the stage III (T1 N2) was diagnosed 19 years ago. He was successfully treated with alternating cycles of radiotherapy and cisplatin. Early complications included post-radiation xerostomia, hearing loss, tooth damage and mild dysphagia. At January 2019 he presented progressive episodic spasms in both masseter regions causing forceful jaw closure and pain. He also gradually developed difficulty in mouth opening. The neurological examination showed trismus with 3 cm of inter-incisor distance (IID) and bilateral hypertrophy with myokymic rippling of masseter muscles. Moreover, he presented bilateral hypomotility of the palatal veil and rhinolalia. We performed in this patient the exteroceptive suppression reflex in the masseter muscle and normal inhibitory responses were obtained bilaterally. The EMG examination of masseter and medial pterygoid muscles at rest revealed myokymic and neuromyotonic discharges bilaterally, more evident in the right masseter and in the left medial pterygoid muscle; continues involuntary activity and spasms, together with neurogenic findings, were observed in all muscles examined. We injected botulinum toxin Type A by EMG guide into the masseter and medial pterygoid muscles of both sides (total 65 units). At the follow up the patient referred a complete regression of pain and muscle spasms. The examination revealed IID of 4 cm and the EMG evaluation showed only chronic neurogenic signs and absence of abnormal EMG activity at rest. Discussion and conclusion: The efficacy of BTX

treatment of masticatory muscles in post-actinic neuropathy subsequent to irradiation for head and neck carcinoma has been yet reported in two cases. This case shows a possible spreading of post-radiotherapy neuropathy in deeper branches of the motor trigeminal nerve with involvement of pterygoid medial muscles. BTX injection could be considered as a first-line treatment for post-radiation neuromyotonia and trismus, because drugs primary used in this disorder such as carbamazepine seems to be frequently ineffective and responsible to significant side effects.

THE CHALLENGING DIAGNOSIS OF IDIOPATHIC OCULAR NEUROMYOTONIA: A CASE REPORT

Introduction: Ocular NeuroMyotonia (ONM) is a rare ocular motility disorder characterized by protract contractions of one or more ocular-motor muscles after their activation accompanied by diplopia. Cranial irradiation, brain mass and neurovascular conflict are some of the etiologies of ONM. Some cases are idiopathic. Case report: We describe a case of a 44-year-old woman with a 9-year history of transient episodes of diplopia and esodeviation of right eye, often triggered by voluntary ocular movement. In a previous admission to another clinical center, she was discharged with diagnosis of Opsoclonus. No history of radiation therapy neither cardiovascular risk factors were reported except for a previous closure of patent foramen ovale. The ocular episodes were characterized by prolonged contraction of right medial rectum muscle during sustained lateral gaze on the left, that regressed spontaneously after about 30 seconds. The neurological examination was normal for other functions. Brain magnetic resonance and angiography were normal except for dolichoectasia of basilar artery and fetal right posterior cerebral artery. Autoantibodies assay, including anti-Glutamate Decarboxylase, anti-acetylcholine receptor and muscle-specific receptor tyrosine kinase were all negative. We also have excluded paraneoplastic hypothesis with assay of oncomarkers, anti-Yo and anti-Hu and total-body Computed Tomography. The orthotic examination confirmed the clinical data. We concluded for a idiopathic ONM and the patient was treated with carmabazepine 200mg per day and subsequently 400mg per day, with rapid improvement of symptoms until complete regression. Discussion: The myotonic disorders are a heterogeneous group of diseases, clinically characterized by failure of muscle relaxation after activation, often caused by alteration of ion channels. The etiology of ONM is still unknown; however the clinical similarities with myotonic disorders could suggest a common etiology. Therefore it has been supposed that both the alteration of nerve conduction and muscle contraction could be due to ion channels dysfunction, and this would explain the good response to carbamazepine, also observed in the presented clinical case.

DISAPPEARANCE OF MIDBRAIN COMPRESSION AND VERTICAL OCULAR DYSFUNCTION AFTER SHUNT IN A PATIENT WITH IDIOPATHIC NORMAL PRESSURE HYDROCEPHALUS

Background: Patients with normal pressure hydrocephalus (NPH) show MRI features suggestive of midbrain involvement, as reduction of midbrain area, upper midbrain sign and hummingbird sign. In progressive supranuclear palsy (PSP) patients, midbrain atrophy causes vertical supranuclear ocular dysfunction, a finding never occurring in NPH. Here, we describe a NPH patient who developed marked ventricular dilatation and slowness of vertical saccades associated with a reduction of midbrain area after malfunction of ventriculoperitoneal shunting (VPS). Case description: A 54-year-old man presented to the Neurosurgery department of the University of Messina because of a two-years progressive gait disorder, urinary incontinence and cognitive impairment. The patient was diagnosed as NPH and VPS surgery was performed, with clinical improvement. He experienced a subdural hematoma three months after VPS, subsequently drained. One year after shunt, he presented to our Neurology department with occasional urinary incontinence and mild cognitive impairment. Ocular movements were normal. Brain MRI revealed hummingbird sign (midbrain area=85mm2) and moderate ventricles dilatation (third ventricle width=13mm). Two months later, the patient was readmitted to our hospital because of a recent worsening in his clinical conditions. The neurological examination showed postural instability, bradykinesia and rigidity, moderate cognitive impairment, and severe urinary incontinence. The clinical evaluation of ocular movements showed marked slowness and limitation of vertical saccades in both upward and downward direction, while horizontal saccades were unremarkable. Video-oculography was performed confirming clinically detected vertical ocular dysfunction. Brain MRI showed marked ventricles enlargement (third ventricle width=18.4 mm) and severe compression of midbrain tegmentum (midbrain area=64 mm2). The neurosurgical assessment revealed shunt malfunction. One month after shunt adjustment, the patient showed dramatic improvement of all clinical symptoms, including reversion of vertical ocular dysfunction. Brain MRI revealed reduction of ventricles dilatation (third ventricle width =5.2 mm), midbrain re-expansion and disappearance of hummingbird sign (midbrain area=115 mm2). Discussion: Our NPH case demonstrates that a rapid and marked enlargement of third ventricle due to shunt malfunction can cause severe midbrain compression, clinically reflected by the development of vertical oculomotor dysfunction. In our patient, shunt adjustment determined a remarkable reduction in 3rd ventricle size (width changed from 18.4 to 5.2 mm) with disappearance of hummingbird sign and marked improvement in vertical ocular dysfunction. This is the first evidence that marked ocular slowness of vertical saccades associated with midbrain dysfunction

due to third ventricle enlargement can revert after shunt procedure, thus helping clinicians to distinguish PSP pathology from NPH.

QUALITY OF LIFE AND ROBOTIC ASSISTED REHAB: AN ESSENTIAL INTERPLAY IN CENTRAL PONTINE MYELINOLYSIS. A CASE REPORT

Introduction: Central pontine myelinolysis (CPM) is a solitary, symmetric, demyelination in the central pons. Etiology was initially considered alcoholism and chronic nutritional deficiency but hyponatremia and its treatment have been subsequently found as the main explanation. Objectives: We report the effects of a stand-alone robotic gait training with Lokomat-Pro on mobility and quality of life in a case of CPM. Material: A 33-year-old female patient with CPM has been hospitalized to our Institute, GCA-Spoke centre of Catania, IRCCS Centro Neurolesi Bonino Pulejo, to undergo intensive rehabilitation training for about 2 months. The neurological examination signs included: tetraparesis with bilateral elbow and finger spastic flexions (claw hand); standing only with bilateral support with paraparetic gait. Methods: Daily session of Lokomat-Pro and physical therapy was performed. Quality of life and motor evaluation were assessed by Short Form-36 Health Survey, Motricity index, Berg Balance, Tinetti and FIM scale. Results: The robotic assisted physical therapy demonstrated significant improvement both in functional motor outcomes and quality of life. Discussion: This is the first case of a CPM treated with a robotic training that showed an interesting improvement in motor and quality of life assessment. Conclusions: A combined traditional and robotic assisted physical therapy could become a useful work out in the recovery of particular condition, as CPM, leading to a better patient’s quality of life.

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Cavallieri	Francesco	Reggio Emilia	Medicina e Chirurgia	Neurologia	MD, PhD student	Neurology Unit, Neuromotor & Rehabilitation Department, Azienda USL-IRCCS di Reggio Emilia

LISTA RELATORI AFFILIAZIONE 50° CONGRESSO SIN BOLOGNA 2019

Cecchi	Gianluca	roma	Medicina e Chirurgia	specializznado in neurologia	specializzando in neurologia	campus biomedico di roma
Cellerino	Maria	Genova	Medicina e Chirurgia	Neurologia	Medico Specializzando	DINOGMI - Università di Genova
CENCIARELLI	SILVIA	CITTA' DI CASTELLO, PG	Medicina e Chirurgia	Neurologia	Direttore UO Neurologia	Ospedale di Città di Castello-Branca
Centonze	Diego	Roma	Medicina e Chirurgia	Neurologia e Psichiatria	Professore ordinario di Neurologia	Università degli Studi di Roma Tor Vergata
CERAVOLO	ROBERTO	PISA	Medicina e Chirurgia	Neurologia	Professore associato	Azienda Ospedaliero Universitaria di Pisa
Cerrato	Paolo	Torino	Medicina e Chirurgia	Neurologia	Dirigente medico di I livello	Clinica Neurologica-Dipartimento di Neuroscienze di Torino
Cerroni	Rocco	Roma	Medicina e Chirurgia	Neurologia	Specializzando	1.Parkinson Centre, Department of System MedicineTor Vergata di Roma
Cevoli	Sabina	Bologna	Medicina e Chirurgia	Neurologia	Dirigente Medico	IRCCS Istituto delle Scienze Neurologiche di Bologna
CHIAPPA	MASSIMO	BRESCIA	Economia e Commercio	-	Responsabile organizzativo e gestionale Settore: cooperazione internazionale allo sviluppo	Medicus Mundi Italia ONG onlus
CHIO'	ADRIANO	TORINO	Medicina e Chirurgia	Neurologia	Professore ordinario	Dipartimento di Neuroscienze 'Rita Levi Montalcini' torino
Chipi	Elena	Perugia	Psicologia Clinica	NA	Psicologo	Centre for Memory Disturbances, Lab of Clinical Neurochemistry, Section of Neurology, Department of Medicine - Università di Perugia
Chisari	Clara	Catania	Medicina e Chirurgia	Neurologia	research fellow	GF Ingrassia, section of neurosciences Catania
CIARAMELLI	ELISA	BOLOGNA	Psicologia	Dottorato in Psicologia Sperimentale e Clinica	Professore associato	Università di Bologna
CICCONE	ALFONSO	MANTOVA	Medicina e Chirurgia	Neurologia	dirigente medico I livello	ASST di Mantova
Cicero	Calogero Edoardo	Catania	Medicina e Chirurgia	Neurologia	Neurologo	Dipartimento G.F. Ingrassia - Catania
Cioffi	Ettore	Roma	Medicina e Chirurgia	Neurologia	Specializzando	Policlinico Umberto I di Roma
CITERIO	GIUSEPPE	MILANO	Medicina e Chirurgia	Anestesia e rianimazione	Professore associato	Università Milano Bicocca
Ciusani	Emilio	Mialno	Scienze Biologiche	Applicazioni Biotecnologiche	Dirigente Biologo	Fondazione IRCCS Istituto Neurologico C. Besta Milano
civardi	carlo	Ivrea	Medicina e Chirurgia	Neurologia	Dirigente Medico	S.C. Neurologia ASL To4 Ivrea
Cividini	Camilla	Milano	Ingegneria Biomedica	Ingegneria Biomedica	PhD candidate	Ospedale San Raffaele Milano
COCCO	ELEONORA	CAGLIARI	Medicina e Chirurgia	Neurologia	Professore associato	Dipartimento di Scienze Mediche e Sanità Pubblica-Università di Cagliari
Cocito	Dario	Torino	Medicina e Chirurgia	Neurologia	dirigente medico	S.C. Neurologia 2 - Dipartimento di Neuroscienze - Ospedale Molinette - Torino
Coghe	Giancarlo	Cagliari	Medicina e Chirurgia	Neurologia	dirigente medico	Azienda tutela della salute Sardegna Cagliari
Colombo	Bruno	Milano	Medicina e Chirurgia	Neurologia	Responsabile Struttura Semplice	IRCCS San Raffaele Milano
COLOSIMO	CARLO ALBERTO	TERNI	Medicina e Chirurgia	Neurologia	ricercatore	Dipartimento di Scienze Neurologiche - Univ. La Sapienza Roma
COMI	GIACOMO PIETRO	MILANO	Medicina e Chirurgia	Neurologia	Professore ordinario	Università degli Studi di Milano
COMI	GIANCARLO	MILANO	medicina e chirurgia	Neurologia	professore ordinario di neurologia	University Vita-Salute San Raffaele Milano
CONSOLI	DOMENICO	VIBO VALENTIA	Medicina e Chirurgia	Neurologia e Neurofisiopatologia	Professore Ordinario di Endocrinologia	Direttore reparto di Neurologia presso Ospedale "G. Jazzolino" Vibo Valentia
Consonni	Monica	Milano	Psicologia	PhD	Psicologo	IRCCS Foundation "Carlo Besta" Neurological Institute Milano
CONTE	ANTONELLA	ROMA	Medicina e Chirurgia	Neurologia	Professore associato	Università di Roma "Sapienza"
CONTIN	MANUELA	BOLOGNA	Chimica e tecnologie farmaceutiche	-	Dirigente farmacista	Istituto di Scienze Biomediche e Neuromotorie - Università di Bologna (in convenzione con IRCCS - Isituto delle Scienze Neurologiche di Bologna - AUSLBO)
COPPOLA	CINZIA	NAPOLI	Medicina e Chirurgia	Neurologia	ricercatore	Dipartimento di Scienze Chirurgiche Università della Campania "Luigi Vanvitelli"
Coppola	Gianluca	Latina	Medicina e Chirurgia	Neurologia	Ricercatore tipo A	Dipartimento di Scienze e Biotecnologie Medico-Chirurgiche Roma
Corbetta	Maurizio	Padova	Medicina e Chirurgia	Neurologia	Professor ordinario di neurologia	Dipartimento di Neuroscienze Universita' di Padova Azienda Ospedaliera di Padova
Cordani	Claudio	Milan	Fisioterapia	non applicabile	Fisioterapista	IRCCS San Raffaele Scientific Institute Milano
CORTELLI	PIETRO	BOLOGNA	Medicina e Chirurgia	Neurologia	Professore ordinario	Dip. Scienze Neurologiche Alma Mater Studiorum - Università degli Studi di Bologna Clinica Neurologica
Cosentino	Giuseppe	Pavia	Medicina e Chirurgia	Neurologia	Medico Ricercatore	Fondazione Istituto Neurologico Casimiro Mondino Pavia
Cosenza	Domenico	Messina	Medicina e Chirurgia	Neurologia	Specializzando	Policlinico di Messina
COSSU	GIOVANNI	CAGLIARI	Medicina e Chirurgia	Neurologia	Direttore SSD	SSD Neurofisiologia AO Brotzu - Cagliari
Costa	Cinzia	Perugia	Medicina e Chirurgia	Neurologia	Ricercatore Confermato	Clinica Neurologica, Ospedale S.M. della Misericordia Perugia
Cotti Piccinelli	Stefano	Brescia	Medicina e Chirurgia	Neurologia	Specializzando	ASST SPEDALI CIVILI DI BRESCIA
CRUCCU	GIORGIO	ROMA	Medicina e Chirurgia	Neurologia	Professore ordinario in neurologia	Department Human Neuroscience Sapienza University Roma
CURATOLO	PAOLO	ROMA	Medicina e chirurgia	Neuropsichiatria Infantile	Professore ordinario _	Università degli studi di Roma Tor Vergata - Dipartimento Medicina dei Sistemi- Roma
D'Agostino	Federica	Roma	Medicina e Chirurgia	Neurologia	Specializzando	Policlinico Tor Vergata roma
Dalla Costa	Gloria	Milan	MD	Neurologia	Neurologo	San Raffaele Hospital Milano
Dallagiacoma	Stefania	Siena	Medicina e Chirurgia	Neurologia	specializzando	Università degli Studi di Siena
Damato	Valentina	Rome, Italy	Medicina e Chirurgia	Neurologia	PhD student	Institute of Neurology Roma
DAUVILLIERS	Yves	Montpellier, F	Medicina e Chirurgia	Neurologia	Professor ordinario di neurologia	Dipartimento di Neuroscienze Universita' di Padova Azienda Ospedaliera di Padova
DE FALCO	FABRIZIO ANTONIO	NAPOLI	Medicina e Chirurgia	Neurologia	Direttore U.O.S.C. di Neurologia	Ospedale S. M. di Loreto Nuovo Napoli
De Giuli	Valeria	Brescia	MEDICINA E CHIRURGIA	Neurologia	MEDICO SPECIALIZZANDO	SPEDALI CIVILI DI BRESCIA
De Lucia	Vincenzo	Roma	Medicina e Chirurgia	Neurologia	Medico Specializzando	Policlinico Tor Vergata Roma
De Marchi	Fabiola	Novara	Medicina e Chirurgia	Neurologia	Specializzando	Neurologia - Ospedale Maggiore della Carità Torino
De Massis	Patrizia	Imola	Medicina e Chirurgia	Neurologia	Resp. Struttura semplice dipartimentale di Neurologia	Azienda USL Imola
De Meo	Ermelinda	Milano	Medicina e Chirurgia	Neurologia	Medico Specializzando, PhD Student	Ospedale San Raffaele Milano
De Micco	Rosa	Napoli	Medicina e chirurgia	Neurologia	Dottorando	Dipartimento di Scienze Mediche e Chirurgiche avanzate Napoli
De Michele	Giovanna	Napoli	Medicina e Chirurgia	Neurologia	specializzando	Neurologia Federico II Napoli
De Michele	Giuseppe	Napoli	Medicina e Chirurgia	Neurologia	professore di neurologia	AOU Federico II - Azienda Ospedaliera Universitaria "Federico II" Napoli
DE PANFILIS	LUDOVICA	REGGIO EMILIA	Scienze filosofiche	-	Dottorato	Azienda USL di Reggio Emilia IRCCS
DE PASQUA	SILVIA	Bologna	Medicina e Chirurgia	Neurologia	Neurologo	Department of Biomedical and Neuromotor Sciences - Bologna
DE STEFANO	NICOLA	SIENA	Medicina e Chirurgia	Neurologia	Dirigente Medico I Livello	Azienda Ospedaliera di Siena
DE TOMMASO	MARINA	BARI	Medicina e Chirurgia	Neurologia	Professore associato	Università di Bari
De Vanna	Gioacchino	Perugia	Medicina e Chirurgia	Neurologia	Specializzando	Ospedale Sant'Andrea delle fratte Perugia
DEFANTI	CARLO ALBERTO	GAZZANIGA,BG	Medicina e Chirurgia	Neurologia/Psichiatria	Direttore del Centro di eccellenza Alzheimer	Centro Alzheimer c/o Ospedale Briolini Gazzaniga - BG
DEFAZIO	GIOVANNI	CAGLIARI	Medicina e Chirurgia	Neurologia	Professore ordinario	Università di Cagliari
Degan	Diana	L'Aquila	medicina e Chirurgia	Neurologia	dottore di ricerca	Dipartimento di Scienze Cliniche Applicate e Biotecnologie L'aquila
DEL SETTE	MASSIMO	GENOVA	Medicina e Chirurgia	Neurologia	Direttore SC Neurologia	E.O. Ospedali Galliera Genova
DELL'AGNELLO	GRAZIA	FIRENZE	medicina e Chirurgia	Neurologia	Pharmacological Research, Clinical Development, Medical Affairs	Eli Lilly Italia spa
Deluca	Cristina	Vicenza	Medicina e Chirurgia	Neurologia	Dirigente Medico	Ospedale San Bortolo UO Neurologia Vicenza

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Demichelis	Chiara	Genova	Medicina e Chirurgia	Medico Specializzando in Neurologia	Specializzando in Neurologia	Policlinico San Martino IRCCS - Università di Genova
DEUSCHL	Günther	Kiel - D	Medicina e Chirurgia	Neurologia	Professore emerito della clinica di neurologia	Clinica di Neurologia UKSH, Campus Kiel - D
Di Carlo	Antonio	Florence, Italy	Medicina e Chirurgia	Neurologia	Primo Ricercatore	Institute of Neuroscience - Firenze
DI FILIPPO	MASSIMILIANO	Perugia	Medicina e Chirurgia	Neurologia	Dirigente medico	Centro Malattie Demielinizzanti e Laboratori di Neurologia Sperimentale, Clinica Neurologica, Università di Perugia
DI FONZO	ALESSIO	MILANO	Medicina e chirurgia	Neurologia	Responsabile del Gruppo Parkinson e disturbi del movimento	Ospedale Maggiore policlinico, Centro Dino Ferrari - Univ. Degli studi di Milano
DI GENNARO	Giancarlo	POZZILLI, IS	Medicina e chirurgia	Neurologia	Dirigente medico	Epilepsy Surgery Center IRCCS NEUROMED, Pozzilli (IS)
DI LAZZARO	Giulia	roma	Medicina e Chirurgia	Neurologia	Specializzando	Tor Vergata Roma
DI LAZZARO	VINCENZO	ROMA	Medicina e Chirurgia	Neurologia	Direttore UOC Neurologia	Università Campus Bio Medico Roma
Di Lorenzo	Francesco	Brighton, Roma	Medicina e Chirurgia	Neurologia	Dottorando	Fondazione Santa Lucia Roma
Di Marco	Salvatore	Palermo	Medicina e Chirurgia	Neurologia	Specializzando	Policlinico Paolo Giaccone - Università di Palermo
Di Paolantonio	Andrea	Roma	Medicina e chirurgia	Neurologia	Ricercatore	Neurologia Cattolica del Sacro Cuore Roma
Di Santo	Alessandro	Rome, Italy	Medicina e Chirurgia	Specializzando Neurologia	Specializzando Neurologia	Unità di Neurologia, Facoltà di Medicina Campus Bio-Medico di Roma
DIAMANTI	LUCA	PAVIA	Medicina e Chirurgia	Neurologia	Medico strutturato	IRCCS Fondazione C. Mondino - Pavia
Dini	Elisa	Pisa	medicina e chirurgia	Neurologia	assegnista di ricerca	Università di Pisa
Domina	Elisabetta	Lodi	Medicina e Chirurgia	Neurologia	Dirigente Medico	ASST Ospedale Maggiore Lodi
Donadio	Vincenzo	Bologna	Medicina e Chirurgia	Neurologia	Dirigente Medico Ospedaliero	IRCCS Istituto Scienze Neurologiche di Bologna
Doneddu	Pietro Emiliano	Rozzano, Milano	Medicina e Chirurgia	Neurologia	Assistente	Humanitas Clinical and Research Hospital Milan
Dono	Fedele	Chieti	Medicina e Chirurgia	Neurologia	Specializzando	Neuroscienze, Imaging e Scienze Cliniche - Univ. Chieti Pescara
Donzuso	Giulia	Catania	Medicina e Chirurgia	Neurologia	Medico in formazione	Department "GF Ingrassia", Section Neuroscience - University of Catania
Dotti	Maria Teresa	Siena	Medicina e Chirurgia	Neurologia	Professore Ordinario di Neurologia- Direttore UOC	Università di Siena
D'OVIDIO	FABRIZIO	TORINO	Scienze della Comunicazione	Dottorato ricerca sociale	Assegnista di ricerca	Università di Torino, Dipartimento di Neuroscienze
ELEOPRA	ROBERTO	MILANO	Medicina e Chirurgia	Neurologia	Dirigente medico	Dipartimento di Neuroscienze Cliniche Fondazione IRCCS Istituto Neurologico Carlo Besta Milano
Ercoli	Tommaso	Cagliari	Medicina e Chirurgia	Neurologia	Specializzando	Institute of Neurology, Department of Public Health and Medical Sciences - University of Cagliari
ESPOSITO	FEDERICA	Milano	Medicina e Chirurgia	Neurologia	neurologo	Istituto Scientifico San Raffaele, Milano
Evagelista	Giacomo	Chieti-Pescara	Studente di Medicina	Studente di Medicina	Studente interno frequentante	Department of Neuroscience, Imaging and Clinical Science - Univ. Di Catania
EVOLI	AMELIA	ROMA	Medicina e Chirurgia	Neurologia	Professore associato	Istituto di Neurologia Università La Cattolica Roma
Fabbrini	Andrea	ROMA	Medicina e Chirurgia	Neurologia	medico specializzando	Dipartimento di Neuroscienze Umane La Sapienza Roma
FAINARDI	ENRICO	FIRENZE	Medicina e Chirurgia	Radiologia e Neurologia	Direttore struttura organizzativa dipartimentale di Neuroradiologia	Università degli Studi di Firenze
FALINI	ANDREA	MILANO	Medicina e Chirurgia	Radiologia e Neurologia	Professore di ruolo II fascia, MED/37 Neuroradiologia	Divisione di Neuroscienze, Istituto Scientifico San Raffaele Milano
FARINA	FILIPPO MARIA	PADOVA	Medicina e chirurgia	Neurologia	Dirigente Medico	AULSS3 Serenissima - Ospedale dell'Angelo - Mestre (VE)
Farotti	Lucia	Perugia	Medicina e Chirurgia	Neurologia	Dottoranda di ricerca	Centro Disturbi della Memoria, Laboratorio di Neurochimica Clinica, Clinica Neurologica - Univ. Degli studi di Perugia
FEDERICO	ANTONIO	Siena	Medicina e Chirurgia	Neurologia	quiescenza	quiescenza
Fenu	Giuseppe	Selargius	Medicina e Chirurgia	Neurologia	Dirigente Medico	Multiple Sclerosis Center - University of Cagliari
Ferilli	michela ada noris	Rome	Medicina e Chirurgia	Neurologia	assegnista di ricerca	Institute of Neurology - Ospedale Pediatrico Bambino Gesù Roma
Ferini Strambi	Luigi	Milano	Medicina e Chirurgia	Neurologia	professore ordinario di neurologia	Vita-Salute San Raffaele University Milan
Ferraldeschi	Michela	Roma	Medicina e Chirurgia	Neurologia	Dottorando di ricerca	A O Sant Andrea La Sapienza Roma
FERRARESE	CARLO	MILANO	Medicina e Chirurgia	Neurologia	Professore Ordinario di Neurologia	Dipartimento di Neuroscienze Ospedale San Gerardo - Monza MI
FERRARI	SERGIO	VERONA	Medicina e Chirurgia	Neurologia	Dirigente Medico	Dipartimento di Neuroscienze Ospedale San Gerardo - Monza MI
Ferraro	Diana	Modena	Medicina e Chirurgia	Neurologia	Neurologo	Department of Biomedical, Metabolic and Neurosciences - University of Modena and Reggio Emilia
FIANDRA	ALESSIA	ROMA	Psicologia	Psicoterapia	Responsabile Centro di Cure per la Non Autosufficienza	Fondazione Sanità e Ricerca di Roma
Figorilli	Michela	Cagliari	Medicina e Chirurgia	Neurofisiopatologia	Libero professionista	Centro per la diagnosi e cura dei disturbi del sonno - Università di Cagliari
FILIPPI	MASSIMO	MILANO	Medicina e Chirurgia	Neurologia e Neurofisiopatologia	Professore ordinario	Università Vita-Salute San Raffaele Milano
FILIPPINI	GRAZIELLA	MILANO	Medicina e Chirurgia	Neurologia	Responsabile dirigente medico SOD Neuroepidemiologia	Istituto Neurologico C. Besta di Milano
FILLA	ALESSANDRO	NAPOLI	Medicina e Chirurgia	Neurologia	Professore Ordinario di Neurologia	Università Federico II Napoli
FILOSTO	MASSIMILIANO	BRESCIA	Medicina e Chirurgia	Neurologia	Dirigente medico	Unit of Neurology, Center for Neuromuscular Diseases Brescia
Fionda	Laura	Roma	Medicina e Chirurgia	Neurologia	specializzando	Ospedale Sant'Andrea La Sapienza Roma
Fiondella	Luigi	Modena	Medicina e Chirurgia	Neurologia	Medico in formazione specialistica	Azienda Ospedaliero-Universitaria di Modena
Flora	Gianmarco	Siena	Medicina e Chirurgia	Neurologia	Specializzando	AOU SENESE Siena
FORESTI	CAMILLO	BERGAMO	Medicina e chirurgia	Neurologia	Responsabile dell'Unità di Neurofisiopatologia	Azienda Socio Sanitaria Papa Giovanni XXIII Bergamo
Foschi	Matteo	Bologna	Medicina e chirurgia	Neurologia	Specializzando	IRCCS Istituto delle Scienze Neurologiche di Bologna
FRANCHINO	FEDERICA	TORINO	Medicina e Chirurgia	Neurologia	Specializzando in neurologia	Department of Neurosciences - Torino
Fratangelo	Roberto	Florence	Medicina e Chirurgia	Neurologia	Dirigente medico	AUOC - Università di Firenze
FRAU	Jessica	Cagliari	medicina e chirurgia	Neurologia	Dirigente medico	Centro Sclerosi Multipla
FRAZZINI	VALERIO	Parigi	Medicina e Chirurgia	Neurologia	Neurologo clinico / post-doc	Unitè pileptologie, Pole du maladies du SystÃƒÂ¨me Nerveux, Sorbonne Paris
Frediani	Fabio	Milano	Medicina e Chirurgia	Neurologia	Primario del Reparto Neurologia e Stroke Unit, Responsabile Centro Cefalee	Azienda Ospedaliera Ospedale "S. Carlo Borromeo"
Frittoli	Serena	Limbiate (MB)	Ingegneria Biomedica	Dottorato di Ricerca in Ingegneria Biomedica	Ricercatore	MultiMedica IRCCS Monza
GABBRIELLI	FRANCESCO	ROMA	Medicina e Chirurgia	Chirurgia generale	Direttore Centro Nazionale per la telemedicina e le nuove tecnologie assistenziali	Istituto Superiore di Sanità-Roma
Galgani	Alessandro	Massa	Medicina e Chirurgia	Neurologia	Specializzando	Azienda Ospedaliera Universitaria di Pisa
GALLASSI	ROBERTO	BOLOGNA	Medicina e Chirurgia	Neurologia	consulente specialista neurologo	Casa di cura Madre Fortunata di Bologna
GALLINA	ANTONGIULIO	BRANCA,PG	medicina e chiurugia	Neurologia	Dirigente medico	USL Umbria 1 - Perugia
GALLO	PAOLO	PADOVA	Medicina e Chirurgia	Neurologia	professore associato di neurologia	Università di Padova
Galmozzi	Francesco	Firenze	Medicina e Chirurgia	Neurologia	Specializzando	Dipartimento di Neurologia Firenze
GALOSI	ELEONORA	ROMA	MEDICINA E CHIRURGIA	Neurologia	SPECIALIZZANDO	Dipartimento di Neuroscienze Umane La Sapienza Roma

LISTA RELATORI AFFILIAZIONE 50° CONGRESSO SIN BOLOGNA 2019

GAMBARDELLA	ANTONIO	CATANZARO	Medicina e Chirurgia	Neurologia	Professore ordinario di Neurologia (MED 26)	Università magna Grecia Catanzaro - Catanzaro
Garcea	Teresa	Catanzaro	Medicina e Chirurgia	Neurologia	Medico specializzando	Regional Epilepsy Centre, Great Metropolitan Hospital"Bianchi-Melacrino-Morelli", Reggio Calabria, Italy
Gardoni	Andrea	CAMBIAGO	Fisioterapia	Fisioterapista	Research fellow	IRCCS San Raffaele Milano
Gasperini	Claudio	Roma	Medicina e Chirurgia	Neurologia	Dirigente medico	AZ. Ospedaliera S. Camillo Forlanini Roma
GAVIANI	PAOLA	MILANO	Medicina e Chirurgia	Neurologia	Dirigente medico	
GELLI	FEDERICO	PISA	Medicina e chirurgia	Igiene e medicina sociale	Dirigente medico	Azienda USL Toscana centro - Firenze
Gentile	Luana	Rome	Medicina e Chirurgia	Neurologia	Resident	Emergency Department Stroke Unit, Policlinico Umberto I Hospital La Sapienza Roma
GEPPETTI	PIERANGELO	FIRENZE	Medicina e Chirurgia	Endocrinologia	Professore ordinario	UO Careggi - Firenze
GEREVINI	SIMONETTA	MILANO	Medicina e Chirurgia	Radiodiagnostica	Direttore UOC Neuroradioligia	ASST Papa Giovanni XXIII Bergamo
GHIGLIERI	VERONICA	Roma	Scienze Biologiche	dottorato di filosofia in neuroscienze	Ricercatore Laboratorio di Neurofisiologia	Fondazione Santa Lucia IRCCS, Roma
GIACCONE	GIORGIO	MILANO	Medicina e Chirurgia	Neurologia	Dirigente medico	Istituto Neurologico C. Besta Milano
Giani	Luca	Milan	Medicina e Chirurgia	Neurologia	Neurologo	Foundation IRCCS Carlo Besta Neurological Institute Milano
GIANNINI	GIULIA	BOLOGNA	Medicina e chirurgia	Neurologia	neurologo in formazione	Università di Bologna
Giannoccaro	Maria Pia	Bologna	Medicina e Chirurgia	Neurologia	Assegnista di ricerca	Università di Bologna
Giardini	Guido	Aosta	Medicina e Chirurgia	Neurologia	Dirigente Medico di I Livello	Azienda USL Valle d'Aosta
Giatsidis	Fabio	San Donato Milanese	Medicina e Chirurgia	Neurologia	Dirigente Medico di I Livello	IRCCS Policlinico San Donato Milano
Gigli	Gian Luigi	Udine	Medicina e Chirurgia	Neurologia	Professore ordinario di neurologia	Clinica Neurologica e la Scuola di Specializzazione in Neurologia dell'Università di Udine
GIOMETTO	BRUNO	TRENTO	Medicina e Chirurgia	Neurologia e Neuropatologia	dirigente medico 1° livello	Ospedale S Chiara Azienda Provinciale per i Servizi Sanitari Trento
GIRLANDA	PAOLO	MESSINA	Medicina e Chirurgia	Neurologia	Professore ordinario	AOU Policlinico Messina
Giuliano	Loretta	Catania	Medicina e Chirurgia	Neurologia	Dottorando	Department "G.F. Ingrassia", Section of Neuroscience - Università di Catania
GIUSSANI	GIUDITTA	MILANO	Medicina e Chirurgia	Neurochirurgia	ricercatore	Clinica Neurochirurgia, Università degli Studi Milano-Bicocca, Osp. San Gerardo dei Tintori - Monza
Gramegna	Laura Ludovica	Bologna	Medicina e Chirurgia	Radiodiagnostica	RTD a	IRCCS Istituto delle Scienze Neurologiche di Bologna
GRAZZI	LICIA	MILANO	Medicina e Chirurgia	Neurologia	dirigente medico	IRCCS Foundation "Carlo Besta" Neurological Institute Milano
GRIPPO	ANTONELLO	FIRENZE	Medicina e Chirurgia	Neurofisiopatologia	Dirigente Medico I Livello	SODc di Neurofisiopatologia dell'Azienda Ospedaliera Careggi (FI)
GRISOLD	WOLFGANG	VIENNA, A	Medicina e Chirurgia	Neurologia	Professore associato di neurologia	Department of Neurology Ludwig Boltzmann Institute for Neurooncology Vienna
GUARIGLIA	CECILIA	ROMA	Psicologia	Psicologia	Professore ordinario SSD M-PSI/02	Università di Roma La Sapienza Roma
Guarino	Maria	BOLOGNA	Medicina e Chirurgia	Neurologia	SS Gestione e Coordiamento dell'Attività Neurologica in Emergenza - Urgenza e Programmata in AOU (NEURO- AOU)	Azienda Ospedaliero - Universitaria Policlinico S.Orsola-Malpighi Bologna
GUARNIERI	BIANCA MARIA	PESCARA	Medicina e Chirurgia	Neurologia	Responsabile centro medicina del sonno	Casa di cura Villa Serena Città Sant'Angelo
Guerra	Andrea	Roma	Medicina e Chirurgia	Neurologia	MD, PhD	Department of Human Neuroscience La Sapienza Roma
GUERRINI	RENZO	FIRENZE	Medicina e Chirurgia	Neurologia e Neuropsichiatria Infantile	Direttore del Centro di Eccellenze di Neuroscienze	Azienda Ospedaliera - Universitaria A.Meyer
Guidetti	Donata	Piacenza	Medicina e Chirurgia	Neurologia e Neuropsichiatria Infantile	Direttore Struttura Complesa di Neurologia	Ospedale G. da Saliceto, Piacenza
Guidi	Marco	Pesaro	medicina e chirurgia	Neurologia	Dirigente medico	Azienda Ospedaliera "Ospedali Riuniti Marche Nord" UOC Neurologia, Pesaro PU
IAFFALDANO	PIETRO	BARI	medicina e chirurgia	Neurologia	assistente professore di neurologia	Department of Basic Medical Sciences, Neuroscience and Sense Organs - Università di Bari
IANNACCHERO	ROSARIO	CATANZARO	medicina e chirurgia	Neurologia	Dirigente medico I livello	Divisione Neurologia - Azienda Ospedaliera "Pugliese Ciaccio" Catanzaro
Imarisio	Alberto	Brescia	Medicina e Chirurgia	Neurologia	Specializzando	Neurology Unit, Department of Clinical and Experimental Sciences Brescia
INGLESE	MATILDE	GENOVA	Medicina e Chirurgia	Neurologia	Professore associato	DINOGMI Università di Genova
Introna	Alessandro	Bari	Medicina e Chirurgia	Neurologia	Dirigente medico	Department of Clinical Research in Neurology, Pia Fondazione di Culto e Religione Bari
IODICE	FRANCESCO	ROMA	Medicina e Chirurgia	Neurologia	Dottorando Neuroscienze	Fondazione Policlinico Universitario A. Gemelli Roma
KOCH	GIACOMO	ROMA	Medicina e Chirurgia	Neurologia	Neurologo	Fondazione PTV Policlinico Tor Verfaga - Roma
Kuhle	Jens	Basel	Medicina e Chirurgia	Neurologia	Neurologo	Department of Neurologia – University of Basel
LABATE	Angelo	Catanzaro	Medicina e Chirurgia	neurologia	Ricercatore Confermato SSD 06/D6	Università di Catanzaro, Facoltà di Medicina e Chirurgia, Catanzaro
La Cava	Marica	Bari	Medicina e Chirurgia	Neurologia	Medico in Formazione Specialistica	Department of Medical Bases Sciences, Neurosciences and Sense Organs Bari
La Morgia	Chiara	BOLOGNA	MEDICINA E CHIRURGIA	Neurologia	NEUROLOGO	IRCCS ISTITUTO DELLE SCIENZE NEUROLOGICHE DI BOLOGNA
LALLI	STEFANIA	MILANO	Medicina e Chirurgia	Neurologia	Aiuto primario	Istituto Clinico Humanitas - Rozzano (MI)
LAMPERTI	COSTANZA	MILANO	Medicina e Chirurgia	Neurologia	Dirigente Medico I Livello	Fondazione IRCCS Istituto Neurologico Carlo Besta - UOC Neurogenetica Molecolare Milano
Lanfranconi	Silvia	Milano	Medicina e Chirurgia	Neurologia	Dirigente Medico	Fondazione IRCSS Granda Ospedale Maggiore Policlinico Milano
LANZA	GAETANO	Castellanza VA	Medicina e Chirurgia	Chirurgia vascolare	Primario dell'Unità Operativa di Chirurgia Vascolare presso l'Ospedale Multimedica di Castellanza (VA)	Primario dell'Unità Operativa di Chirurgia Vascolare presso l'Ospedale Multimedica di Castellanza (VA)
LANZILLO	ROBERTA	NAPOLI	Medicina e Chirurgia	Neurologia	RTD-B	Università Federico II Napoli
Lapucci	Caterina	Genova	Medicina e Chirurgia	Neurologia	neurologo	Università di Genova DINOGMI Genova
Lattanzi	Simona	Ancona	Medicina e Chirurgia	Neurologia	Ricercatore - Dirigente Medico	Marche Polytechnic University Ancona
LAURIA PINTER	GIUSEPPE	MILANO	Medicina e Chirurgia	Neurologia	Dirigente medico	ISTITUTO NEUROLOGICO C. BESTA - MILANO
LAVORGNA	LUIGI	NAPOLI	Medicina e Chirurgia	Neurologia	Neurologo - Dirigente Medico	I Clinica Neurologica AOU - Seconda Università di Napoli
Lazzarin	Serena Marita	Milano	Medicina e Chirurgia	Neurologia	specializzando	Ospedale San Raffaele Milano
Lecca	Rosamaria	Cagliari	Medicina e Chirurgia	Neurologia	Dottorando	Sleep Disorder Centre A.O.U Cagliari
LEOCANI	LETIZIA	MILANO	Medicina e Chirurgia	Neurologia	Professore associato	Università Vita-Salute San Raffaele di Milano
LEONE	MASSIMO	MILANO	Medicina e Chirurgia	Neurologia	Dirigente medico	Fondazione Istituto Neurologico Besta Milano,IRCCS
LEONE	MAURIZIO	NOVARA-SAN GIOVANN	Medicina e Chirurgia	Neurologia	Direttore SC Neurologia	IRCCS Ospedale Casa sollievo di Cura San Giovanni Rotondo
Letteri	Federica	Rome	Medicina e Chirurgia	Neurologia	Neurologo	Emergency Department - Stroke Unit Umberto I Roma
Liberatore	Giuseppe	Rozzano	Medicina e Chirurgia	Neurologia	Neurologo	IRCCS Humanitas Clinical and Research Center Milan
Liguori	Claudio	Roma	Medicina e Chirurgia	Neurofisiopatologia	Ricercatore	Policlinico Tor Vergata Roma
LIGUORI	ROCCO	BOLOGNA	Medicina e Chirurgia	Neurologia	Professore associato	Università di Bologna - Dipartimento di Scienze Biomediche e Neuromotorie

LISTA RELATORI AFFILIAZIONE 50° CONGRESSO SIN BOLOGNA 2019

LISOTTO	CARLO	PORDENONE	Medicina e Chirurgia	Neurologia	Dirigente medico I livello	Ambulatorio per lo Studio, la Diagnosi e la Terapia delle Cefalee Azienda per l'Assistenza Sanitaria n. 5 Friuli Occidentale, Pordenone
LISSONI	BARBARA	MILANO	Psicologia	Psicoterapia	Psicologa psicoterapeuta	AO Ospedale Niguarda Ca' Granda Milano
LOCATELLI	CARLO ALESSANDRO	PAVIA	Medicina e Chirurgia	Anestesia e rianimazione/Tossicologia	Responsabile Centro Veleni	
Locatelli	Martina	Brescia	Medicina e Chirurgia	Neurologia	Specializzando	Spedali Civili di Brescia
Loddo	Giuseppe	Bologna	Medicina e Chirurgia	Neurologia	Dottorando	Department of Biomedical and Neuromotor Sciences, University of Bologna, Bologna, Italy
LODI	RAFFAELE	BOLOGNA	Medicina e Chirurgia	Radiognostica	Professore ordinario	Dipartimento di Scienze Biomediche e Neuromotorie - Università di Bologna
LOGROSCINO	GIANCARLO	BARI	Medicina e Chirurgia	Neurologia	Professore Ordinario di Neurologia	Università Degli Studi Di Bari "Aldo Moro" Dipartimento di Scienze Mediche di Base Neuroscienze e Organi di Senso
Lombardi	Gemma	Florence	Medicina e Chirurgia	Neurologia	neurologo	NEUROFARBA Department Florence
Lombardo	Salvatore	Campobasso	Medicina e Chirurgia	Neurologia	neurologo	UNIMOL University of Molise Campobasso
LOPIANO	LEONARDO	TORINO	Medicina e Chirurgia	Neurologia	Professore ordinario	Dipartimento di Neuroscienze - Università degli Studi di Torino AOU Città della Salute e della Scienza di Torino
LORUSSO	LORENZO	CHIARI (BS)	Medicina e chirurgia	Neurologia	Dirigente medico	ASST Franciacorta - Chiari
LUCCHELLI	FEDERICA	RHO(MI)	Medicina e Chirurgia	Neurologia	Dirigente medico	UO Rieducazione e Recupero Funzionale, Servizio di Riabilitazione Neuropsicologica - AO Salvini Milano
Lucchini	Matteo	Rome	Medicina e Chirurgia	Neurologia	Dottorando	Neurology Catholic University of Sacred Heart Rome
LUGARESI	ALESSANDRA	BOLOGNA	Medicina e Chirurgia	Neurologia	Professore associato	Università di Bologna - Dipartimento di Scienze Biomediche e Neuromotorie
LUIGETTI	MARCO	ROMA	Medicina e Chirurgia	Neurologia	Dirigente medico di I livello	Policlinico Universitario Agostino Gemelli IRCCS, Roma
LUS	GIACOMO	NAPOLI	Medicina e Chirurgia	Neurologia	ricercatore universitario	Multiple Sclerosis Center University of Campania "L. Vanvitelli", Napoli
LUZZATI	ROBERTO	TRIESTE	Medicina e Chirurgia	Malattie Infettive	Professore associato	Università di Trieste
MAESTRI	MICHELANGELO	PISA	Medicina e Chirurgia	Neurologia	Dirigente medico I livello-Uo Neurologia	Azienda ospedaliera Universitaria - Pisa
MAESTRINI	ILARIA	ROMA	Medicina e Chirurgia	Neurologia	Ricercatrice	Dipartimento di Neuroscienze Umane della Sapienza - università di Roma
MAGGI	LORENZO	MILANO	Medicina e chirurgia	Neurologia	Dirigente medico	Fondazione IRCCS Istituto Neurologico Carlo Besta - Milano
MANCARDI	GIOVANNI	GENOVA	Medicina e Chirurgia	Neurologia	Prof. Ordinario di Neurologia	Università degli Studi di Genova - Dipartimento di Neuroscienze, Oftalmologia e Genetica
MANCUSO	MICHELANGELO	PISA	Medicina e Chirurgia	Neurologia	Professore associato Neurologia	AZIENDA OSPEDALIERO-UNIVERSITARIA PISANA
Mandrioli	Jessica	Modena	Medicina e Chirurgia	Neurologia	Dipendente medico specializzato	Azienda ospedaliero Universitaria di Modena
Manganelli	Fiore	Salerno	Medicina e Chirurgia	Neurologia	Professore Ordinario	Dipartimento di Neuroscienze , Scienze della Riproduzione ed Odontostomatologiche - Università studi di Napoli Federico II (Napoli)
Manganotti	Paolo	Trieste	Medicina e Chirurgia	Neurologia	Dirigente Medico	Azienda Ospedaliero-Universitaria Ospedale di Cattinara, Trieste
MANNI	RAFFAELE	PAVIA	Medicina e Chirurgia	Neurologia	Direttore unità medicina del sonno/epilessia	Direttore unità medicina del sonno/epilessia c/o IRCCS Fondazione C.Mondino Pavia
Mantero	Vittorio	Lecco	Medicina e Chirurgia	Neurologia	Dirigente Medico	ASST Lecco
MAOVERO	ROMINA	ROMA	Medicina e Chirurgia	Neuropsichiatria Infantile	RTD-B	Chil Neurology and Psychiatry Unit-Tor Vergata University of Rome
Marastoni	Damiano	Verona	Medicina e Chirurgia	Neurologia	Specializzando	Dept. of Neurosciences, Biomedicine and Movement Sciences, University of Verona, Italy
MARCHIONI	ENRICO	PAVIA	Medicina e Chirurgia	Neurologia	Responsabile SC	Istituto C. Mondino Pavia
Marconi	Roberto	Grosseto	Medicina e Chirurgia	Neurologia	Direttore U.O.	Dipartimento Cardio Neuro Vascolare Azienda USL Toscana sud est , Grosseto
Maresca	Alessandra	Bologna	Biotecnologie	Nessuna	Biotecnologo	IRCCS Istituto delle Scienze Neurologiche di Bologna
MARIANI	CARLO ALBERTO	Palermo	Medicina e Chirurgia	Neurologia	dirigente medico	ASPP Ambulatorio di Palermo
Marini	Alessandro	Udine	Medicina e Chirurgia	Neurologia	Specializzando	Ospedale S. Maria della Misericordia Udine
Marino	Silvia	Messina	Medicina e Chirurgia	Neurofisiopatologia	Dirigente Medico	IRCCS Centro Neurolesi Bonino-Pulejo Messina
MARINONI	MARINELLA	FIRENZE	Medicina e Chirurgia	Neurologia	Ricercatore	Università degli Studi di Firenze
MARIOTTI	CATERINA	MILANO	Medicina e Chirurgia	Neurologia	Dirigente medico	ISTITUTO NEUROLOGICO C. BESTA - MILANO
MARRA	CAMILLO	ROMA	Medicina e Chirurgia	Neurologia	Professore associato	Fondazione policlinico Agostino Gemelli -Università Cattolica del Sacro Cuore di Roma
MARRAS	CARLO EFISIO	ROMA	Medicina e Chirurgia	Neochirurgia	Responsabie Neurochirurgia	Ospedale Pedriatico Bambino Gesù Roma
MARTINELLI	PAOLO	BOLOGNA	Medicina e Chirurgia	Neurologia	Ricercatore	Dipartimento di Scienze Biomediche e Neuromotorie - Università di Bologna
Martino	Iolanda	Catanzaro	Psicologia	Psicoterapia	Psicologo, PhD	Neurologia Magna Grecia Catanzaro
MASSACESI	Luca	FIRENZE	Medicina e Chirurgia	Neurologia	Professore ordinario di neurologia	Ospedale Universitario Careggi, Firenze
Mastrangelo	Vincenzo	Bologna	Medicina e Chirurgia	Neurologia	Medico in formazione specialistica	Department of Biomedical and NeuroMotor Sciences (DIBINEM) Bologna
Mastronardi	Antonella	Bari	Medicina e Chirurgia	Neurologia	Medico in Formazione Specialistica	Department of Basic Medical Sciences, Neurosciences and Sense Organs Bari
Masuzzo	Federica	Turin	Medicina e Chirurgia	Neurologia	Medico in Formazione Specialistica	Neurology Department Torino
Mattioli	Irene	Modena	Medicina e Chirurgia	-	Medico in Formazione Specialistica	Dipartimento scienze biomediche, metaboliche e neuroscienze UNIMORE Modena
Mattioli	Pietro	Genoa	Medicina e Chirurgia	Neurologia	Medico in Formazione Specialistica	IRCCS H. San Martino, DINOGMI Genova
MAURIZIO	Elia	Troina EN	Medicina e Chirurgia	Neurologia	Dirigente medico	I.R.C.C.S. Oasi Maria SS. U.O.C. di Neurologia e Neurofisiopatologia Clinica e Strumentale, Troina EN
Mauro	Alessandro	Torino	Medicina e Chirurgia	Neurologia	professore ordinario di neurologia	Dipartimento di Neuroscienze "Rita Levi Montalcini" Università degli Studi di Torino
Mazzeo	Anna	Messina	Medicina e Chirurgia	Neurologia	Ricercatore	AOU G. Martino Messina
Mazzeo	Salvatore	Florence	Medicina e Chirurgia	Neurologia	Resident Physician	Department of Neuroscience, Psychology, Drug Research and Child Health Florence
MAZZOLENI	STEFANO	PISA	Ingegneria Informatica	Dottorato di ricerca in Bioingegneria, Ingegneria dei Materiali, Robotica	assistente professore di neurologia	BioRobotics Institute of Scuola Superiore Sant'Anna, Pisa
MECARELLI	ORIANO	ROMA	Medicina e Chirurgia	Neurofisiopatologia	Ricercatore confermato/Professore aggregato	Università La Sapienza Roma
MELAS	VALERIO	CAGLIARI	MEDICINA E CHIRURGIA	Neurologia	SPECIALIZZANDO	Department of Medical Science and Public Health, Neurology Unit Cagliari
Mele	Francesco	Milan	Medicina e Chirurgia	Neurologia	Medico Specializzando	Luigi Sacco Hospital Milan
MELETTI	STEFANO	MODENA	Medicina e Chirurgia	Neurologia	Professore associato	Dipartimento di Scienze Biomediche Metaboliche e Neuroscienze Università di Modena e Reggio Emilia, Modena
Meli	Riccardo	Genoa	Medicina e Chirurgia	Neurologia	Resident	IRCCS policlinico San Martino Genova
MELONE	MARINA	NAPOLI	medicina e chirurgia	Neurologia	Professore associato di Neurologia/Direttore del Centro Interuniversitario di Ricerca in Neuroscienze/Dirigente medico	Università degli Studi della Campania Luigi Vanvitelli - Caserta (CE)
Meloni	Mario	Milano	Medicina e Chirurgia	Neurologia	Dirigente Medico	IRCCS, Fondazione Don Carlo Gnocchi Milano
MEOLA	GIOVANNI	MILANO	Medicina e Chirurgia	Neurologia	Professore ordinario di Neurologia	Università degli Studi di Milano

LISTA RELATORI AFFILIAZIONE 50° CONGRESSO SIN BOLOGNA 2019

MERCURI	NICOLA BIAGIO	Roma	Medicina e Chirurgia	Neurologia	Professore ordinario di Neurologia	Università degli Studi Tor Vergata -Roma
MEROLA	ARISTIDE	CINCINNATI, USA-TORINO	Medicina e Chirurgia	Neurologia	assistente professore di neurologia	Gardner Center for Parkinson's Disease and Movement Disorders -University of Cincinnati
MESSINA	ROBERTA	MILANO	medicina e chirurgia	Neurologia	specializzando in neurologia	OSPEDALE SAN RAFFAELE Milano
Messina	Sonia	Messina	Medicina e Chirurgia	Neurologia	Professore Associato	UOC Neurologia e Malattie Neuromuscolari, Policlinico "G. Martino", Messina
MICELI	GABRIELE	TRENTO	medicina e chirurgia	Neurologia	Professore ordinario di Neurologia	CIMeC Center for Mind/Brain Sciences - University of Trento
MICHELUCCI	ROBERTP	BOLOGNA	Medicina e Chirurgia	Neurologia	Direttore UOC Neurologia	IRCCS Istituto delle Scienze Neurologiche di Bologna, AUSL di Bologna
MICIELI	GIUSEPPE	PAVIA	Medicina e Chirurgia	Neurologia	Direttore Dipartimento Neutologia d'Urgenza	IRCCS Fondazione Istituto Neurologico "C. Mondino" Pavia
Mignarri	Andrea	Siena	Medicina e Chirurgia	Neurologia	Dirigente medico	UOSA Malattie Neurodegenerative Siena
MIGNOT	Emmanuel	Stanford, UK	Medicina e Chirurgia	Psichiatria	Professore di psichiatria	Università di Stanford Centro Scienze di Medicina del Sonno, Stanford
MINETTI	CARLO	GENOVA	Medicina e chirurgia	Neurologia/Pediatria	Professore ordinario	Università degli studi di Genova
MINICUCCI	FABIO	MILANO	Medicina e Chirurgia	Neurologia	Responsabile di unità funzionale	IRCCS Ospedale San Raffaele - Milano
Mo	Francesca	Torino	Magistrale in Medicina e Chirurgia	In corso - Neurologia	Medico specializzando	Dipartimento di neuroscienze Rita Levi Montalcini - Città della Salute e della Scienza Torino
MOAVERO	ROMINA	ROMA	Medicina e Chirurgia	Neuropsichiatria Infantile	RTD-B	Università degli Studi di Roma Tor Vergata
MODUGNO	NICOLA	ROMA	Medicina e chirurgia	Neurologia	Dirigente medico I livello	IRCCS Neuromed, L'Unita semplice della Malattia di Parkinson e dei Disturbi del Movimento, Roma
Moglia	Cristina	Torino	Medicina e chirurgia	Neurologia	Ricercatore Universitario TD	"Rita Levi Montalcini" Dept of Neuroscience Torino
Moiola	Lucia	Milano	Medicina e Chirurgia	Neurologia	Coordinatore attività area Centro Sclerosi Multipla-Neurologia-Ambulatori	OSPEDALE SAN RAFFAELE Milano
MOLTENI	FRANCO	COMO	Medicina e chirurgia	medicina fisica e riabilitazione	Direttore dell'Unità Operativa Complessa di Medicina Riabilitativa	Ospedale Valduce Como
MONACO	SALVATORE	VERONA	Medicina e Chirurgia	Neurologia e Neurofisiopatologia	Professore ordinario	Università degli studi di Verona
Monfrini	Edoardo	Milano	Medicina e Chirurgia	Neurologia	Medico Specializzando	IRCCS Ca' Granda Ospedale Maggiore Policlinico Milano
Mongini	Tiziana	Torino	Medicina e Chirurgia	Neurologia	Professore associato	Dipartimento di Neuroscienze "Rita Levi Montalcini" - Università di Torino
Montanucci	Chiara	perugia	Psicologia della Salute, Clinica e di Comunità	/	psicologo - settore neuropsicologia	Centro Disturbi della Memoria - Laboratorio di Neurochimica Clinica Perugia
MONTECUCCO	CESARE	PADOVA	Chimica e Bologia	Scienze Biologiche	Professore di patologia generale	Department of Biomedical Sciences University of Padova
MORA	GABRIELE	PAVIA	Medicina e Chirurgia	Neurologia	Direttore UO Neuroriabilitazione/SLA	ICS Maugeri IRCCS - Milano
Morano	Alessandra	Roma	Medicina e Chirurgia	Neurologia	Dottorando in Neuroscienze	Dipartimento di Neuroscienze Umane La Sapienza Roma
MORETTO	GIUSEPPE	VERONA	Medicina e Chirurgia	Neurologia	Direttore UO di Neurologia	Azienda Ospedaliera Universitaria Integrata - Verona
MORGANTE	FRANCESCA	LONDON, UK	Medicina e Chirurgia	Neurologia	Professore associato	Università di Messina
MORO	ELENA	GRENOBLE,FR	Medicina e chirurgia	Neurologia	Professore Neurologia	Grenoble Alpes University
MORONE	GIOVANNI	ROMA	Medicina e chirurgia	Medicina Fisica e Riabilitativa	Ricercatore Laboratorio Clinico di Neuroriabilitazione Sperimentale	Fondazione Santa Lucia Neuroscienze e Riabilitazione, Roma
MORONI	ISABELLA	MILANO	Medicina e chirurgia	Neurologia	Dirigente medico di neuropsichiatria infantile	Istituto "Carlo Besta" Milano
Morotti	Andrea	Pavia	Medicina e Chirurgia	Neurologia	Dirigente Medico	IRCCS Fondazione Mondino Pavia
Morreale	Angela	Imola	Medicina e Chirurgia	Neurologia	Responsabile Programma Gestione dolore	Montecatone Rehabilitation Institute Imola
MOSTACCI	BARBARA	BOLOGNA	Medicina e chirurgia	Neurologia	Ricercatore	Bologna IRCCS-Istituto delle Scienze neurologiche di Bologna, Ospedale Bellaria Bologna
MOSTILE	GIOVANNI	CATANIA	Medicina e Chirurgia	Neurologia	Ricercatore	Dipartimento "G.F Ingrassia"- Università degli Studi di Catania
MURESANU	DAFIN	Cluji - RO	Medicina e Chirurgia	Neurologia	Medico primario di neurologia	University of Medicine and Pharmacy "Iuliu Hatieganu" Cluj-Napoca, Romania
Musolino	Rosa	Messina	Medicina e Chirurgia	Neurologia	Dirigente Medico I Livello	Policlinico Universitario di Messina
MUSUMECI	OLIMPIA	MESSINA	Medicina e Chirurgia	Neurologia	Ricercatore universitario	Dipartimento di Medicina Clinica e Sperimentale - Università di Messina
NAPOLETANO	VITO	BARI	Medicina e Chirurgia	Neurologia	Neurologo	ASL Bari
Nardi Cesarini	Elena	Perugia	Medicina e Chirurgia	Neurologia	Borsista	Neurology Clinic - University of Perugia
NEGRO	ANDREA	ROMA	Medicina e Chirurgia	Medicina Interna	Assegnista di ricerca	Dipartimento Medicina clinica e molecolare - Sapienza Università di Roma
Neri	Sabrina	Catanzaro	Medicina e Chirurgia	Neurologia	Medico Specializzando	Medical and Surgical Sciences Department - Univ. Di Catanzaro
Nichelli	Paolo Frigio	Modena	Medicina e Chirurgia	Neurologia	Professore senior di neurologia	Dipartimento di Scienze Biomediche, Metaboliche e Neuroscienze sede ex-Neuroscienze- Università degli studi di Modena e Reggio Emilia
NICOLETTI	ALESSANDRA	CATANIA	Medicina e Chirurgia	Neurologia	Professore associato	Università di Catania
Nobile Orazio	Eduardo	Milano	Medicina e Chirurgia	Neurologia	Professore associato	Dipartimento di Biotecnologie Mediche e Medicina Traslazionale - Università di Milano
Nocentini	Ugo	Roma	Medicina e Chirurgia	Neurologia	Ricercatore	Università degli Studi di Roma " Tor Vergata"
Novellino	Fabiana	catanzaro	Medicina e chirurgia	Neurologia	Ricercatore	Neuroimaging Research Unit, Institute of Bioimaging and Molecular Physiology Catanzaro
Novi	Giovanni	Genoa	Medicina e Chirurgia	Neurologia	Dottorando	Department of Neuroscience, Rehabilitation, Ophthalmology, Genetics, Maternal and Child Health (DINOGMI) Genova
OBICI	Laura	PAVIA	Medicina e Chirurgia	Medicina Interna	Dirigente Medico I livello	Fondazione IRCCS San Matteo Dip. Medicina Diagnost. e Servizi: L.S.R. Area Biotecnologie, Pavia
OPPO	VALENTINA	CAGLIARI	Medicina e Chirurgia	Neurologia	Dirigente medico	Azienda Ospedaliera G.Brotzu-S.C Neurologia E Stroke Unit - Cagliari
Orlandi	Niccolo'	Modena	Medicina e Chirurgia	Neurologia	Medico in formazione specialistica	OCB Hospital, AOU Modena - Unit of Neurology
ORLANDO	STEFANO	ROMA	Scienze Politiche	Educazione sanitaria	Ricercatore TDA	Università di Tor Vergata Roma-Dipartimento di Biomedicina e Prevenzione
Ornello	Raffaele	L'Aquila	Medicina e Chirurgia	Neurologia	Dottorando di ricerca	Dipartimento di Scienze Cliniche Applicate e Biotecnologiche L'Aquila
PACCHETTI	CLAUDIO	PAVIA	Medicina e chirurgia	Neurologia	Dirigente medico	Fondazione Mondino, Unità operativa struttura complessa Malattia di Parkinson e Disordini del Movimento, Pavia
PACE	ANDREA	ROMA	Medicina e Chirurgia	Neurologia	Responsabile UOSD Neuroncologia	Neuroncologia Istituto Tumori Regina Elena -Roma
PADIGLIONI	CHIARA	CITTA' DI CASTELLO, PG	Medicina e chirurgia	Neurologia	MEDICO NEUROLOGO	USL Umbria 1 - UO Neurologia Ospedale Città di Castello (PG)
Padovani	Alessandro	BRESCIA	Medicina e chirurgia	Neurologia	Professore ordinario di neurologia	università degli Studi di Brescia Dipartimento Scienze Cliniche e Sperimentali, Brescia
PADUA	LUCA	ROMA	medicina e chirurgia	Neurologia	professore associato di neurologia	Fondazione Policlinico Universitario Agostino Gemelli IRCCS Roma
PANDOLFI	P.	TORINO				
PANTONI	LEONARDO	MILANO	Medicina e Chirurgia	Neurologia	Professore ordinario	Università degli studi di Milano
Paolini Paoletti	Federico	Perugia	Medicina e Chirurgia	Scuola di Specializzazione in Neurologia	Medico Specializzando	Clinica Neurologica, Ospedale S. Maria della Misericordia Perugia
PAOLUCCI	STEFANO	ROMA	Medicina e Chirurgia	Neurologia	Dirigente medico	Direttore U.O. complessa Riabilitazione Solventi Fondazione S. Lucia - IRCCS, Roma

LISTA RELATORI AFFILIAZIONE 50° CONGRESSO SIN BOLOGNA 2019

PAPAGNO	COSTANZA	ROVERET-MILANO	Medicina e Chirurgia	Neurologia	Professore ordinario	Dip. Di psicologia Univ. Degli studi di Milano Bicocca
Paparella	Giulia	Rome	Medicina e chirurgia	Neurologia	PhD student	Department of Human Neurosciences La Sapienza Roma
PARATI	GIANFRANCO	MILANO	Medicina e chirurgia	Medicina interna e cardiologia	professore ordinario di medicina interna	Università degli Studi Milano Bicocca
PARCHI	PIERO	BOLOGNA	Medicina e chirurgia	Neurologia	professore associato di neurologia	Università di Bologna, Dipartimento di Medicina Specialistica, Diagnostica e Sperimentale, Bologna
Pardini	Matteo	Genoa	Medicina e Chirurgia	Neurologia	Ricercatore TD in neurologia	DiNOGMI Genova
PAREYSON	DAVIDE	MILANO	Medicina e Chirurgia	Neurologia	Dirigente medico Neurologo	Fondazione IRCCS Istituto Neurologico "Carlo Besta" -Milano
Parisi	Mosè	Bari	Medicina e Chirurgia	Neurologia	Medico Specializzando	Department of Basic Medical Sciences, Neurosciences and Sense Organs Bari
Parrino	Liborio	Parma	Medicina e Chirurgia	Neurologia	Professore associato	Università degli Studi di Parma
Pasca	Matteo	Firenze	Medicina e Chirurgia	Neurologia	Specializzando	AOU Careggi Firenze
Pati	Alba Rosa	Lecce	Medicina e Chirurgia	Neurologia	Neurologo	Casa di Cura "Villa Verde" Lecce
PATTI	FRANCESCO	CATANIA	Medicina e Chirurgia	Neurologia/Fisiatria	Professore associato	Policlinico “G Rodolico” dell’Azienda Ospedaliero-Universitaria Policlinico-Vittorio Emanuele dell’Università di Catania
Pavolucci	Lucia	Bologna	Medicina e Chirurgia	Neurologia	Dirigente medico	Neurology Unit - S.Orsola Malpighi University Hospital Bologna
PELLICCIONI	GIUSEPPE	ANCONA	Medicina e Chirurgia	Neurologia	Direttore Struttura complessa	UOC di Neurologia/Centro Alzheimer/Stroke Unit Ospedale Geriatrico Ancona
Pengo	Marta	Padova	Medicina e Chirurgia	Neurologia	Medico in formazione specialistica	Azienda Ospedaliera di Padova
Perani	Daniela	Milano	Medicina e Chirurgia	Neurologia	Professore Ordinario di Neuroscienze	Vita-Salute San Raffaele University, Nuclear Medicine Unit San Raffaele Hospital Division of Neuroscience San Raffaele Scientific Institute, Milano
PERINI	PAOLA	Padova	Medicina e Chirurgia	Neurologia	Medico specialista in neurologia	Clinica neurologica azienda ospedaliera Padova
PERUGI	GIULIO	PISA	Medicina e Chirurgia	Psichiatria	Professore Associato	Università degli studi di Pisa, AOU-Pisa
Petracca	Maria	New York	Medicina e Chirurgia	Neurologia	Scientific collaborator	Department of Neurology -Icahn School of Medicine at Mount Sinai New York
Picco	Agnese	Genova	Medicina e Chirurgia	Neurofisiopatologia	Dottorando	Clinica neurologica, DiNOGMI Genova
Piccoli	Tommaso	Palermo	Medicina e Chirurgia	Neurologia	Professore Aggregato	Dipartimento di Biomedicina, Neuroscienze e Diagnostica avanzata (BiND) - Università di Palermo
PIERELLI	FRANCESCO	ROMA	Medicina e Chirurgia	Neurologia	Professore Ordinario di Neurologia	Università La Sapienza Roma
Pilati	Laura	Palermo	medicina e chirurgia	Neurologia	assistente in formazione	Department of Biomedicine, Neuroscience and Advanced Diagnostics (Bi.N.D.) - Università di Palermo
Pilotto	Andrea	Brescia	Medicina e CHirurgia	Neurologia	Ricercatore Universitario	Clinica Neurologica Brescia
Piramide	Noemi	Milano	Fisioterapia	Fisioterapista	Ricercatore	Ospedale San Raffaele Milano
Pirro	Fiammetta	Monza	Medicina e Chirurgia	Neurologia	specializzando	San Gerardo di Monza
Pisani	Francesco	MESSINA	Medicina e Chirurgia	Neurologia	DIRIGENTE MEDICO DI 1° LIVELLO, PROFESSORE ASSOCIATO DI NEUROLOGIA	AZIENDA OSPEDALIERA UNIVERSITARIA “G. MARTINO”, Messina
Pistoia	Francesca	L'Aquila	Medicina e Chirurgia	Neurologia	Professore Associato Neurologia	Dipartimento di Scienze Cliniche Applicate e Biotecnologiche L'Aquila
PLACIDI	FABIO	ROMA	Medicina e chirurgia	Neurologia	Professore associato	Università degli studi di Roma Tor Vergata
PLAZZI	GIUSEPPE	BOLOGNA	Medicina e chirurgia	Neurologia	Professore Associato di Neurologia	Responsabile dei Laboratori per lo Studio e la Cura dei Disturbi del Sonno del Dipartimento di Scienze Biomediche e Neuromotorie dell'Università di Bologna
POGGESI	ANNA	FIRENZE	Medicina e Chirurgia	Neurologia	Ricercatore, RTDb	Università degli studi di Firenze
Poli	Loris	BRESCIA	MEDICINA E CHIRURGIA	Neurologia	DIRIGENTE MEDICO	SPEDALI CIVILI DI BRESCIA
Poloni	Tino Emanuele	Abbiategrasso	Medicina e Chirurgia	Neurologia	Dirigente Medico	Abbiategrasso Brain Bank & Golgi-Cenci Foundation Pavia
Pompanin	Sara	Venice	Medicina e Chirurgia	Neurologia	Medical Doctor	Ospedale dell'Angelo Padova
POSTERARO	FEDERICO	Camaiore, LU	Medicina e Chirurgia	Neurologia	Dirigente medico	Ospedale Versilia di Lido di Camaiore (LU) Reparto UO Neurologia
POZZILLI	Carlo	Roma	Medicina e Chirurgia	Neurologia	Professore ordinario di neurologia	Università degli Studi di ROMA "La Sapienza" Dipt. Di neurologia
Pradella	Francesco	Padova	Magistrale in Medicina e Chirurgia	No	In attesa di specializzazione	Dipartimento di Neurologia Padova
PREZIOSA	PAOLO	MILANO	Medicina e Chirurgia	Neurologia	specializzando in neurologia	San Raffaele Scientific Institute Milano
Primiano	Guido	Roma	Medicina e Chirurgia	Neurologia	Dirigente medico	Istituto di Neurologia - Univ. Cattolica del Sacro cuore Roma
PRIORI	ALBERTO	MILANO	Medicina e Chirurgia	Neurologia	Professore ordinario in Neurologia	Università degli Studi di Milano DIPARTIMENTO DI SCIENZE DELLA SALUTE
Prosperini	Luca	Roma	Medicina e Chirurgia	Neurologia	Dirigente Medico I livello	Osp. S. Camillo-Forlanini Roma
PROVINCIALI	LEANDRO	ANCONA	Medicina e Chirurgia	Neurologia	Professore Ordinario di Neurologia	Clinica di Neurologia degli Ospedali Riuniti di Ancona
PROVINI	FEDERICA	BOLOGNA	Medicina e Chirurgia	Neurologia	Docente Dottorato	Scienze Biomediche e Neuromotorie dell'Università di Bologna
PUCCI	EUGENIO	FERMO	Medicina e Chirurgia	Neurologia	Dirigente Medico I Livello	UO Neurologia ASUR Marche Area Vasta 3 - Macerata
PUGLIATTI	MAURA	FERRARA	Medicina e Chirurgia	Neurologia	Professore Associato	Università degli Studi di Ferrara - Dipartimento di Scienze Biomediche e Chirurgico-Specialistiche
Pugliese	Alessia	Messina	Medicina e Chirurgia	Neurologia E Malattie Neuromuscolari	Medico Specializzando	Department of Clinical and Experimental Medicine Messina
Puligheddu	monica	Cagliari	Medicina e Chirurgia	Neurologia	Ricercatore TI	Dipartimento Scienze Mediche e SanitÃƒÂ Pubblica Cagliari
PUPILLO	ELISABETTA	MILANO	Farmacia	Ricerca Biomedica	Ricercatrice	Istituto di Ricerche Farmacologiche Mario Negri IRCCS
QUARANTA	DAVIDE	ROMA	Medicina e Chirurgia	Neurologia	Dirigente medico	Policlinico Universitario A.Gemelli Roma
QUATRALE	ROCCO	VENEZIA	Medicina e Chirurgia	Neurologia/Neurofisiologia clinica	Direttore UOC di Neurologia	AULSS 3 Serenissima Ospedale dell'Angelo - Venezia Mestre
Quattrone	Aldo	Catanzaro	Medicina e chirurgia	Neurologia	quiescenza	quiescenza
Quattrone	Andrea	Catanzaro	Medicina e chirurgia	Neurologia	Medico in formazione specialistica	Istituto di Scienze mediche e chirurgiche, Dipartimento di Neurologia Catanzaro
Querzani	Pietro	Ravenna	Medicina e Chirurgia	Neurologia	Direttore UO Neurologia	Ausl Romagna
Querzola	Giacomo	Milano	Medicina e Chirurgia	Neurologia	Medico Specializzando	Osp. Luigi Sacco Milano
Quintana	Simone	Parma	Medicina e Chirurgia	Neurologia	Medico Specializzando	Azienda Ospedaliero Universitaria di Parma
Raciti	Loredana	Messina	Medicina e Chirurgia	Neurologia	Dirigente Medico	IRCCS Centro Neurolesi 'Bonino-Pulejo', Messina, Italy
RAGONESE	PAOLO	PALERMO	Medicina e Chirurgia	Neurologia	Professore associato/Dirigente medico	Università deli Studi di Palermo
RAINERO	Innocenzo	Turin	Medicina e Chirurgia	Neurologia	Responsabile CDCD	Department of Neuroscience Torino
Rascunà	Cristina	Catania	Medicina e Chirurgia	Neurologia	Medico specializzando	Section of Neurosciences, Department GF Ingrassia Catania
RICCI	STEFANO	CITTA' DI CASTELLO, PG	Medicina e Chirurgia	Neurologia	Primario UO Neurologia	USL Umbria 1 - Perugia
RIDOLFI	MARIANA	Trieste	medicina e chirurgia	Neurologia	specializzando	Department of Medical Sciences Ã¢â‚¬â€œ University Hospital and Health Services of Trieste
Rifino	Nicola	Lecco	Medicina e chirurgia	Neurologia	Specializzando	Ospedale A. Manzoni Milano Bicocca
Rinaldi	Roberta	Perugia	Medicina e Chirurgia	Neurologia	Specializzando	Centre for Memory Disturbances, Lab of Clinical Neurochemistry, Section of Neurology Perugia

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ROCCA	MARIA ASSUNTA	MILANO	Medicina e Chirurgia	Neurologia	Ricercatrice in neuroscienze	Ospedale San Raffaele Milano
Rocchi	Camilla	Roma	Medicina e Chirurgia	Neurologia	MD	UOC di Neurologia, Dipartimento di Medicina dei Sistemi, Policlinico Tor Vergata Roma
Rocco	Alessandro	roma	medicina e chirurgia	Neurologia	Medico specialista	Fondazione policlinico Tor Vergata Roma
RODOLICO	CARMELO	MESSINA	Medicina e Chirurgia	Neurologia	Professore associato- Dirigente Medico	Professore Associato di neurologia -Dirigente Medico c/o Azienda Ospedaliera Universitaria "G.Martino"- Città di Messina
Romani	Ilaria	Firenze	Medicina e Chirurgia	Neurologia	Assegnista di ricerca	Dipartimento NEUROFARBA Firenze
Romano	Marcello	Roma	Medicina e Chirurgia	Neurofisiopatologia	Dirigente medico	AOOR Villa Sofia Cervello - Palermo
Romoli	Michele	Perugia	Medicina e Chirurgia	Neurologia	neurologo	Neurologia - Università di Perugia
ROSSI	Alessandro	Siena	Medicina e Chirurgia	Neurologia	professore ordinario di neurologia	Facoltà di Medicina e chirurgia – Università degli Studi di Siena
ROSSI	SIMONE	Siena	Medicina e Chirurgia	Neurologia e Neurofisiopatologia	Professore associato	Università di Siena
ROSSINI	PAOLO MARIA	Roma	Medicina e Chirurgia	Neurologia	professore ordinario di neurologia	Policlinico A. Gemelli - Roma
RUDA'	ROBERTA	TORINO	Medicina e Chirurgia	Neurologia	Dirigente medico I livello	AOU Città della Salute e della Scienza -Torino
RUSSO	ANTONIO	NAPOLI	Medicina e Chirurgia	Neurologia	Dottorando di Ricerca in Neuroscienze	Centro Cefalee Napoli - I Clinica Neurologica SUN, Napoli
Sabatelli	Mario	Roma	Medicina e Chirurgia	Neurologia	Ricercatore di Neurologia	Università di Roma La Cattolica
SACCA'	FRANCESCO	Napoli	Medicina e Chirurgia	Neurologia	Ricercatore di Neurologia	Dipartimento di Neuroscienze e Scienze Riproduttive ed Odontostomatologiche, Napoli
Saccani	Elena	Parma	Medicina e Chirurgia	Neurologia	Medico a contratto	Azienda Ospedaliero Universitaria di Parma
SACCO	Simona	L'Aquila	Medicina e Chirurgia	Neurologia	Professore Ordinario di Neurologia	Università degli Studi dell'Aquila
Salemme	Simone	Reggio Emilia	Medicina e Chirurgia	Neurologia	Specializzando	University of Modena and Reggio Emilia
Salmaggi	Andrea	Lecco	Medicina e Chirurgia	Neurologia	Direttore UOC	UOC Neurologia - Ospedale Manzoni - Milano
Salsone	maria	Catanzaro	Medicina e Chirurgia	Neurologia	Ricercatore	IBFM-CNR Catanzaro
Salvadori	Nicola	Perugia	Psicologia Clinica	Psicologia Clinica	Psicologo (settore Neuropsicologia)	Centro Disturbi della Memoria, Laboratorio di Neurochimica Clinica, Clinica Neurologica Perugia
Salvalaggio	Alessandro	Padova	Medicina e Chirurgia	Neurologia	Dottorando in Neuroscienze	Cinica Neurologica Padova
salvemini	sergio	Torrette-Ancona	Medicina e Chirurgia	Neurologia	Medico Specializzando	UNIVPM Ancona
Sammarra	Ilaria	Catanzaro	Medicina e Chirurgia	Neurologia	Medico Specializzando	U.O.C. Neurologia Catanzaro
SAMPAOLO	SIMONE	NAPOLI	Medicina e Chirurgia	Neurochirurgia e Neuropatologia	Professore associato in Neurologia	Università degli Studi della Campania - Napoli
Sancesario	Giuseppe	Roma	Medicina e Chirurgia	Neurologia	Docens Turris Virgatae	neurologia Tor vergata Roma
SANSONE	Valeria	Milano	Medicina e Chirurgia	Neurologia	Direttore Clinico del Centro NEMO	AO Niguarda
Santangelo	Roberto	MILANO	Medicina e Chirurgia	Neurologia	PhD studend consulente neurologo	San Raffaele Hospital Milano
Santilio	Luigi Giuseppe	Limbiate (MB)	Medicina e Chirurgia	Medicina Fisica e Riabilitativa	Dirigente medico	MultiMedica IRCCS Monza
SANTORELLI	FILIPPO MARIA	ROMA	Medicina e Chirurgia	Neurologia	Direttore OUC	IRCCS fondazione Stella Maris Pisa
SANTORO	LUCIO	NAPOLI	Medicina e Chirurgia	Neurologia e Neurofisiopatologia	Professore ordinario	Università Federico II Napoli
Sarchielli	Paola	Perugia	Medicina e Chirurgia	Neurologia	Ricercatrice	Università degli Studi di Perugia Sezione di Clinica Neurologica, Perugia
SARRO	LIDIA	TORINO	Medicina e Chirurgia	Neurologia	MEDICO NEUROLOGO	OSPEDALE MARTINI Torino
Sartucci	Ferdinando	Pisa	Medicina e Chirurgia	Neurologia	Direttore Sezione Dipartimentale Neurofisiopatologia	Dipartimento di Medicina Clinica e Sperimentale Pisa
Sbragia	Elvira	Genova	Medicina e Chirurgia	Neurologia	Medico Specializzando	IRCCS and AUO San Martino Genova
SCAMARCIA	PIETRO GIUSEPPE	Milan, Italy	Medicina e chirurgia	Neurologia	Medico specializzando	Neuroimaging Research Unit, and Department of Neurology, Institute of Experimental Neurology, Division of Neuroscience, San Raffaele Scientific Institute Milan
Scaricamazza	Eugenia	Roma	Medicina e chirurgia	Neurologia	Medico	neurologia Tor vergata Roma
SCHENONE	ANGELO	GENOVA	Medicina e Chirurgia	Neurologia	Professore Ordinario di Neurologia	Clinica Neurologica dell'Università Di Genova
Schirinzi	Tommaso	Roma	Medicina e Chirurgia	Neurologia	Dottorando	Dipartimento Medicina dei Sistemi Tor Vergata Roma
Sciacca	Giorgia	Catania	Medicina e Chirurgia	Neurologia	Medico Specializzando	Department Neuroscience GF Ingrassia Catania
Scotto di Clemente	Fabrizio	Naples	Medicina e Chirurgia	Neurologia (in corso)	Medico Specializzando	Headache Center, Department of Medical, Surgical, Neurological, Metabolic and Aging Sciences, Napoli
Sensi	Stefano	Chieti	Medicina e Chirurgia	Neurologia	professore ordinario di neurologia	Ce.Si Center of Excellence on Aging Fondazione G. d'Annunzio- Università G.d'Annunzio, Chieti
Serra	Laura	Roma	Psicologia	Psicoterapia	ricercatore	Laboratorio di Neuroimmagini - Fondazione Santa Luzia Roma
SERRATI	CARLO	GENOVA	Medicina e Chirurgia	Neurologia e Farmacologia Clinica	Dirigente medico	Policlinico Ospedale San Martino Genova
SERVADEI	FRANCO	MILANO	Medicina e Chirurgia	Neurochirurgia	Professore	Humanitas Research - Milano
SERVIDEI	SERENELLA	ROMA	Medicina e Chirurgia	Neurologia	Professore associato , Direttore UOC Neurofisiopatologia	Università Cattolica e Fondazione Policlinico Universitario A.Gemelli IRCCS
SICILIANO	GABRIELE	PISA	Medicina e Chirurgia	Neurologia	Professore Ordinario	Dipartimento di Medicina Clinica e Sperimentale Università di Pisa
SILANI	VINCENZO	MILANO	Medicina e Chirurgia	Neurologia	Professore ordinario	Università degli Studi di Milano
SILVANI	ALESSANDRO	BOLOGNA	Medicina e Chirurgia	Dottorato di Ricerca in Fisiologia Applicata e Fisiopatologia	Professore associato di Fisiologia	Alma Mater Studiorum – Università di Bologna Dipartimento di Scienze Biomediche e Neuromotorie
SILVANI	ANTONIO	MILANO	Medicina e Chirurgia	Neurologia	Dirigente Medico in Neurologia	Dipt. Di Neuroncologia Fondazione IRCCS Istituto Neurologico Carlo Besta Milano
SILVERI	MARIA CATERINA	MILANO	Medicina e Chirurgia	Neurologia e Neurofisiopatologia	Professore Ordinario di Neuropsicologia	Università Cattolica Milano
SILVESTRINI	MAURO	ANCONA	Medicina e Chirurgia	Neurologia	Professore ordinario, Direttore Clinica Neurologica	Università Politecnica delle Marche- Dipartimento di Medicina Sperimentale e Clinica Ancona
SIMONATI	ALESSANDRO	VERONA	Medicina e Chirurgia	Neurologia/ Neuropsichiatria infantile	Professore associato	Università degli Studi di Verona - Dipartimento di Neuroscienze, Biomedicina e Movimento
Sodero	Alessandro	Firenze	Medicina e Chirurgia	Neurologia	medico specializzando	Azienda Ospedaliera-Universitaria Careggi Firenze
Soffietti	Riccardo	Torino	Medicina e Chirurgia	Neurologia	Professore di Neurologia e Direttore U.O Neuro - Oncologia	Università e AOU della Salute e Scienza di Torino
SOLARI	ALESSANDRA	MILANO	medicina e chirurgia	Neurologia	Responsabile servizio di neuroepidemiologia	Fondazione IRCCS Istituto neurologico C Besta - Milano
Solla	Paolo	Cagliari	Medicina e Chirurgia	Neurologia	Dirigente Medico	Department of Neurology University of Cagliari
Sorbi	Sandro	Firenze	Medicina e Chirurgia	Neurologia	Professore ordinario di neurologia	Azienda Ospedaliero Universitaria Careggi, Firenze
Sorrentino	Pierpaolo	Napoli	Medicina e Chirurgia	Neurologia	Dottorando	Dipartimento di Ingegneria Napoli
Spagni	Gregorio	Rome	Medicina e Chirurgia	Neurologia	Specializzando	Institute of Neurology Catholic University Rome
sperber	sarah anna	lodi	medicina e chirurgia	Neurologia	dirigente medico neurologia	ASST lodi
Spinelli	Edoardo Gioele	Milan	Medicina e Chirurgia	Neurologia	PhD student	San Raffaele Scientific Institute Milano
Squitieri	Martina	Florence	Medicina e Chirurgia	Neurologia	Medico specializzando	NEUROFARBA department, neuroscience section Florence
STOCCHI	Fabrizio	Roma	Medicina e Chirurgia	Neurologia	Dirigente medico	Università San Raffaele, Roma
Storelli	Loredana	Milan	Ingegneria	Biomedica	Bioingegnere	IRCCS San Raffaele Scientific Institute Milano
STRACCIARI	ANDREA	BOLOGNA	Medicina e Chirurgia	Neurologia	dirigente medico	PolicInico S. Orsola Malpighi, Bologna
STRLE	FRANC	LUBIANA,SI	Medicina e Chirurgia	medicina interna	specialista medicina interna	Università di Ljubljani SL
Sucapane	Patrizia	L'Aquila	Medicina e Chirurgia	Neurologia	Medical Doctor	Neurology Unit, San Salvatore Hospital L'Aquila

LISTA RELATORI AFFILIAZIONE 50° CONGRESSO SIN BOLOGNA 2019

SUPPA	ANTONIO	ROMA	Medicina e Chirurgia	Neurologia	Ricercatore Universitario (RTD_B)	Dipartimento di Neuroscienze Umane, Sapienza Università di Roma
Tadeo	carlo sebastiano	Milano	MEDICINA E CHIRURGIA	Neurologia	RESPONSABILE	CLINICAL INSTITUTE CITTA' STUDI OF MILAN
Tagliavini	Fabrizio	Milano	Medicina e Chirurgia	Neurologia e Neuropatologia	Direttore Scientifico	Fondazione IRCCS Istituto Neurologivo "C.Besta" - Milano
TALAMONTI	GIUSEPPE	MILANO	Medicina e chirurgia	Neurochirurgia	Dirigente medico SC Neurochirurgia	ASST Niguarda Milano
TAMBURIN	STEFANO	VERONA	Medicina e Chirurgia	Neurologia	PA, Dirigente Medico	Department of Neurosciences, Biomedicine and Movement Sciences University of Verona
Tanzilli	Antonio	Roma	Psicolgia	Neuropsicologia	neuropsicologo	Regina Elena National Cancer Institute, Rome, Italy
TARQUINI	DANIELA	ROMA	Medicina e Chirurgia	Neurologia	quiescenza	quiescenza
Tassorelli	Cristina	PAVIA	Medicina e Chirurgia	Neurologia	professore associato di neurologia	Università degli Studi di Pavia, Dipartimento di Scienze Neurologiche e del Comportamento
TEDESCHI	GIOACCHINO	NAPOLI	Medicina e Chirurgia	Neurologia	Professore Ordinario di Neurologia	II Clinica Neurologica II Univ. Di Napoli
Tempesta	Irene	Bari	Medicina e Chirurgia	Neurologia	Medico in formazione specialistica	Department of Basic Medical Sciences, Neurosciences and Sense Organs Bari
TESSITORE	ALESSANDRO	NAPOLI	Medicina e Chirurgia	Neurologia	Professore associato	II Università di Napoli Federico II
Testi	Silvia	Verona	Laurea Specialistica in Biologia Molecolare	Dottorato di Ricerca in Biotecnologie Molecolari, Industriali e Ambientali	Assegnista di Ricerca	Dipartimento di Neuroscienze, Biomedicina e Movimento Università degli Studi di Verona
Ticozzi	Nicola	Milano	Medicina e Chirurgia	Neurologia	Ricercatore Universitario	Istituto Auxologico Italiano, IRCCS Milano
TINAZZI	MICHELE	VERONA	Medicina e Chirurgia	Neurologia	Professore ordinario	Scienze Neurologiche, Neuropsicologiche, Morfologiche e Motorie Università degli Studi di Verona
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