01.20.05

Phosphatidylserine in the treatment of mild cerebral dysfunction in elder patients.
G.Ransmayr, S.Plörer, F.Gerstenbrand, K.Golser and G.Bauer

Phosphatidylserine (PS) is an active ingredient of brain cell membrane, acting as a metabolite in the enzymatic methylation of phospholipids (G.Toffano et al., Cerebral pathology in old age. Eds. A.Cecchini et al., EM, RAS, Pavia 1983). PSacts via the receptor adenylate cyclase and the C-kinase in stimulating cellular responses. (F.Hirata, J.Axelrod. Science 209, 1082-1090, 1980). 50 patients with mild to moderate age-dependent cerebral dysfunction underwent a randomized double-blind clinical trial, 25 of whom receiving PS 300 mg orally daily and 25 placebos over 2 months. Evaluation was achieved in monthly intervals by a clinical examination. EEG, flicker fusion frequency analysis (FFFA), digit-span test, Benton visual retention and a reaction battery. In an preliminary evaluation of 30 pts.a significant improvement of the FFFA (start value und value after activation) was assessed (p 0,5, Analysis of covariance).
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01.20.06

DOUBLE BLIND RANDOMIZED STUDY OF PHOSPHATIDYLSERINE IN SENILE DEMENTED PATIENTS.
P.J. Delwaide, A. Hurlet, A.M. Mambourg and M. Ylieff

Phosphatidylserine (PS; Sros®), a natural product obtained from brain cortex is a pharmacologically active phospholipid which influences cerebral metabolism parameters altered in the process of ageing. In this study, we have looked if this drug was also able to improve demented patients. 42 hospitalized patients of both sexes were included; age was comprised between 65 and 91. They all suffered from senile dementia of Alzheimer type (mild to moderate as assessed by Hachinski scale). They received only drugs requested for associated organic diseases. The study was designed as a double blind randomized controlled trial, half of the patients receiving daily 300 mgr phosphatidylserine or a placebo of same appearance. At the end of a wash out period, patients were scored using 2 distinct rating scales : the Crichton's Scale and an original one, named "Peri" Scale. The latter comprises 49 items and is more descriptive than the Crichton Scale. The patients also performed a Circle Crossing Test. Prescription lasted 6 weeks. Assessment was repeated at the end of the 1st and 6th week of prescription and again 3 weeks after stopping medication. 35 patients completed the trial (18 placebo; 17 PS). Differences between the 2 groups were not statistically significant with the Crichton Scale but nevertheless indicated a trend toward improvement in the PS group. With Peri Scale, covariance analysis showed a statistically significant difference between the 2 groups ($P < 0.05$). In the Crossing Circle Test, there was also a trend toward significance. Results returned to pretreatment levels after discontinuation of the drug, clearly supporting the view that modifications are drug-related. Thus, phosphatidylserine appears to exert a positive behavioural effect in demented patients.
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01.21.01

NEUROLOGIC AND ANATOMIC CORRELATES OF RECOVERY FROM HEMIPARESIS FOLLOWING PENETRATING HEAD INJURY
S. C. Vance, M. A. Smutok, A. M. Salazar, M. Foulkes, and J. Kraman

One hundred eighty-nine veterans who survived penetrating brain wounds in Vietnam some 15 years ago and who were initially recorded as having motor deficits have recently undergone a complete re-evaluation as part of the Vietnam Head Injury Study at Walter Reed Army Medical Center. Over half (55%) of these patients have had complete or near-complete recovery of their motor function, although only 15% had recovered by 1 month post-injury. The clinical findings significantly associated with non-recovery were sensory loss, organic mental disorder, abnormal electroencephalogram, partial simple seizures, and the presence of an extensor plantar response recorded early in the clinical course.
Anatomic correlates of non-recovery included large total brain volume loss and involvement of the following anatomic structures on computerized axial tomography (CAT): sensori-motor cortex, supplementary motor area, posterior temporal cortex, temporal white matter, posterior limb of the internal capsule and corona radiata, putamen, thalamus and caudate nucleus.
These clinical and anatomic factors were then allowed to interact in a stepwise logistic regression model comparing unrecovered patients to those with delayed recovery (>1 month post-injury.) Items significantly ($p < .05$) predicting recovery in the model were (in decreasing order): CAT scan involvement of (1) vertex or mesial sensori-motor cortex and (2) central corona radiata and caudate body; (3) extensor plantar response, and (4) sensory loss. Probability of recovery was .05 for patients with all four items present and .97 when all items were absent. This model resulted in 82% concordance between predicted and actual outcome.
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01.21.02

DELAYED FACIAL PALSY AFTER HEAD INJURY
K. Puvendran, P. K. Wong

A prospective study was conducted over a year to study this interesting phenomenon of a delayed facial palsy after head injury. All cases of delayed facial palsies were associated with ear bleed. Of 6,304 cases of head injuries admitted to various hospitals in Singapore over a period of 1 year, 39 cases had bleeding ear. 16 cases developed delayed facial palsy (0.6%), 3 had bilateral palsy and 2 had subclinical palsy. The chances of a case of bleeding ear developing a delayed facial palsy after head injury was 49%. 50% of the cases had a fractured petrous bone. The delay in onset of facial palsy varied from 2 to 21 days. The time course of electrical reaction varied much from that after facial nerve section or Bell's Palsy. In our cases, we have demonstrated electrical reactions showing denervation at the time of palsy or even a few days before, and this is related to its pathogenesis.
The outcome of the facial palsy was much worse than in Bell's Palsy. Only 17.6% of our patients had conduction block and 82.4% had denervation. In view of the poor outcome, early decompression of facial nerve is recommended.
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In this issue

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