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Pelotherapy in immunologic rehabilitation ofpatients with diabetic polyneuropathy

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Painful torticollis unresponsive to botulinum toxin following thyroidectomy

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The Klüver Bucy syndrome in the remission of traumatic apallic syndrome – a positive prognostic feature

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Cancelled

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The state of immune homeostasis in patients with gunshot injuries of peripheral nerves

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Child neurology
Sleep disorders

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Ascorbic acid and gluthathione CSF concentration in newborns with bacterial meningitis

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Introduction Pathophysiological mechanisms of meningeal inflammations are very complex. Free oxygen radicals play an important role. Non-enzymatic antioxidants are also important for prognosis of illness. Two of them are ascorbic acid and gluthathione.
Objective We tested the hypothesis that ascorbic acid and gluthathione are important non-enzymatic protective factors.
Methods We tested CSF and blood serum of 32 newborns with bacterial meningitis in the first seven days of illness. We used a method with 2.4 dynithrophenil-hydrasine for ascorbic acid and a method with Elmans substance for gluthathione. We formed control groups of newborns with high risk for bacterial meningitis.
Results The mean value of CSF ascorbate concentration in groups of sick newborns is 112.93uM/L and in control, group's 102.79uM/L. There is no statistical difference. Dehydroascorbate concentration in CSF is 75.42uM/L and in control group 75.10/L, $p>0.05$. Blood serum concentration of ascorbic is 161.00-ump/L in the group of sick newborns and 128/L in the control group<0.05.
But ascorbat/dehydroaskorbat ratio (which is constant) shows statistical important changes between two groups. There is no statistical significance in correlation between concentration of ascorbic acid with protheinorachy and numbers of leukocytes. Mean CSF concentration of gluthathione is 13.37uM/L in groups of sick newborns and 14.50uM/l in control groups. There is no statistical correlation between protheinorachy, and number of leukocytes with gluthatione concentration.
Conclusion Ascorbic acid and gluthathione are not important antioxidant protectors in early stages of neonatal bacterial meningitis. Change in ascorbat/dehydroascorbat ratio shows that dynamic has been changed but that only as reparative protectors they maybe more important in another stage of illness.

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Arnold-Chiari malformation, the character of epileptic seizures, particular features of EEG

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Introduction Arnold-Chiari malformation (ACM) becomes a problem of paediatric neurology because of the increasing frequency in clinical practice.
Methods 28 patients aging from 4 to 13 years have been examined. MRI and MR-angiography proved the diagnosis of ACM.
The first degree of ACM was in 5 cases, the second in 19 and the third in 4 patients. EEG registration was performed. International System 10–20 of electrode positioning.
Results On the basis of clinical and physiological data several types of epileptic attacks were detected: simple partial (sensory; with vegeto-visceral manifestation) complex partial, with secondary generalisation.
Particular features of EEG pattern:
1) Basic activity is slow, increasing percentage of slow waves in posterior area;
2) Registration of slow rhythmic waves, tracing more than 10% of registration time in caudal area (there is no reaction to eyes opening);
3) Generalised bilateral paroxysmal activity (polymorphic sharp slow waves, sharp waves).
Conclusions In all groups of patients with frequency of epileptic seizures, the EEG pattern correlated with the degree of ACM.

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Hypothalamic hamartoma presenting as true precocious puberty and gelastic seizures

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Hypothalamic hamartomas (HH) are congenital lesions usually located at the floor of the third ventricle, containing LHRH-secreting cells, that can cause true precocious puberty (TPP) and in some cases gelastic seizures.

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The Klüver Bucy syndrome in the remission of traumatic apallic syndrome - a positive prognostic feature

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The original description due to Klüver and Bucy (1937) in Macaca rhesus monkeys after bilateral resection of major portions of the temporal lobes reported a characteristic behaviour with "psychic blindness", intensive oral tendencies, extreme distractability or reagibility on visual stimuli, decrease of aggressiveness with loss of fear, hypersexuality and changes in dietary habits. The most striking equivalent of KBS in human pathology was reported by Terzian and Dalle Ore (1955) in a young male patient with intractable temporal lobe epilepsy after almost complete bilateral temporal lobectomy. Several other authors described KB symptoms after traumatic injury (Gerstenbrand,1967), cerebrovascular disorders (Pilleri,1961) and encephalitis (Chutorian,1981). The diagnosis of a KBS requires at least three of the following listed symptoms, hyperorality, hyper/hyposexuality, hypermetamorphism, amnesia, placidity, aggressiveness and bulimia.

Marked KB symptoms are obligatory in the remission state of a traumatic apallic syndrome. In the third to fifth of the eight remission phases symptoms of hyper/hyposexuality, bulimia, aggressiveness even shame rage, increased diversion, unrecognizing of objects can be observed. The appearance of these KB symptoms can be seen as a most positive prognostic sign in the remission course, explaining a recovery of the brain functions to the limbic level,which were diminished to the mesodiencephalic level in the full stage of an apallic syndrome.

In the defect stage after an apallic syndrome KB symptoms can be lasting in different form and intensity, with the possibility of permanent behavioral disorder.

Submitted to 6th EFNS Congress, Vienna 2002

EUROPEAN JOURNAL OF NEUROLOGY

Volume 9, Supplement 2, October 2002

Abstracts of the 6th Congress of the European Federation of Neurological Societies

October 26–29, 2002
Vienna, Austria