

**XX<sup>th</sup> WORLD CONGRESS OF NEUROLOGY ACCEPTED ABSTRACTS****THE EXTENDED LOCKED-IN SYNDROME**

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The Locked-in Syndrome is one of the most devastating neurological conditions. However, despite thorough description of the condition and its clinical appearance, the classic locked-in, which is defined as quadriplegia, anarthria, only vertical eye movement and blinking possible, but with preserved cognitive abilities, seems to be infrequently present. This syndrome is also referred to as bilateral ventral pontine syndrome, which in respect neuroanatomically explains the symptomatology. Since MRI verified isolated damage to the pons poses the finding in this certain case, the question arises, how the symptomatology increases, if additional lesions are found in mesencephalic brain areas. For the case centers for vertical gaze are affected as well, the terminus complete locked-in was proposed, characterizing the total loss of all voluntary muscle movement. However, as damage can spread further to thalamic, cerebellar and occipital brain areas, alterations of arousal and awareness can be expected. Here, brain areas of special interest constitute the mesencephalic and pontine periaqueductal gray matter and medial thalamic nuclei. In such remarkable cases, brain damage does not only affect the patients' motor abilities, but also their consciousness.

We present four cases of locked-in syndrome, each with different patterns of structural injury, as obtained by 3T MRI in great detail. It is discussed how clinical appearance and imaging results relate to each other. The question will be approached if it is useful to differentiate severer types of locked-in syndrome.

## Wednesday, November 16, 2011

11:00-12:30

Hall L

### Free Papers 37: COMA AND MISCELLANEOUS

Chairpersons: **Randi Eikeland**, *Norway*  
**Ahmad Khalifa**, *Syria*

- 11:00 **THE EXTENDED LOCKED-IN SYNDROME**  
M. Seidl, **Stefan Golaszewski**, A. Kunz, E. Trinkka, F. Gerstenbrand, *Austria*
- 11:15 **CHANGES IN FMRI RESTING STATE ACTIVITY DURING PROPOFOL INDUCED UNCONSCIOUSNES**  
**Ithabi Sylvia Gantner**, P. Guldenmund, A. Demertzi, A. Vanhauzenhuysse, P. Boveroux, M. Boly, S. Laureys, A. Soddu,  
Coma Science Group & University Hospital of Liège, *Belgium*
- 11:30 **THALAMUS CONTROLS RECOVERY IN MINIMALLY CONSCIOUS AND VEGETATIVE STATES**  
**Johan Stender**, C. Chatelle, A. Thibaut, M.-A. Bruno, O. Gosseries, C. Schnakers, V. Charland, M. Thonnard, A. Demertzi, A. Vanhauzenhuysse, E. Ziegler, M. Boly, R. Kupers, A. Gjedde, S. Laureys, *Denmark, Belgium*
- 11:45 **FREQUENCY AND RISK FACTORS FOR HIV-ASSOCIATED DEMENTIA IN MALI**  
**Toumany Coulibaly**, M. Karambe, A.S. Sissoko, S. Berthe, S. Siona, C.O. Guinto, M. Traore, *Mali*
- 12:00 **PREDICTORS OF HEALTH RELATED QUALITY OF LIFE AND FATIGUE 30 MONTHS AFTER TREATMENT FOR EUROPEAN NEUROBORRELIOSIS**  
**Randi Eikeland**, Å. Mygland, K. Herlofson, U. Ljøstad, *Norway*
- 12:15 **THE IMPACT OF ROUTINE CRYPTOCOCCAL SCREENING AND TREATMENT ON MORTALITY AMONG HIV-INFECTED INDIVIDUALS WITH CD4≤100 IN NYANZA PROVINCE, KENYA**  
**Ana-Claire Meyer**, C. Kendi, J. Penner, B. Otieno, E. Omondi, E.A. Bukusi, C.R. Cohen, *USA*
- 12:30 *Lunch Break*

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# FINAL PROGRAM



XX<sup>th</sup> WORLD  
CONGRESS OF NEUROLOGY

Marrakesh, Morocco, November 12-17, 2011

