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Poster Session 1

Numb chin syndrome- The first finding in metastatic malignancy

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Numb chin syndrome (NCS) is a sensory neuropathy of the mental nerve, which is accompanied by hypoesthesia and paresthesia of the jaw and lower lip. Although being well known in neurology practice, most of the physicians who have not experienced this phenomenon are unaware of this phenomenon since it is rare and can be confused with somatic complaints. This case report aims to point out that NCS may be the first sign and symptom of metastatic cancers in patients who are not diagnosed.

Case

We report a 52-year-old man who presented to our outpatient clinic with numbness on his right jaw for 1 month. He had a history of renal transplantation and used immunosuppressive therapy. He was diagnosed as metastatic lung cancer when he was investigating the etiology and died within a month.

Discussion

Patients presenting with numb chin syndrome are diagnosed late because of being rare. 75% of the patients presenting with this complaint are due to malignant metastasis and maybe the first sign of malignancy in a significant rate of them, as presented here. Many malignant and metastatic neoplasms may cause this neuropathy. In most cases, life expectancy is short and is considered as a sign of poor prognosis.

Conclusion

Numb chin syndrome is a lesser known symptom of mental nerve neuropathy. In case dental and jaw-related pathologies cannot be detected, it should be kept in mind that this may be the first sign of malignancy and all detailed investigations should be planned for this purpose.

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Poster Session 1

Results of surgical treatment in patients with moyamoya disease considering CT-perfusion imaging study

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Aim

To improve the results of surgical treatment of patients with moyamoya disease based on the MSCT-perfusion (CTP) results.

Material and methods

The retrospective analysis of surgical treatment was performed patients with moyamoya disease (n = 5; m/w, 3/2; age range = 16–55 yrs) underwent brain CTP examination. Clinical manifestations were due to repeated acute ischemic stroke as a result of cerebral arteries occlusions (n = 4). In one case, clinical manifestations were due to hemorrhagic stroke. According to moyamoya disease classification by Suzuki, the stage 6 (n=3), the stage 3 (n = 1), the stage 4 (n = 1) were recorded. The ischemia lesion was imagined in the left middle cerebral artery (MCA) region (n = 3), the both MCAs regions (n = 1); the hemorrhagic stroke was in the left temporal/basal ganglion region (n = 1). CTP on basal ganglion levels was performed. Doppler ultrasonography, cerebral computed tomography angiography, cerebral digital subtraction angiography to identify the potential donor artery for extracranial-intracranial micro-anastomosis (EICMA) in preoperative planning was carried out. In our study, it was the superficial temporal artery (STA) with parietal (n = 3), frontal (n = 2) branches. The indications for surgical treatment were based on the anamnesis, neurological status, absence of regions of extensive brain lesions by CT, the cerebral hypoperfusion regions by CTP. All patients underwent surgical treatment by EICMA(STA-MCA) overlays.

Results

Positive dynamics as an improved cognitive function, partial regressions of focal neurological events in all patients were observed.