MES	N°	CBI	TÍTULO	AUTORES	REVISTA DOI PMID	ABSTRACT	KEY WORDS
ENERO	**1**	Musculares	Clinical features of Guillain–Barré syndrome and factors associated with mortality during the 2019 outbreak in Peru	Reyes-Vega, Mary F.; Soto-Cabezas, M. Gabriela; Soriano-Moreno, Anderson N.; Valle-Campos, Andree Aquino-Peña, Francisco; Flores-Jaime, Noemi Ordóñez-Ibargüen, Luis A. Martel, Kevin S.; Munayco, Cesar V.	J Neurol. 10.1007/s00415-022-11331-4 3609884	**Introduction:** Peru has suffered an increase of Guillain Barre Syndrome incidence since 2015, being the biggest outbreak during 2019. We aimed to describe the clinical features, outcomes, and factors associated with mortality among cases reported in the 2019 outbreak. **Methods:** Cross-sectional analysis of data from the National Surveillance of Guillain Barre Syndrome of the National Center for Control Disease and Prevention of Peru. We included all cases that met the Brighton criteria, level 1 to level 3. We used multivariable logistic regression to determinate factors associated with mortality. **Results:** Overall, 772 cases were analyzed (58.7% male; mean age, 41.7 ± 20.3). 86.0% of cases aged over 30 years. 71.4% had a respiratory or gastrointestinal infection in the last 4 weeks. Case fatality rate was 4.3% and 32.2% of survivors reported sequelae. Axonal subtypes were identified in 75.6% of cases with an available nerve conduction study (38.7%). Age and impaired function of cranial nerves were independently associated with mortality. **Conclusions:** The 2019 outbreak of Guillain Barre syndrome in Peru was an unprecedented event that affected several regions of the country. Axonal damage was more frequent than demyelinating involvement, which is compatible with findings pointing to Campylobacter jejuni as the triggering agent. The case fatality rate was similar to that reported previously in Peru and other countries, but the high frequency of sequelae is striking.	Case fatality rate; Clinical characteristics ; Guillain–Barre syndrome; Outbreak; Peru.
ENERO	**2**		Chronic inflammatory demyelinating polyradiculoneuropathy with antineurofascin-155 antibodies: A first case report in Peru	Darwin Segura-Chávez, Arantxa Sanchez-Boluarte, Kelvin Alvarez-Toledo, Jorge Caciano-López, Isabel Tagle-Lostaunau, Francisco Aquino-Peña, Juan Sifuentes-Monge	Medwave 10.5867/medwave.2023.01.2634 36652591	Chronic inflammatory demyelinating polyradiculoneuropathy is a clinically heterogeneous group of immune- mediated peripheral neuropathies that share neurophysiological manifesta-tions of demyelination and albuminocytologic dissociation. There are typical and atypical variants of this disease, some associated with antibodies against proteins of the node of Ranvier, such as neurofascin- 155. We present the case of a 38- year- old male who presented with an eight- month history of par-esthesia and progressive weakness of four limbs associated with diplopia and dysphagia. The patient was conscious, with symmetric flaccid quadriparesis of distal predominance, hyp-otrophy in the dorsum and palm of both hands, generalized areflexia, postural low frequency, and high amplitude tremor in upper limbs of left predominance, appendicular dysmetria, dys-diadochokinesia, ophthalmoparesis to dextroversion in the right eye, absent gag reflex, ataxic gait with an increased base of support and positive Romberg's sign. Cerebrospinal fluid showed albuminocytologic dissociation, and electromyography was com-patible with primarily demyelinating sensory- motor polyneuropathy. Due to clinical suspicion, we requested anti- neurofascin- 155 antibodies, which tested positive. The patient was treated with methylprednisolone at a dose of one gram per day for five days, followed by one milligram per kilogram for three months of prednisone, with progressive de-crease, which improved diplopia and dysphagia, with no effect on limb strength and even worsening of function. For this reason, treatment with rituximab was started in doses of two grams, presenting a substantial improvement in distal muscle strength, tremor, gait stability, coordination, and functionality measured with the modified Rankin scale.	Anti-neurofascin 155; Distal acquired demyelinating symmetric neuropathy.

ENERO	**3**	Vasculares	Burden of Stroke and Population-Attributable Fractions of Risk Factors in Latin America and the Caribbean	Kevin Pacheco-Barrios, Stefano Giannoni-Luza, Alba Navarro-Flores, Ingrid Rebello-Sanchez, Joao Parente , Ana Balbuena , Paulo S. de Melo, Ricardo Otiniano-Sifuentes, Carlos Abanto, Carlos Alva, Patricia Musolinino, Felipr Frgni	Journal of the American Heart Association 10.1161 36285788	**BACKGROUND:** Stroke burden characterization studies in low-and middle-income countries are scarce. We estimated the burden of stroke and its risk factors in Latin America and the Caribbean (LAC). **METHODS AND RESULTS**: We extracted GBD (Global Burden of Disease) study 2019 data on overall stroke and 3 subtypes (ischemic stroke, intracerebral hemorrhage, and subarachnoid hemorrhage) for 20 LAC countries. We estimated absolute and age-standardized rates of disability-adjusted life years, years of life lost, years lived with disability, and deaths. The population-attributable fractions of 17 risk factors were estimated. All analyses were performed at regional and national levels by stroke subtype, sex, and age subgroups. In 2019, the LAC region had the fourth largest stroke burden worldwide (6.8 million disability-adjusted life years), predominantly attributable to premature deaths (89.5% of disability-adjusted life years). Intracerebral hemorrhage was the primary cause of the overall stroke burden (42% of disability-adjusted life years), but ischemic stroke was the leading cause of disability (69% of total years lived with disability). Haiti and Honduras had the highest age-standardized rates. Older adults and men had the largest burdens, although women had the highest rate of disability. Socioeconomic development level did not influence the burden. The major risk factor clusters were metabolic (high systolic blood pressure [population-attributable fraction=53%] and high body mass index [population-attributable fraction=37%]), which were more influential in hemorrhagic events, women, and older adults. Household air pollution was an important risk factor in low-income countries in LAC. **CONCLUSIONS:** The stroke burden and stroke-related mortality in LAC are higher than the worldwide averages. However, stroke is a highly preventable disease in this region. Up to 90% of the burden could be reduced by targeting 2 modifiable factors: blood pressure and body mass index. Further research and implementation of primary and secondary prevention interventions are needed, as well as integrated national stroke care programs for acute, subacute, and rehabilitation management in LAC.	GBD (Global Burden of Disease) study ■ risk factors ■ stroke
FEBRERO	**4**		LRRK2: Genetic mechanisms vs genetic subtypes	Mata I, Salles P., Cornejo-Olivas M, Saffie P., Ross OA, Reed X., Bandres-Ciga S.	Handb Clin Neurol 10.1016/B978-0-323-85555-6.00018-7 36803807	In 2004, the identification of pathogenic variants in the LRRK2 gene across several families with autosomal dominant late-onset Parkinson's disease (PD) revolutionized our understanding of the role of genetics in PD. Previous beliefs that genetics in PD was limited to rare early-onset or familial forms of the disease were quickly dispelled. Currently, we recognize LRRK2 p.G2019S as the most common genetic cause of both sporadic and familial PD, with more than 100,000 affected carriers across the globe. The frequency of LRRK2 p.G2019S is also highly variable across populations, with some regions of Asian or Latin America reporting close to 0%, contrasting to Ashkenazi Jews or North African Berbers reporting up to 13% and 40%, respectively. Patients with LRRK2 pathogenic variants are clinically and pathologically heterogeneous, highlighting the age-related variable penetrance that also characterizes LRRK2-related disease. Indeed, the majority of patients with LRRK2-related disease are characterized by a relatively mild Parkinsonism with less motor symptoms with variable presence of α-synuclein and/or tau aggregates, with pathologic pleomorphism widely described. At a functional cellular level, it is likely that pathogenic variants mediate a toxic gain-of-function of the LRRK2 protein resulting in increased kinase activity perhaps in a cell-specific manner; by contrast, some LRRK2 variants appear to be protective reducing PD risk by decreasing the kinase activity. Therefore, employing this information to define appropriate patient populations for clinical trials of targeted kinase LRRK2 inhibition strategies is very promising and demonstrates a potential future application for PD using precision medicine.	Genetics; Heterogeneity; Kinase; LRRK2; Parkinson; Synuclein; Tauopathies; Therapy.

FEBRERO	**5**	Neurogenética	Juvenile-Onset Huntington's Disease in Peru: A Case Series of 32 Patients.	Vishnevetsky A, Cornejo-Olivas M, Sarapura-Castro E, Inca-Martinez M, Rabinowitz D, Milla-Neyra K, Mazzetti P, Bird T.	Mov Disord Clin Pract 10.1002/mdc3.13625 36825038	**Background:** Juvenile-onset Huntington's Disease (JoHD) or Huntington's disease (HD) with age of onset ≤20 years, is a rare clinical entity that often differs phenotypically from adult HD and represents only 1-15% of total HD cases. Objective: To characterize the genetic and clinical characteristics of 32 JoHD patients seen in a Peruvian Neurogenetics clinic from 2000-2018. **Methods:** This study is a retrospective clinical and genetic review. The clinical database in Lima, Peru was searched for HD patients seen in clinic between 2000 and 2018. Inclusion criteria were: (1) genetically confirmed disease; and (2) HD age of onset ≤20 years, according to the documented medical history. **Results:** Among 475 patients with genetically confirmed HD in the database, 32 patients (6.7%) had symptom onset at ≤20 years. Among JoHD patients with a known transmitting parent (30 of 32), paternal transmission accounted for 77% of cases. Anticipation was higher with paternal transmission compared to maternal transmission (27.5 ± 11.5 vs. 11.3 ± 7.1 years). Overall expanded CAG repeat length ranged from 44 to 110, with a mean length of 65.6 ± 15.4, and 14 (44%) cases had repeat length under 60. Of the 32 patients included in the study, 25 had detailed clinical symptomatology available, and many patients had unique clinical features such as prominent sleep disturbance (60% of patients), or parkinsonism (73%). **Conclusions:** This large case series of JoHD patients characterizes the Peruvian JoHD population, reports on unique familial relationships in JoHD, and highlights the varied symptomatic presentation of this rare disease.	Peru; ataxia; chorea; juvenile Huntington's disease; juvenile-onset Huntington's disease.
FEBRERO	**6**		Genotype-Phenotype Correlations for ATX-TBP (SCA17): MDSGene Systematic Review	Rossi M, Hamed M, Rodríguez-Antigüedad J, Cornejo-Olivas M, Breza M, Lohmann K, Klein C, Rajalingam R, Marras C, van de Warrenburg BP.	Mov Disord. 10.1002/mds.29278. 36374860	Spinocerebellar ataxia type 17 or ATX-TBP is a CAG/CAA repeat expansion disorder characterized by marked clinical heterogeneity. Reports of affected carriers with subthreshold repeat expansions and of patients with Parkinson's disease (PD) with expanded repeats have cast doubt on the established cutoff values of the expansions and the phenotypic spectrum of this disorder. The objective of this systematic review was to explore the genotype-phenotype relationships for repeat expansions in TBP to delineate the ATX-TBP phenotype and reevaluate the pathological range of repeat expansions. The International Parkinson and Movement Disorder Society Genetic Mutation Database (MDSGene) standardized data extraction protocol was followed. Clinically affected carriers of reported ATX-TBP expansions were included. Publications that contained repeat sizes in screened cohorts of patients with PD and/or healthy individuals were included for a separate evaluation of cutoff values. Phenotypic and genotypic data for 346 ATX-TBP patients were curated. Overall, 97.7% of the patients had ≥41 repeats, while 99.6% of patients with PD and 99.9% of healthy individuals had ≤42 repeats, with a gray zone of reduced penetrance between 41 and 45 repeats. Pure parkinsonism was more common in ATX-TBP patients with 41 to 45 repeats than in the group with ≥46 repeats, which conversely more often presented with a complex phenotype with mixed movement disorders. An updated genotype-phenotype assessment for ATX-TBP is provided, and new repeat expansion cutoff values of reduced penetrance (41-45 expanded repeats) and full penetrance (46-66 expanded repeats) are proposed. These adjusted cutoff values will have diagnostic and counseling implications and may guide future clinical trial protocol.	SCA17; TBP; genetics; movement disorders; spinocerebellar ataxia.

FEBRERO	**7**		Embracing Monogenic Parkinson's Disease: The MJFF Global Genetic PD Cohort.	Vollstedt EJ, Schaake S, Lohmann K, Padmanabhan S, Brice A, Lesage S, Tesson C, Vidailhet M, Wurster I, Hentati F, Mirelman A, Giladi N, Marder K, Waters C, Fahn S, Kasten M, Brüggemann N, Borsche M, Foroud T, Tolosa E, Garrido A, Annesi G, Gagliardi M, Bozi M, Stefanis L, Ferreira JJ, Correia Guedes L, Avenali M, Petrucci S, Clark L, Fedotova EY, Abramycheva NY, Alvarez V, Menéndez-González M, Jesús Maestre S, Gómez-Garre P, Mir P, Belin AC, Ran C, Lin CH, Kuo MC, Crosiers D, Wszolek ZK, Ross OA, Jankovic J, Nishioka K, Funayama M, Clarimon J, Williams-Gray CH, Camacho M, **Cornejo-Olivas M**, **Torres-Ramirez L**, Wu YR, Lee-Chen GJ, Morgadinho A, Pulkes T, Termsarasab P, Berg D, Kuhlenbäumer G, Kühn AA, Borngräber F, de Michele G, De Rosa A, Zimprich A, Puschmann A, Mellick GD, Dorszewska J, Carr J, Ferese R, Gambardella , Barkhuizen M, Pimentel MMG, Saunders-Pullman R, van de Warrenburg B, Bressman S, Toft M, Appel-Cresswell S, Lang AE, Skorvanek M, Boon AJW, Krüger R, Sammler EM, Tumas V, Zhang BR, Garraux G, Chung SJ, Kim YJ, Winkelmann J, Sue CM, Tan EK, Damásio J, Klivényi P, Kostic VS, Arkadir D, Martikainen M, Borges V, Hertz JM, Brighina L, Spitz M, Suchowersky O, Riess O, Das P, Mollenhauer B, Gatto EM, Petersen MS, Hattori N, Wu RM, Illarioshkin SN, Valente EM, Aasly JO, Aasly A, Alcalay RN, Thaler A, Farrer MJ, Brockmann K, Corvol JC, Klein C	**Mov Disord** 10.1002/mds.29288 36692014	**Background:** As gene-targeted therapies are increasingly being developed for Parkinson's disease (PD), identifying and characterizing carriers of specific genetic pathogenic variants is imperative. Only a small fraction of the estimated number of subjects with monogenic PD worldwide are currently represented in the literature and availability of clinical data and clinical trial-ready cohorts is limited. **Objective:** The objectives are to (1) establish an international cohort of affected and unaffected individuals with PD-linked variants; (2) provide harmonized and quality-controlled clinical characterization data for each included individual; and (3) further promote collaboration of researchers in the field of monogenic PD. **Methods**: We conducted a worldwide, systematic online survey to collect individual-level data on individuals with PD-linked variants in SNCA, LRRK2, VPS35, PRKN, PINK1, DJ-1, as well as selected pathogenic and risk variants in GBA and corresponding demographic, clinical, and genetic data. All registered cases underwent thorough quality checks, and pathogenicity scoring of the variants and genotype-phenotype relationships were analyzed. **Results:** We collected 3888 variant carriers for our analyses, reported by 92 centers (42 countries) worldwide. Of the included individuals, 3185 had a diagnosis of PD (ie, 1306 LRRK2, 115 SNCA, 23 VPS35, 429 PRKN, 75 PINK1, 13 DJ-1, and 1224 GBA) and 703 were unaffected (ie, 328 LRRK2, 32 SNCA, 3 VPS35, 1 PRKN, 1 PINK1, and 338 GBA). In total, we identified 269 different pathogenic variants; 1322 individuals in our cohort (34%) were indicated as not previously published. **Conclusions:** Within the MJFF Global Genetic PD Study Group, we (1) established the largest international cohort of affected and unaffected individuals carrying PD-linked variants; (2) provide harmonized and quality-controlled clinical and genetic data for each included individual; (3) promote collaboration in the field of genetic PD with a view toward clinical and genetic stratification of patients for gene-targeted clinical trials.	Parkinson's disease; monogenic PD.
FEBRERO	**8**	Parasitosis	A Rapid Point-of-Care Assay for Cysticercosis Antigen Detection in Urine Samples.	Toribio L, Handali S, Marin Y, Perez E, Castillo Y, Bustos JA, O'Neal SE, Garcia HH.	**Am J Trop Med Hyg.** 10.4269/ajtmh.22-0598. 36746658	We report a proof-of-concept study using a dipstick assay to detect Taenia solium antigen in urine samples of 30 patients with subarachnoid neurocysticercosis and 10 healthy control subjects. Strips were read in blind by two readers. The assay detected antigen in 29 of 30 cases and was negative in all 10 control samples. Although this study was performed in samples from individuals with subarachnoid neurocysticercosis who likely had high circulating antigen levels, it provides the proof of concept for a functional urine antigen point-of-care assay that detects viable cysts. Such an assay could serve to support a clinical diagnosis of suspect neurocysticercosis or to identify patients at risk of developing severe disease in areas where medical resources are limited, providing evidence to refer these individuals for imaging and specialized care as needed.	no disponible

MARZO	**9**	Vasculares	Importance of multiplanar reformation angiographic images for the detection of carotid web: A case series	Laura Zelada-Ríos, Danny Barrientos-Imán, Lourdes Simbrón-Ribbeck, Carlos Abanto Argomedo, Jorge Ramírez-Quiñones, Pilar Calle La Rosa, Ana Valencia Chávez, Ricardo Otiniano-Sifuentes	**Brain Circulation** DOI: 10.4103/bc.bc_75_22 No disponble	Carotid web (CW) is considered a variant of intimal fibromuscular dysplasia. CW represents between9.4% and 37% of ischemic strokes that were initially misclassified as "cryptogenic." However, in Latin America, there is a lack of detection. We present 5 cases of ischemic stroke due to CWand discuss the usefulness of multiplanar reformatting (MPR) imaging in computed tomography angiography. The identification of CW with the use of tridimensional (3D) reconstructions andmaximum intensity projection was 20%, the rest was misdiagnosed as atherosclerotic plaque. With the MPR, the identification of typical CW findings was improved, such as a thin septum, ashelf-like image, and a mountain shadow-like image. However, one must be alert to changes in the 3D disposition of the carotid bifurcation, as they may mask the typical CW findings. A goodpractice is to align the internal carotid artery exactly posterior to the external carotid artery in the sagittal plane.	Carotid web, cryptogenic stroke, computed tomography angiography, multiplanar reformation
MARZO	**10**	Líquido-Céfalo Raquídeo	Cerebral Cryptococcosis Associated with CD4+ T-lymphocytopenia in Non-HIV Patients after SARS-CoV-2 Infection: Case Series in a Specialized Institute in Lima, Peru	Huamani-Córdova, Juana M.; Hueda-Zavaleta, Miguel; Vargas-Bellina, Victor; Simbron-Ribbeck, Lourdes; Chong-Chinchay, Katty del Rosario; Gómez de la Torre, Juan Carlos; Benítes-Zapata, Vicente A.	**Trop Med Infect Dis.** DOI: 10.3390/tropicalmed8030182 PMID: 36977183	Cases of cryptococcosis have been reported in patients with COVID-19. The majority are in patients with severe symptoms or who received immunosuppressants. However, there is still no clear association between COVID-19 and cryptococcosis. We report eight cases of cerebral cryptococcosis associated with CD4+ T lymphocytopenia in non-HIV patients after SARS-CoV-2 infection. The median age was 57 years and 5/8 were male. In addition, 2/8 of patients had diabetes, and 8/8 had a history of mild COVID-19, with a median of 75 days before diagnosis of cerebral cryptococcosis. All patients denied having received prior immunosuppressive therapy. The most frequent symptoms were confusion (8/8), headache (7/8), vomiting (6/8), and nausea (6/8) All patients were diagnosed by isolating Cryptococcus in cerebrospinal fluid. The median CD4+ and CD8+ T lymphocytes were 247 and 173.5, respectively. Other causes of immunosuppression, such as HIV or HTLV infection, were excluded in all patients. Finally, three patients died, and one presented long-term visual and auditory sequelae. The CD4+/CD8+ T lymphocyte count normalized during follow-up in those patients who survived. We hypothesize that CD4+ T lymphocytopenia in the patients in this case series could increase the risk of cryptococcosis after SARS-CoV-2 infection.	COVID-19; SARS-CoV-2; T-lymphocytes; central nervous system; cryptococcosis; cryptococcus; meningitis; opportunistic infection.
MARZO	**11**	Parasitosis	Older age in subarachnoid Neurocysticercosis reflects a long pre-patent period.	Nateros, Fernando; Saenz, Edith; Saavedra, Herbert; Gonzales, Isidro; Pretell, Javier; Perez, Erika; Castillo, Yesenia; Bustos, Javier; Garcia, Hector	**American Journal of Tropical medicine and Hygiene** DOI: 10.4269/ajtmh.22-0791 PMID: 37127275	Patients with subarachnoid neurocysticercosis (NCC) are usually older than those with parenchymal disease. Whether this difference reflects a prolonged presymptomatic period or a delay in diagnosis is not clear. From 408 eligible patients, we retrospectively compared the age at symptom onset in 140 patients diagnosed with parenchymal (pure viable or pure calcified) and subarachnoid NCC who had a confirmatory image available not more than 2 years after the beginning of symptoms. Patients with mixed (parenchymal and subarachnoid) NCC or those with parenchymal cysts at different stages (viable and/or degenerating and/or calcified) were not included. After controlling by sex and residence in rural endemic regions, the mean age at symptom onset in patients with subarachnoid disease was 13.69 years older than those with viable parenchymal disease. A long incubation period is a major contributing factor to older age at presentation in subarachnoid NCC, independent of delayed diagnosis or access to care.	no disponible

MARZO	**12**	Parasitosis	Consistent measurement of parasite-specific antigen levels in sera of patients with neurocysticercosis using two different monoclonal antibody (mAb)-based enzyme-linked immunosorbent assays.	Yesenia Castillo, Luz M Toribio, Carolina Guzman, Gianfranco Arroyo, Cindy Espinoza, Herbert Saavedra, Javier A Bustos, Pierre Dorny, Seth E. O'Neal and Hector Hugo Garcia.	**Pathogens-MDPI** DOI: 10.3390/pathogens12040566 PMID: 37111451	Monoclonal antibody (mAb)-based enzyme-linked immunosorbent assay (ELISA) is a complementary diagnosis technique for neurocysticercosis (NCC), which detects circulating parasite antigen (Ag) indicative of viable infection and Ag levels that correlate well with the parasite burden. In this study, we compared the performance of two Ag-ELISA techniques for the detection of NCC. We assessed the agreement between our in-house TsW8/TsW5 Ag-ELISA and the widely used B158/B60 Ag-ELISA for measuring T. solium antigen levels in the sera from 113 patients with calcified, parenchymal, and subarachnoid NCC. Concordance was demonstrated evaluating the limits of agreement (LoAs) stratified by the type of NCC. Both ELISA's detected 47/48 (97.8%) subarachnoid NCC cases. In parenchymal and calcified NCC, the B158/B60 Ag-ELISA detected 19/24 (79.2%) and 18/41 (43.9%) cases, while the TsW8/TsW5 Ag-ELISA detected 21/24 (87.5%) and 13/41 (31.7%), respectively. Parenchymal and calcified NCC obtained a perfect agreement (100%), indicating that all sample results were within the predicted LoA, while for subarachnoid NCC, the agreement was 89.6%. The high concordance between the assays was confirmed by Lin's concordance coefficient (LCC = 0.97). Patients with viable parenchymal NCC (LCC = 0.95) obtained the highest concordance between assays, followed by subarachnoid NCC (LCC = 0.93) and calcified NCC (LCC = 0.92). The TsW8/TsW5 Ag-ELISA and B158/B60 Ag-ELISA showed high Ag measurement correlations across diverse types of NCC.	Keywords: Ag-ELISA; Taenia solium; agreement; monoclonal antibodies; neurocysticercosis.
MARZO	**13**	Parasitosis	Clinical characteristics and management of neurocysticercosis patients: a retrospective assessment of case reports from Europe.	Stelzle D, Abraham A, Kaminski M, Schmidt V, De Meijere R, Bustos JA, Garcia HH, Sahu PS, Bobić B, Cretu C, Chiodini P, Dermauw V, Devleesschauwer B, Dorny P, Fonseca A, Gabriël S, Morales MÁG, Laranjo-González M, Hoerauf A, Hunter E, Jambou R, Jurhar-Pavlova M, Reiter-Owona I, Sotiraki S, Trevisan C, Vilhena M, Walker NF, Zammarchi L, Winkler AS.	**J Travel Med** 10.1093/jtm/taac102. 36222148	**Objectives:** Neurocysticercosis (NCC) is a parasitic disease caused by the larval stage of the tapeworm Taenia solium. NCC mainly occurs in Africa, Latin America and South-East Asia and can cause a variety of clinical signs/symptoms. Although it is a rare disease in Europe, it should nonetheless be considered as a differential diagnosis. The aim of this study was to describe clinical characteristics and management of patients with NCC diagnosed and treated in Europe. **Methods:** We conducted a systematic search of published and unpublished data on patients diagnosed with NCC in Europe (2000-2019) and extracted demographic, clinical and radiological information on each case, if available. **Results:** Out of 293 identified NCC cases, 59% of patients presented initially with epileptic seizures (21% focal onset); 52% presented with headache and 54% had other neurological signs/symptoms. The majority of patients had a travel or migration history (76%), mostly from/to Latin America (38%), Africa (32%) or Asia (30%). Treatment varied largely depending on cyst location and number. The outcome was favorable in 90% of the cases. **Conclusions**: Management of NCC in Europe varied considerably but often had a good outcome. Travel and migration to and from areas endemic for T. solium will likely result in continued low prevalence of NCC in Europe. Therefore, training and guidance of clinicians is recommended for optimal patient management.	Taenia solium; Clinical epidemiology; Europe; Global Health; NCC management; Neurocysticercosis; One Health; neglected tropical diseases.

ABRIL	**14**	Degenerativas	Transitional Care for Young People with Movement Disorders: Consensus-Based Recommendations from the MDS Task Force on Pediatrics	Tamara Pringsheim, Amit Batla, Ali Shalash, Jitendra Kumar Sahu, Carlos Cosentino, Darius Ebrahimi-Fakhari, Jennifer Friedman, Jean-Pierre Lin, Jonathan Mink, Alexander Munchau, Daniela Munoz, Nardo Nardocci, Belen Perez-Dueñas, Zomer Sardar, Chahnez Triki, Hilla Ben-Pazi, Laura Silveira-Moriyama, Monica Troncoso-Schifferli, Kyoko Hoshino, Russell C Dale, Victor S C Fung, Manju A Kurian, Emmanuel Roze	**Mov Disord Clin Pract** DOI: 10.1002/mdc3.13728 PMID: 37205244	**Background:** The International Parkinson and Movement Disorders Society (MDS) set up a working group on pediatric movement disorders (MDS Task Force on Pediatrics) to generate recommendations to guide the transition process from pediatrics to adult health care systems in patients with childhood-onset movement disorders. **Methods:** To develop recommendations for transitional care for childhood onset movement disorders, we used a formal consensus development process, using a multi-round, web-based Delphi survey. The Delphi survey was based on the results of the scoping review of the literature and the results of a survey of MDS members on transition practices. Through iterative discussions, we generated the recommendations included in the survey. The MDS Task Force on Pediatrics were the voting members for the Delphi survey. The task force members comprise 23 child and adult neurologists with expertise in the field of movement disorders and from all regions of the world. **Results:** Fifteen recommendations divided across four different areas were made pertaining to: (1) team composition and structure, (2) planning and readiness, (3) goals of care, and (4) administration and research. All recommendations achieved consensus with a median score of 7 or greater. **Conclusion:** Recommendations on providing transitional care for patients with childhood onset movement disorders are provided. Nevertheless several challenges remain in the implementation of these recommendations, related to health infrastructure and the distribution of health resources, and the availability of knowledgeable and interested practitioners. Research on the influence of transitional care programs on outcomes in childhood onset movement disorders is much needed.	no disponible
ABRIL	**15**	Genética	The Peruvian Alzheimer Disease Initiative(PeADI): An international effort model toincrease diversity in AD research (S15.002)	Maryenela Illanes-Manrique, Pedro Mena, Karina Milla-Neyra, Larry Adams, Koni Mejia, Julia Rios-Pinto, Rosario Isasi, Angel Medina-Colque, Gary Beecham, Ivan Cornejo-Herrera, Jeffery Vance, Edward Ochoa-Valle, Sheila Castro-Suarez, Michael L. Cuccaro, Elison Sarapura-Castro, Diana Cubas-Montecino, Mario Cornejo Olivas, Margaret Pericak-Vance	**Neurology Journal** DOI: https://doi.org/10.1212/WNL.0000000000204027 No disponible	**Objective:** We have developed an international collaborative research initiative to ascertain a Peruvian cohort for AD and other related dementias for genetic studies of Amerindian individuals. **Background:** Peru is one of the five largest countries in Latin America and harboring a high Amerindian ancestry component in this population. The Latin American population, including Peruvians, are underrepresented in research studies of AD. **Design/Methods:** PeADI was developed to recruit and enroll Peruvian adults aged 65 and older to a comprehensive genetic AD study. Individuals will get whole genome sequencing and plasma biomarkers. Participants included cases with AD and ADRD, healthy controls as well as multiplex AD families. Since 2019, we have established a multisource ascertainment approach including recruitment at main hospitals, outreach community activities and more recently due to the COVID19 pandemic remote recruitment and home visits in Lima, the capital city. Our recruitment has expanded to three regions from the Andes highlands (Puno, Huancayo, Cusco) and one region from the southern coast (Tacna). All participants are enrolled using a standard clinical and cognitive protocol administered by neurologists and neuropsychologists. **Results:** As of September 2022, we have enrolled 132 AD and other dementia cases, 292 controls and 6 multiplex AD families. While the majority of participants was recruited in Lima,45% controls and 7% of cases have been recruited in regions outside Lima. We have confirmed a significant association between APOE and AD in Peruvian Population higher than we have observed in non-Hispanics. In addition to ascertainment activities, we are working closely with the respective sites to develop a network and resources for AD research across Peru. To date, we have developed local research capacities within each region, including training opportunities for investigators, coordinators and lab technicians, and basic equipment for all regions. **Conclusions:** PeADI study shows the importance of equitable international north-south cooperation and local network cooperation to increase representation of understudied admixed populations to help us understand Amerindian ancestry in drug target discovery.	no disponible

ABRIL	**16**	Genética	The Border Zone Between bvFTD and Primary Psychiatric Disorders	Maison Abu Raya, MD Maryenela Illanes-Manrique, MD Bruce Miller, MD	**Psychiatric Times**	In this CME, learn more about frontotemporal lobar degeneration and the several overlapping syndromes that it encompasses, as well as how to distinguish behavioral variant frontotemporal lobar degeneration from other psychiatric disorders.	no disponible
ABRIL	**17**	Epilepsia Parasitosis Vasculares	Resultado funcional en pacientes con infarto cerebral y COVID-19 en Lima, PerúFunctional outcome in patients with ischemic stroke and COVID-19 in Lima, Peru	Sofia S. Sanchez-Boluarte, Jose Bejarano-Ferreyra,b Willy Lescano,c Mariana E. Valdez-Taboada,d Danny M. Barrientos-Iman,e and Hector H. Garciaf	**Neurología Argentina.** doi: 10.1016/j.neuarg.2023.03.003	**Introducción:** El COVID-19 puede desencadenar un infarto cerebral por varios mecanismos potenciales, entre ellas, la hipercoagulabilidad. Se han reportado peores resultados funcionales en pacientes con infarto cerebral y COVID-19. **Objetivo:** Determinar la asociación entre resultado funcional y COVID-19 en pacientes con infarto cerebral isquémico. Pacientes y métodos: Se realizó un estudio de casos y controles comparando a pacientes ingresados a un centro de referencia neurológico en Perú con diagnóstico de infarto cerebral, antes (controles) y después (casos) del inicio de la pandemia por COVID-19. Hubo 31 casos diagnosticados con COVID-19 y 62 controles. Se utilizaron análisis bivariado y análisis de regresión de Poisson de efectos fijos condicionales. **Resultados**: Los casos tenían glucemia basal más alta (133,5, RIQ: 117,5-174 vs 117, RIQ: 101-130, p = 0,033) que los controles, recuentos de neutrófilos más altos (7,91, RIQ: 5,93-9,57 vs. 5,96, RIQ: 4,41-7,79, p = 0,008), menor recuento de linfocitos (1,48, RIQ: 1,04-1,8 frente a 1,83, RIQ: 1,26-2,32, p = 0,025), mayor relación neutrófilos/linfocitos (5,44, RIQ: 4,0-8,1 frente a 3,29, RIQ: 2,25-6,02, p = 0,011), mayor NIH scale/score (NIHSS) (14, RIQ: 9-18 vs. 7, RIQ: 5-11, p = 0,000) y mayores puntuaciones de Rankin modificadas al alta (4, RIQ: 4-5 vs. 2, RIQ: 1-4) p = 0,001). Siete (21,88%) participantes fallecieron en el grupo de casos vs. 1 (1,56%) en los controles (p = 0,014). La odds ratio de un mal resultado funcional al alta fue de 1,344 (IC: 1,079-4,039; p = 0,029), ajustada por NIHSS al ingreso. **Conclusiones:** Nuestros hallazgos sugieren que los infartos cerebrales asociados a COVID-19 son más graves, tienen un peor resultado funcional y una mayor mortalidad que los infartos cerebrales no relacionados a COVID-19.	Palabras clave: Enfermedad cerebrovascular isquémica, COVID-19, Infarto cerebral
ABRIL	**18**	Genética	Management of rare movement diseases in defferent world regions	Mario Cornejo-Olivas	**Parkinsonism and Related disorders** 10.1016/j.parkreldis.2023.105286. 36669905	To evaluate the management of rare movement disorders (RMD) at the international level and identify care needs to be addressed, the Rare Movement Disorders Study Group of the International Parkinson and Movement Disorders Society (MDS) has conducted an exploratory survey. We sent an online survey to experts in Africa, Asia, Oceania and American continents following the classification of the MDS Regional Sections: Africa, Asia and Oceania (A&O), and Pan-America. We did not include Europe as the European Reference Network for Rare Neurological Diseases recently performed a similar care needs survey across European countries. We obtained responses from experts from 20 African, 26 A&O and 19 Pan-American countries. According to the respondents, only 55% of African countries had movement disorders experts, while these were present in 96% of A&O and 91% of Pan-American. Access to care for patients with RMD was stated difficult in 70% of African, 54% of A&O, and 65% of Pan-American countries. Africa was the region with greatest difficulties in accessing diagnostic tests. However, in Pan-America and A&O, large inequalities were observed between countries with quite variable access to therapeutic options such as deep brain stimulation. The survey results reflect wide variability in the management of RMD and provide evidence that a worldwide care-focused network is highly warranted. Scientific and medical organisations should raise awareness of deficits in managing RMD and care disparities among regions. The goals should be to facilitate the training of professionals, establish improvement strategies, and increase support and budgeting for these diseases.	Management; Movement disorders; Rare diseases; Survey

ABRIL	**19**	Demencia	Impact of COVID-19 Mandatory Lockdown Measures on Cognitive and Neuropsychiatric Symptoms in Persons with Alzheimer's Disease in Lima, Peru	Nilton Custodio, Marco Malaga, Rosa Montesinos, Diego Chambergo, Fiorella Baca, Sheila Castro-Suarez, Juan Carlos Carbajal, Eder Herrera, David Lira	**Current Alzheimer Research** 10.2174/1567205020666230417103216 37073648	**Background:** Neuropsychiatric symptoms (NPS) in patients with Alzheimer's disease (AD) worsened during the COVID-19 lockdowns, but their progression thereafter is unknown. We present the first longitudinal study tracking them before, during, and after restrictions. **Objectives:** To describe the effect of the COVID-19 mandatory lockdowns on Cognitive and Neuropsychiatric symptoms in patients with Mild Cognitive Impairment (MCI) and Alzheimer's Disease (AD). **Methods:** Cohort of 48 patients with amnestic MCI and 38 with AD in Lima, Peru. They received three rounds of cognitive (RUDAS, CDR, M@T), behavioral (NPI), and functional (ADCS-ADL) assessments. We assessed the change in score means across the time points and for each domain of NPS and tracked the changes in individual patients. **Results:** RUDAS declined 0.9 (SD 1.0) from baseline to lockdown and 0.7 (SD 1.0) after restrictions. M@T declined 1.0 (SD 1.5) from baseline to lockdown and 1.4 (SD 2.0) after restrictions. CDR worsened in 72 patients (83.72%) from baseline to post-lockdown. NPI worsened by 10 (SD 8.3) from baseline to lockdown but improved by 4.8 (SD 6.4) after restrictions. Proportionally, 81.3% of all patients had worsened NPS during the lockdowns, but only 10.7% saw an increase thereafter. Improvement was statistically significant for specific NPS domains except hallucinations, delusions, and appetite changes. Anxiety, irritability, apathy, and disinhibition returned to baseline levels. **Conclusion:** Following confinement, cognition continued to decline, but NPS demonstrated either stability or improvement. This highlights the role modifiable risk factors may have on the progression of NPS.	Alzheimer Disease, neuropsychiatric symptoms, COVID-19, Quarantine, stay-at-home orders, mandatory lockdown.
ABRIL	**20**	Musculares	Concurrence of Guillain-Barré syndrome and primary biliary cholangitis not related to SARS-CoV-2: Case report	Darwin Segura-Chávez, Isabel Tagle-Lostaunau, Juan Sifuentes-Monge, Francisco Aquino-Peña	**Medwave** DOI: 10.5867/medwave.2023.03.2663 PMID: 37115660	**Introduction:** Guillain-Barré syndrome is a polyradiculoneuropathy of autoimmune origin, considered the most frequent cause of acute flaccid paralysis. Various associations of Guillain-Barré syndrome with other non-neurological autoimmune diseases have been reported, some of them extremely rare, such as that which occurs with primary biliary cholangitis, a chronic disease of autoimmune etiology whose diagnosis is also supported by the clinical picture. , in the alteration of liver enzymes and the presence of anti-mitochondrial antibodies. **Clinical case**: A 38-year-old male patient, with no history of previous comorbidities, who, after presenting with diarrheal disease two weeks prior, developed subacute onset ascending weakness associated with paresthesias in four extremities that progressed to quadriplegia and respiratory distress. Cerebrospinal fluid cytochemistry was performed, which showed albuminocytological dissociation and electromyography, which showed findings compatible with acute motor axonal neuropathy, for which he received treatment with intravenous immunoglobulin at 0.4g/kg/day, achieving improvement in the neurological condition. Since admission and during hospitalization, he presented persistent changes in liver enzymes which followed a cholestatic pattern, in addition to mild abdominal pain and generalized itching, for which he was evaluated by gastroenterology, who requested anti-mitochondrial antibodies that were positive. Concluding in the diagnosis of primary biliary cholangitis. **Conclusion:** The present case shows an extremely rare association of two autoimmune diseases Guillain-Barré syndrome and primary biliary cholangitis, so much so that it represents the first case reported, not linked to SARS-CoV-2.	Keywords: Guillain-Barré syndrome; autoimmune diseases; autoimmune hepatitis; primary biliary cholangitis.

ABRIL	**21**	Genética	Ataxia-telangiectasia: una revisión desde la etiopatogenia al manejo actual con descripción de casos reportados en Perú	Mario Cornejo-Olivas, Elison Sarapura-Castro	**Revista de Neuropsiquiatria** https://doi.org/10.20453/rnp.v86i1.4463	La Ataxia-Telangiectasia (AT) es una rara enfermedad de herencia autosómica recesiva y de afección multisistémica, caracterizada por ataxia progresiva, inmunodeficiencia variable con infecciones recurrentes, riesgo incrementado de neoplasias con o sin telangiectasias óculo-cutáneas. La AT es causada por variantes patogénicas bialélicas en el gen ATM. Su diagnóstico se basa en la sospecha de un cuadro clínico compatible, niveles elevados de alfafetoproteína, atrofia cerebelosa y estudios genéticos. No existe tratamiento curativo de AT y su manejo se basa en medidas de soporte y prevención de complicaciones y asesoramiento genético. En esta revisión, actualizamos la epidemiología, manifestaciones clínicas, diagnóstico y tratamiento de AT incluyendo una búsqueda de casos publicados en el Perú	Ataxia, Ataxia Telangiectasia, Proteínas de la Ataxia Telangiectasia Mutada
ABRIL	**22**	Genética	Ataxia de Friedreich, revisión y actualización de la literatura con búsqueda sistemática de casos en Latinoamérica	Mario Cornejo-Olivas, Elison Sarapura-Castro	**Revista de Neuropsiquiatria** https://doi.org/10.20453/rnp.v86i1.4466	La Ataxia de Friedreich (AF) es una enfermedad neurodegenerativa autosómica recesiva con compromiso multisistémico. En esta revisión, se actualizan aspectos epidemiológicos, fisiopatológicos y clínico-terapéuticos y se conduce una búsqueda sistemática de casos de AF reportados en Latinoamérica. La prevalencia de AF en poblaciones caucásicas es estimada entre 2 y 5 casos por 100 000 habitantes. En Latinoamérica se han publicado 35 estudios que reúnen 1481 casos en 6 países. Causada por la expansión anormal de repeticiones GAA en el gen FXN, la etiopatogenia está asociada a una reducción en los niveles de la proteína frataxina (que altera el metabolismo energético) y el acúmulo de hierro mitocondrial. El fenotipo clásico de AF suele comenzar antes de los 25 años, aunque hay otros de inicio tardío y retención de reflejos. La sintomatología se caracteriza por ataxia progresiva, alteración sensitiva, arreflexia, disartria, y alteraciones oculomotoras, además de compromiso cardiaco, endocrino y musculoesquelético. El diagnóstico requiere evaluación neurológica detallada, estudios neurofisiológicos, neuroimágenes y pruebas bioquímicas pero el enfoque determinante es el estudio genético que demuestre variantes genéticas bialélicas en el gen FXN. El manejo es multidisciplinario, orientado a aminorar los síntomas, prevenir complicaciones y brindar asesoramiento genético apropiado. Recientemente se ha aprobado el primer tratamiento farmacológico para AF con varios más en fases de experimentación.	Ataxia de Friedreich, Genes Recesivos, Ataxia, Proteínas de Unión a Hierro, América Latina

MAYO	**23**	Vasculares	The third Intensive Care Bundle with Blood Pressure Reduction in Acute Cerebral Haemorrhage Trial (INTERACT3): an international, stepped wedge cluster randomised controlled trial	Lu Ma*, Xin Hu*, Lili Song*, Xiaoying Chen*, Menglu Ouyang, Laurent Billot, Qiang Li, Alejandra Malavera, Xi Li, Paula Muñoz-Venturelli, Asita de Silva, Nguyen Huy Thang, Kolawole W Wahab, Jeyaraj D Pandian, Mohammad Wasay, Octavio M Pontes-Neto, Carlos Abanto, Antonio Arauz, Haiping Shi, Guanghai Tang, Sheng Zhu, Xiaochun She, Leibo Liu, Yuki Sakamoto, Shoujiang You, Qiao Han, Bernard Crutzen, Emily Cheung, Yunke Li, Xia Wang, Chen Chen, Feifeng Liu, Yang Zhao, Hao Li, Yi Liu, Yan Jiang, Lei Chen, Bo Wu, Ming Liu, Jianguo Xu, Chao You, Craig S Anderson	**The Lancet** https://doi.org/10.1016/S0140-6736(23)00806-1 37245517	**Background:** Early control of elevated blood pressure is the most promising treatment for acute intracerebral haemorrhage. We aimed to establish whether implementing a goal-directed care bundle incorporating protocols for early intensive blood pressure lowering and management algorithms for hyperglycaemia, pyrexia, and abnormal anticoagulation, implemented in a hospital setting, could improve outcomes for patients with acute spontaneous intracerebral haemorrhage. **Methods:** We performed a pragmatic, international, multicentre, blinded endpoint, stepped wedge cluster randomised controlled trial at hospitals in nine low-income and middle-income countries (Brazil, China, India, Mexico, Nigeria, Pakistan, Peru, Sri Lanka, and Viet Nam) and one high-income country (Chile). Hospitals were eligible if they had no or inconsistent relevant, disease-specific protocols, and were willing to implement the care bundle to consecutive patients (aged ≥18 years) with imaging-confirmed spontaneous intracerebral haemorrhage presenting within 6 h of the onset of symptoms, had a local champion, and could provide the required study data. Hospitals were centrally randomly allocated using permuted blocks to three sequences of implementation, stratified by country and the projected number of patients to be recruited over the 12 months of the study period. These sequences had four periods that dictated the order in which the hospitals were to switch from the control usual care procedure to the intervention implementation of the care bundle procedure to different clusters of patients in a stepped manner. To avoid contamination, details of the intervention, sequence, and allocation periods were concealed from sites until they had completed the usual care control periods. The care bundle protocol included the early intensive lowering of systolic blood pressure (target <140 mm Hg), strict glucose control (target 6·1–7·8 mmol/L in those without diabetes and 7·8–10·0 mmol/L in those with diabetes), antipyrexia treatment (target body temperature ≤37·5°C), and rapid reversal of warfarin-related anticoagulation (target international normalised ratio <1·5) within 1 h of treatment, in patients where these variables were abnormal. Analyses were performed according to a modified intention-to-treat population with available outcome data (ie, excluding sites that withdrew during the study). The primary outcome was functional recovery, measured with the modified Rankin scale (mRS; range 0 [no symptoms] to 6 [death]) at 6 months by masked research staff, analysed using proportional ordinal logistic regression to assess the distribution in scores on the mRS, with adjustments for cluster (hospital site), group assignment of cluster per period, and time (6-month periods from Dec 12, 2017). This trial is registered at Clinicaltrials.gov (NCT03209258) and the Chinese Clinical Trial Registry (ChiCTR-IOC-17011787) and is completed. Findings Between May 27, 2017, and July 8, 2021, 206 hospitals were assessed for eligibility, of which 144 hospitals in ten countries agreed to join and were randomly assigned in the trial, but 22 hospitals withdrew before starting to enrol patients and another hospital was withdrawn and their data on enrolled patients was deleted because regulatory approval was not obtained. Between Dec 12, 2017, and Dec 31, 2021, 10 857 patients were screened but 3821 were excluded. Overall, the modified intention-to-treat population included 7036 patients enrolled at 121 hospitals, with 3221 assigned to the care bundle group and 3815 to the usual care group, with primary outcome data available in 2892 patients in the care bundle group and 3363 patients in the usual care group. The likelihood of a poor functional outcome was lower in the care bundle group (common odds ratio 0·86; 95% CI 0·76–0·97; p=0·015). The favourable shift in mRS scores in the care bundle group was generally consistent across a range of sensitivity analyses that included additional adjustments for country and patient variables (0·84; 0·73–0·97; p=0·017), and with different approaches to the use of multiple imputations for missing data. Patients in the care bundle group had fewer serious adverse events than those in the usual care group (16·0% vs 20·1%; p=0·0098).	

MAYO	**24**	Cistercercosis	Older Age in Subarachnoid Neurocysticercosis Reflects a Long Prepatent Period	Nateros, Fernando, Saenz, Edith, Saavedra, Herbert, Gonzales, Isidro, Pretell, E Javier, Perez, Erika, Castillo, Yesenia, Bustos, Javier A. Garcia, Hector H.	**Am J Trop Med Hyg** DOI: 10.4269/ajtmh.22-0791 PMID: 37127275	Patients with subarachnoid neurocysticercosis (NCC) are usually older than those with parenchymal disease. Whether this difference reflects a prolonged presymptomatic period or a delay in diagnosis is not clear. From 408 eligible patients, we retrospectively compared the age at symptom onset in 140 patients diagnosed with parenchymal (pure viable or pure calcified) and subarachnoid NCC who had a confirmatory image available not more than 2 years after the beginning of symptoms. Patients with mixed (parenchymal and subarachnoid) NCC or those with parenchymal cysts at different stages (viable and/or degenerating and/or calcified) were not included. After controlling by sex and residence in rural endemic regions, the mean age at symptom onset in patients with subarachnoid disease was 13.69 years older than those with viable parenchymal disease. A long incubation period is a major contributing factor to older age at presentation in subarachnoid NCC, independent of delayed diagnosis or access to care.	no disponible
JUNIO	**25**	Demencia	Gaps in clinical research in frontotemporal dementia: A call for diversity and disparities-focused research	Sanne Franzen, Karen Nuytemans, Renelle Bourdage, Paulo Caramelli, Ratnavalli Ellajosyula, Elizabeth Finger, Ignacio Illán-Gala, Samantha M Loi, Darby Morhardt, Yolande Pijnenburg, Katya Rascovsky, Monique M Williams, Jennifer S Yokoyama, Suvarna Alladi, Yavuz Ayhan, Iris Broce, Sheila Castro-Suarez, Kristy Coleman, Leonardo Cruz de Souza, Penny A Dacks, Sterre C M de Boer, Jessica de Leon, Shana Dodge, Stephanie Grass, Veer Gupta, Vivek Gupta, Nupur	**Alzheimers Dement** DOI: 10.1002/alz.13129 PMID: 37270665	Frontotemporal dementia (FTD) is one of the leading causes of dementia before age 65 and often manifests as abnormal behavior (in behavioral variant FTD) or language impairment (in primary progressive aphasia). FTD's exact clinical presentation varies by culture, language, education, social norms, and other socioeconomic factors; current research and clinical practice, however, is mainly based on studies conducted in North America and Western Europe. Changes in diagnostic criteria and procedures as well as new or adapted cognitive tests are likely needed to take into consideration global diversity. This perspective paper by two professional interest areas of the Alzheimer's Association International Society to Advance Alzheimer's Research and Treatment examines how increasing global diversity impacts the clinical presentation, screening, assessment, and diagnosis of FTD and its treatment and care. It subsequently provides recommendations to address immediate needs to advance global FTD research and clinical practice.	Keywords: cultural diversity; diagnosis; ethnicity; frontotemporal dementia; language; literacy; neuropsychological tests; primary progressive aphasia.
JUNIO	**26**	Musculares	Síndrome de Brown Vialetto Van Laere: reporte de primer caso peruano	Peggy Carol Martínez-Esteban, Kelvin Harold Alvarez-Toledo, Edson Jair Mattos-Castillo, Carlos Méndez-Dávalos	**Investigación e Innovación Clínica y Quirúrgica Pediátrica** 10.59594/iicqp.2023.v1n1.14 No disponble	El Síndrome de Brown Vialetto Van Laere (SBVVL), también conocido como Deficiencia del Transportador de Riboflavina, es un trastorno neurodegenerativo de herencia autosómica recesiva que se presenta con baja frecuencia. Este trastorno se asocia a mutaciones en los genes SLC52A2 y SLC52A3, responsables de codificar el transportador de riboflavina. Se manifiesta clínicamente por una parálisis ponto-bulbar progresiva y una hipoacusia neurosensorial. Presentamos el caso clínico de un niño de 1 año y 10 meses diagnosticado con SBVVL. Este paciente experimentó una parálisis ponto-bulbar progresiva, compromiso respiratorio e hipoacusia neurosensorial, pero mostró una respuesta positiva al tratamiento implementado. Mediante estudios genéticos, se identificó una mutación homocigótica en el gen SLC52A3, correspondiente a la variante c.1156T>C (p.Cys386Arg). Al realizar el estudio de segregación en los progenitores, se detectó la misma variante en estado heterocigótico. El Síndrome de Brown Vialetto Van Laere es una enfermedad potencialmente tratable, subrayando la importancia de su diagnóstico preciso y la implementación temprana de suplementación con riboflavina de forma empírica.	Palabras clave: Deficiencia de Riboflavina, Parálisis Bulbar Progresiva, Hipoacusia Neurosensorial

JUNIO	**27**	Demencia	Gaps in clinical research in frontotemporal dementia: A call for diversity and disparities-focused research	Franzen S, Nuytemans K, Bourdage R, Castro-Suarez Sheila, Caramelli Paulo	**Alzheimer´s & Dementia** 10.1002/alz.13129 37270665	Frontotemporal dementia (FTD) is one of the leading causes of dementia before age 65 and often manifests as abnormal behavior (in behavioral variant FTD) or language impairment (in primary progressive aphasia). FTD's exact clinical presentation varies by culture, language, education, social norms, and other socioeconomic factors; current research and clinical practice, however, is mainly based on studies conducted in North America and Western Europe. Changes in diagnostic criteria and procedures as well as new or adapted cognitive tests are likely needed to take into consideration global diversity. This perspective paper by two professional interest areas of the Alzheimer's Association International Society to Advance Alzheimer's Research and Treatment examines how increasing global diversity impacts the clinical presentation, screening, assessment, and diagnosis of FTD and its treatment and care. It subsequently provides recommendations to address immediate needs to advance global FTD research and clinical practice.	cultural diversity; diagnosis; ethnicity; frontotemporal dementia; language; literacy; neuropsychological tests; primary progressive aphasia
JUNIO	**28**	Musculares	Disability evaluation in patients with Guillain-Barre syndrome and SARS-CoV-2 infection	Sofía S Sanchez-Boluarte 1, Wilfor Aguirre-Quispe 2, Jhon Tacunan-Cuellar 3, Arantxa N Sanchez-Boluarte 4, Darwin Segura-Chavez 3	**Front Neurol** DOI: 10.3389/fneur.2023.1191520 PMID: 37483451	**Objective:** Several cases of Guillain-Barre syndrome (GBS) associated with SARS-CoV-2 infection have been described. This study illustrated the demographic, clinical, and neurophysiological characteristics of patients with GBS and COVID-19, as well as associated factors with disability at discharge. **Materials and methods:** A retrospective analytical observational study was conducted. It included patients diagnosed with GBS admitted in a national reference center in Peru between 2019 and 2021. Epidemiological, clinical, neurophysiological, and cerebrospinal fluid data were analyzed. A multivariate analysis, using the generalized linear model, was performed, considering the presence of disability at discharge as the dependent variable. **Results**: Eight-one subjects diagnosed with GBS were included. The mean age was 46.8 years (SD: 15.2), with a predominance of males (61.73%). The most frequent clinical presentation was the classic sensory-motor form in 74 cases (91.36%) with AIDP (82.35%) as the most frequent neurophysiological pattern in the group with COVID-19, while AMAN pattern predominated (59.26%) in those without COVID-19 (p = <0.000). The disability prevalence ratio at discharge between subjects with COVID-19 and those without COVID-19 was 1.89 (CI 1.06-3.34), p = 0.030, adjusted for age, sex, and neurophysiological subtype. **Conclusion:** The neurophysiologic subtype AIDP, and a higher disability were associated with the presence of COVID-19.	Keywords: COVID-19; Guillain-Barre syndrome; SARS-CoV-2; disability evaluation; polyneuropathy.

JUNIO	**29**	Demencia	Clinical profile of primary progressive Aphasia in Peru: Case series fron a Neurological care	Sheila Castro-Suarez, Erik Guevara-Silva, César Caparó-Zamalloa, María Meza Vega, Mario Cornejo Olivas	**Alzheimer´s & Dementia**	**Background:** Primary Progressive Aphasia (PPA) is one of the clinical syndromes of frontotemporal dementia (1). The frequency of PPA syndromes is low (16%) in this Latin America, with just one published report in Peruvian population (2). We aim to describe clinical features of PPA patients followed up at a Neurological healthcare center in Peru. **Method:** Retrospective review of clinical records of patients diagnosed with probable PPA (based on 2011 diagnostic criteria) during the 2010-2020 period. Local IRB approval was obtained for this study. **Result:** We included 11 cases that fulfilled the selection criteria. Nine cases (75%) were categorized as nfvPPA, and 3 (25%) svPPA. There was slightly female predominance (58%). The average of education was 10.8±4.8 years. Six cases (54.5%) declared place of birth from northern Peru. We found 4.2±1.8 years of diagnostic delay for PPA. The mean age at onset for nfvPPA and svPPA groups was 63 ±12.4, and 52(52-64) respectively. The first symptom identified in the nfvPPA group was effortful, halting speech 7 (77.8%), while svPPA was impaired confrontation naming 3 (100%). nfvPPA group showed agrammatism in language production and effortful speech in 8 patients (88.9%) and impaired in comprehension of syntactically complex sentences and spared single -word comprehension 3(33.3%). Parkinsonism was present in 6 patients (66.7%) and only one patient reported coexistence of amyotrophic lateral sclerosis. Depression was present in most of the 50% of cases. svPPA group also presented impaired in single word- comprehension, in object knowledge, and spared repetition 3(100%), 3 (100%) and 2(66.8%) respectively. Less than 50% of PPA cases were in speech therapy. **Conclusion**: The main clinical features of the PPA reported are mostly consistent with previous reports. In our medical records review, no cases of apraxia of speech were found. There is a significant delay of PPA diagnosis. Further studies with prospective design are required to obtain a better description. Implementing training strategies for clinicians will allow to improve the timely and accurate diagnosis of PPA in Peru.	No disponible
					10.1002/alz.067402		
		Genética			No disponble		
JULIO	**30**	Epilepsia	Postsurgical outcomes in a cohort of patients with hippocampal sclerosis: Initial experience in a referral epilepsy center in Peru	Walter F De La Cruz Ramirez , Denisse E Chacón Zuñiga , Sofía S Sánchez-Boluarte, Carlos M Vásquez Perez , Liza N Nuñez Del Prado Murillo, José C Delgado Rios	**Epilepsia Open** .	Mesial temporal lobe epilepsy, one of the most common forms of epilepsy, is often linked with drug resistance. Surgical intervention is a reliable and safe treatment option, though research into postsurgical outcomes in our locality remains limited. We performed a retrospective observational study included 91 patients with mesial temporal lobe epilepsy and hippocampal sclerosis who had undergone anterior temporal lobectomy between 2012 and 2020 at a surgical epilepsy center located in Lima, Peru. Postoperative outcomes were analyzed using bivariate and multivariate analysis based on the Engel classification. We found that after 12 months of follow-up, 78.65% of the 91 patients achieved an Engel IA classification, while 9.09% attained Engel IB classification and 11.24% were designated as Engel II, with only 1.12% classified as Engel IVA. The median QOLIE31 score was 84 (IQR: 75-90), with 74.16% of the participants successfully reintegrating into academic or employment activities. After 24 months, only 68 patients completed the follow-up, with 69.12% achieving an Engel IA classification. Individuals with a secondary education or higher were more likely to achieve an Engel IA classification at 12 months (OR: 5.11; P = 0.005; CI: 1.63-16.01), after adjusting for sex and age. We concluded that most patients exhibited favorable outcomes after 1 year of follow-up. However, lower educational attainment was linked to worse postsurgical outcomes.	Keywords: LMICs; anterior temporal lobectomy; epilepsy; hippocampal sclerosis; temporal lobe.
					doi: 10.1002/epi4.12784		
					PMCID: PMC10472353		

JULIO	**31**	Demencia	Primer caso de esclerosis múltiple primaria progresiva tratada con ocrelizumab en el Perú.	Jaqueline Cortez-Escalante, Erik Guevara-Silva, Sheila Castro-Suarez, Victor Osorio-Marcatinco	**Revista de Neuropsiquiatría** https://doi.org/10.20453/rnp.v86i3.4570	La esclerosis múltiple es una enfermedad crónica, inflamatoria, desmielinizante, de etiología autoinmune que afecta al sistema nervioso central. Es la causa más común de discapacidad neurológica no traumática en adultos jóvenes. El 10 % de pacientes con esta enfermedad son diagnosticados con la forma esclerosis múltiple primaria progresiva (EMPP) que, hasta la aparición del anticuerpo monoclonal anti-CD20 ocrelizumab, no tenía una terapia específica. Se presenta el primer caso de EMPP tratado con ocrelizumab en el sistema público peruano. El paciente presentó una tolerabilidad aceptable y una respuesta clínica adecuada, medida con la Escala Expandida del Estado de Discapacidad (EDSS). Se destaca que, en la legislación peruana, la esclerosis múltiple es considerada una enfermedad rara que requiere una evaluación ad hoc para la autorización de financiamiento público para terapias específicas.	Esclerosis múltiple, esclerosis múltiple crónica progresiva, enfermedades raras, accesibilidad a los servicios de salud
JULIO	**32**	Demencia	La empatía y su rol en las demencias neurodegenerativas	Sheila Castro-Suarez, Erik Guevara-Silva, María Meza-Vega	**Revista de Neuropsiquiatría** https://doi.org/10.20453/rnp.v86i3.4562 No disponble	http://www.scielo.org.pe/scielo.php?script=sci_arttext&pid=S0034-85972023000200087&lng=en&nrm=iso&tlng=en	No disponible
JULIO	**33**	Cistercercosis	Development and Laboratory Evaluation of a Simple, Field-Applicable Coproantigen Enzyme-Linked Immunosorbent Assay for Diagnosis of Taeniasis in Northern Peru	Castillo Y, Wardle MT, Gamboa R, Elizalde M, Vilchez P, Rodriguez S, Gilman RH, Gonzalez AE, O'Neal SE, Garcia HH.	**J Clin Microbiol** 10.1128/jcm.00282-23 37367233	Coproantigen detection by enzyme-linked immunosorbent assay (coAg ELISA) is a vital tool for detecting and treating cases of Taenia solium taeniasis. However, the assay's procedures require costly materials and sophisticated equipment, which are typically inaccessible in rural settings where the disease is endemic. To overcome these barriers, we developed and evaluated a field-applicable coAg ELISA. The field coAg ELISA was developed and evaluated across four phases using known positive and negative stool samples collected from northern Peru. Phase I focused on field assay development, phase II on a small-scale performance evaluation, phase III on a large-scale evaluation, and phase IV on the use and reliability of a colorimetric scale card. All samples were processed using the field and standard assay procedures and compared using signal-to-noise ratios, correlation tests, performance characteristics, and agreement statistics where appropriate. The field coAg ELISA using reagents stored at -20°C and commercially available water and milk powder, and relying on spontaneous separation of the supernatant, had performance comparable to the standard assay. The field coAg ELISA was strongly correlated with the standard in both the small- and large-scale laboratory evaluation (r = 0.99 and r = 0.98, respectively). Finally, the field assay had an almost perfect agreement between independent readers (kappa = 0.975) and between each reader and the spectrophotometer. The field coAg ELISA demonstrated performance comparable to the standard, providing a low-cost alternative to the standard assay for identifying cases of intestinal taeniasis in a low-resource setting.	Keywords: Taenia solium; cysticercosis; diagnosis; enzyme-linked immunosorbent assay; neurocysticercosis; taeniasis.

	34	Genética	Signo de la cruz en una paciente peruana con ataxia espinocerebelosa tipo 2: reporte de un caso	Lily Tantalean-Gutierrez , Paola Tacca-Quinteros, Elison Sarapura-Castro, Mario Cornejo-Olivas	**Revista de Neuro-Psiquiatría**	La ataxia espinocerebelosa tipo 2 (SCA2) es una enfermedad neurodegenerativa hereditaria autosómica dominante, causada por una expansión anormal del trinucleótido CAG en el gen ATXN2. La SCA2 se presenta habitualmente en la edad adulta, con ataxia progresiva asociada a neuropatía periférica, alteración de movimientos oculares, parkinsonismo, entre otros síntomas. Exámenes auxiliares aplicables incluyen pruebas bioquímicas, neuroimágenes, como resonancia magnética cerebral, y estudio genético molecular. Describimos, por primera vez en la población peruana, el caso de una mujer de mediana edad con diagnóstico confirmado de SCA2, cuya resonancia magnética cerebral muestra el signo de la cruz (o hot cross bun sign).	signo de la cruz, SCA2, ataxia espinocerebelosa tipo 2, Perú
					10.20453/rnp.v86i3.4561		
					no aplica		
	35	Genética	Huntington juvenil y fenocopia intrafamiliar a propósito de dos casos	Midiam Silva-Bullón, Brylianna Toledo-Pacheco, Maryenela Illanes-Manrique, Diana Cubas-Montecino, Mario Cornejo-Olivas	**Revista de Neuro-Psiquiatría**	La enfermedad de Huntington (EH) es una enfermedad neurodegenerativa hereditaria de progresión irremediablemente fatal. Existen otros trastornos con síntomas semejantes a los de esta enfermedad y que son llamados fenocopias. En nuestro reporte, se presentan los casos de dos hermanos con fenotipo compatible con EH, uno ellos con una fenocopia intrafamiliar, caracterizada por un síndrome coreico y cambios del comportamiento, con estudio genético negativo para EH. El caso índice cursa con una forma parkinsoniana de EH de inicio juvenil, con evolución lentamente progresiva que, además, presenta síntomas neuropsiquiátricos, con respuesta mínima a tratamiento sintomático con psicofármacos. El hermano mayor, caso de fenocopia intrafamiliar, cursó con movimientos discinéticos cervicofaciales y faciales severos, psicosis y cognición conservada. En conclusión, las fenocopias de EH pueden presentarse incluso dentro de una familia con EH genéticamente confirmada. Se recomienda una detallada evaluación neurológica y un estudio genético apropiado en todos los casos en que se tenga sospecha clínica de EH, incluso en familiares directos de pacientes diagnosticados con la enfermedad	Enfermedad de Huntington, Enfermedad de Huntington juvenil, fenocopia, Perú, variante de Westphal
					10.20453/rnp.v86i3.4560		
					no aplica		
	36	Epilepsia	Cervical Radiofrequency Ablation Artifact Mimicking an Electrographic Seizure on RNS	Sánchez-Boluarte, Sofía S.; Feyissa, Anteneh M.; Freund, Brin; Khan, AafreeN; Middlebrooks, Erik H.; Grewal, Sanjeet S.; Tatum, William O.	**J Clin Neurophysiol**	The responsive neurostimulator continuously monitors the electrocorticogram. It delivers short bursts of high-frequency electrical stimulation when personalized patterns are detected. Intracranial EEG recording including electrocorticography is susceptible to artifacts, albeit at a lesser frequency compared with scalp recording. The authors describe a novel case of a patient with focal epilepsy, bitemporal responsive neurostimulation, and seizures without self-awareness manifest as focal impaired awareness seizures adversely affecting memory. At follow-up evaluation, the patient reported being clinically seizure-free although a single long episode was detected using the Patient Data Management System over the course of 3 years. Initial review identified a left-sided rhythmic discharge with a bilateral spatial field of involvement. In response to detection, the responsive neurostimulation delivered a series of five electrical stimulations. On further review, the patient recalled undergoing cervical radiofrequency ablation, which coincided with the appearance of the "electrographic seizure." Extrinsic electrical artifact involving monomorphic nonevolving waveforms confirmed electrical artifact identified and treated by responsive neurostimulation as an epileptic seizure. On rare occasion, implanted electrical devices may lead to misdiagnosis and mistreatment of patients because of intracranial artifact.	No disponible
					DOI: 10.1097/WNP.0000000000000989		
					PMID: 37074333		

	37	Genética	X-Chromosome Association Study in Latin American Cohorts Identifies New Loci in Parkinson's Disease	Leal TP, Rao SC, French-Kwawu JN, Gouveia MH, Borda V, Bandres-Ciga S, Inca-Martinez M, Mason EA, Horimoto ARVR, Loesch DP, Sarihan EI, Cornejo-Olivas MR, Torres LE, Mazzetti-Soler PE, Cosentino C, Sarapura-Castro EH, Rivera-Valdivia A, Medina AC, Dieguez EM, Raggio VE, Lescano A, Tumas V, Borges V, Ferraz HB, Rieder CR, Schumacher Schuh A, Santos-Lobato BL, Velez-Pardo C,	**Movement disorder**	Este estudio investigó las diferencias de género en el riesgo de la enfermedad de Parkinson (EP) y su relación con los cromosomas sexuales, específicamente el cromosoma X, en una cohorte latinoamericana. Se identificaron ocho regiones en el cromosoma X asociadas con la EP, y una de estas regiones se replicó en un grupo independiente. Se encontró que una variante específica (rs525496) estaba asociada con la EP y afectaba la expresión de varios genes en diferentes tejidos, pero no se pudo establecer que mediara el riesgo a través de la expresión de estos genes. Además, se confirmó la asociación de una variante previamente identificada (rs28602900) en poblaciones no europeas. En conjunto, estos hallazgos subrayan la importancia de considerar el cromosoma X y poblaciones diversas en los estudios genéticos de la EP.	admixed populations; hipanic/latino; Parkinson's disease; underrepresented populations;x-chromosome wide association study
		Degenerativas			10.1002/mds.29508		
					37469269		
AGOSTO	**38**	Genética	The neurobiology of openness as a personality trait	Abu Raya M, Ogunyemi AO, Broder J, Carstensen VR, Illanes-Manrique M, Rankin KP.	**Frontiers Neurology**	La apertura es una disposición conductual multifacética que abarca dimensiones personales, interpersonales y culturales. Se ha sugerido que la variabilidad interindividual en la apertura como rasgo de personalidad está influenciada por diversos factores ambientales y genéticos, así como diferencias en los patrones de conectividad funcional y estructural del cerebro, junto con sus diversos procesos cognitivos asociados. Se ha establecido una relación entre las alteraciones en el grado de apertura y varios aspectos de la salud y la enfermedad, siendo impactadas tanto por la salud física como mental, el uso de sustancias y condiciones neurológicas. Esta revisión tiene como objetivo explorar el estado actual del conocimiento que describe la base neurobiológica de la apertura y cómo las diferencias individuales en la apertura pueden manifestarse en la salud y la enfermedad cerebral.	Big Five model of personality; cognitive flexibiliity; dogmatism; neurobiology; opennes
					10.3389/fneur.2023.1235345.		
					37645602		
SETIEMBRE	**39**	Vasculares	Flow Diversion for the Treatment of Intracranial Ancurysms in a Peruvian Cohort:Experiencies from a Limites-Rpsurce Setting and Barriers to Implememtation	Frank Solis, Andres Plasencia, Sara Wahlser, Melanie Walker, Michael R. Levitt, Rosa Ecos	**Word Neurosurgery**	**Background:** Stenting with flow diverter devices (FDDs) has increasingly emerged as a treatment for intracranial aneurysms. The use of FDDs in the developing world has not been described. Methods: A retrospective review was performed of a cohort of patients who underwent flow diversion at 4 tertiary-care centers in Lima, Peru between January 2017 and June 2021. Demographics, clinical features, and aneurysm morphology were evaluated. Clinical outcomes were observed 3 months after discharge and occlusion rates were assessed 12 months after treatment . Results: Sixty-nine patients (mean age, 46 ±14.5 years; 17% female) were treated with FDDs; 4% (n = 3) of the treated aneurysms were ruptured. Most aneurysms were saccular (n = 65; 94%), <10 mm in maximum size (n = 60; 87%), and located in the anterior circulation (n = 67; 97%). Minor complications, such as groin hematoma, occurred in 7 cases. No serious complications or deaths occurred. Patients' functional status was excellent (modified Rankin Scale score 0-1) in 99% (n = 66) at discharge and 100% (n = 67) at 3 months. Although some patients were lost to follow-up, complete occlusion was seen in 76% (n = 31) of 41 treated patients at 12 months. Conclusions: We report the largest multicenter experience of FDDs for cerebral aneurysm treatment in Peru, with reasonable outcomes that are comparable to other settings despite various challenges, suboptimal circumstances, and lack of resources.	**Keywords:** Endovascular treatment; Flow diversion; Intracranial aneurysm; Limited-resource setting; Peru.
					DOI: 10.1016/j.wneu.2023.09.058		
					377442718		