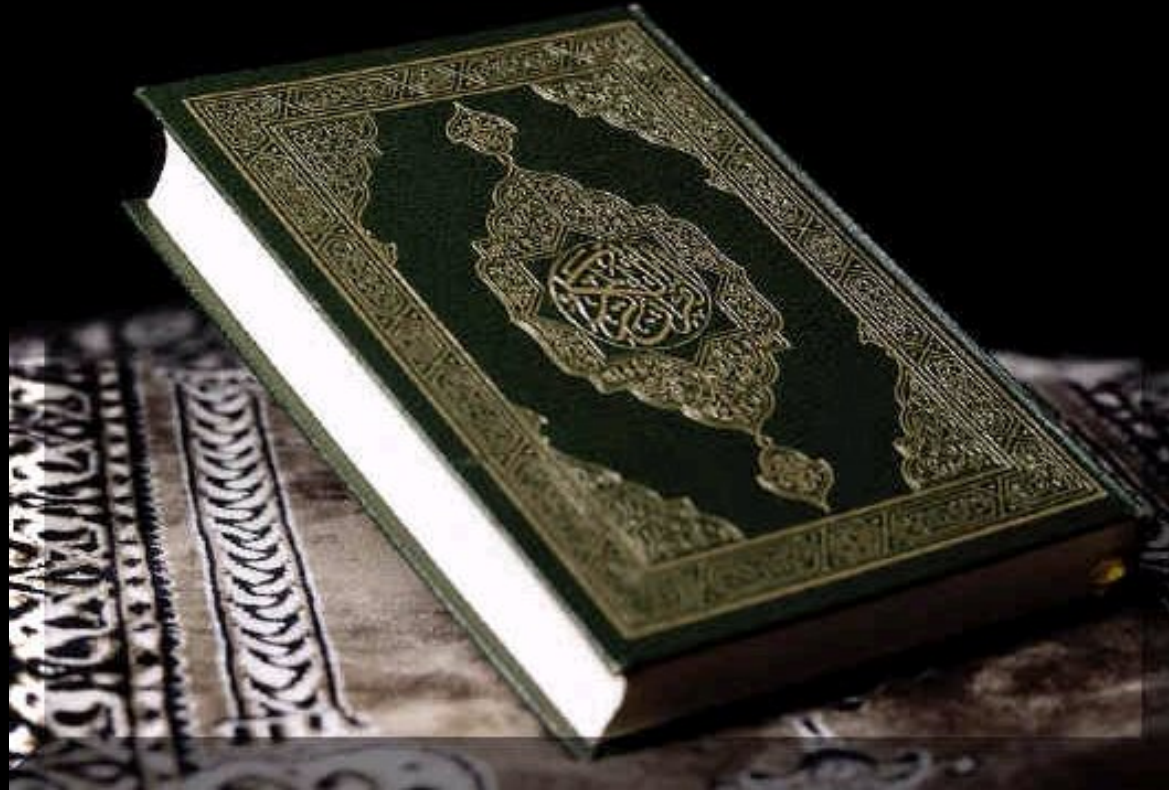


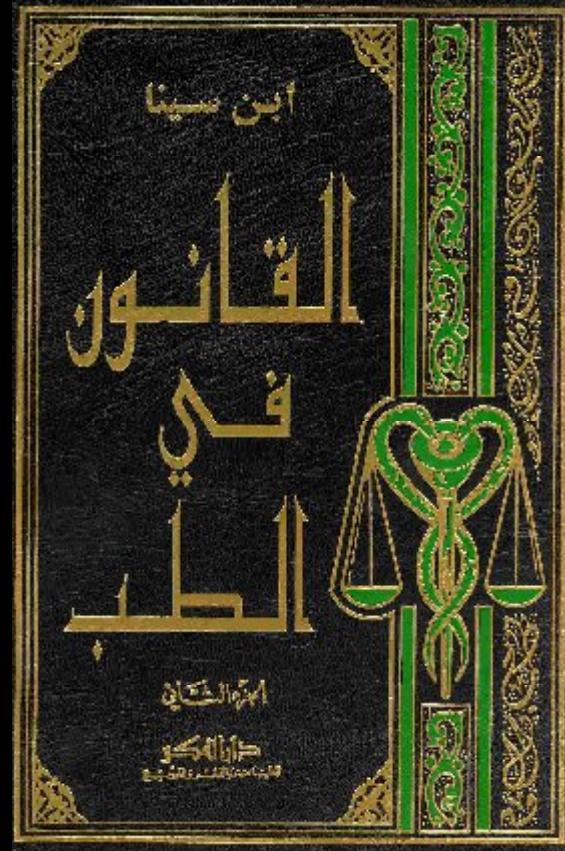
دورة الأمراض العصبية لغير المختصين



وقل رب زدني علماً



O My Lord Increase Me In Knowledge



الطبعة
أول سبع

الطبعة
فيسن السابع

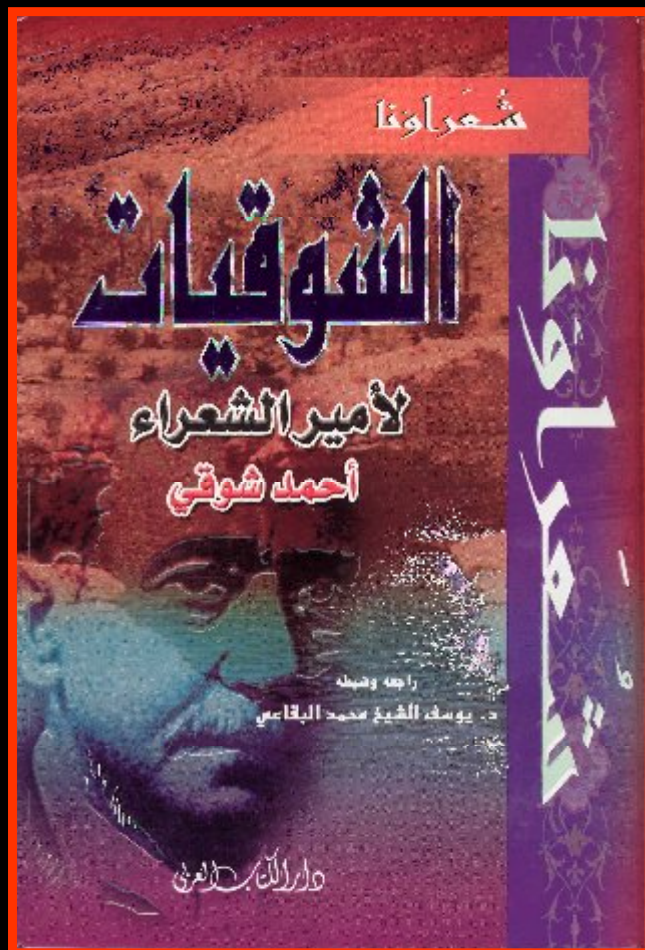
الأمراض العصبية

١٤٠٢ - ١٤٠٣ هـ

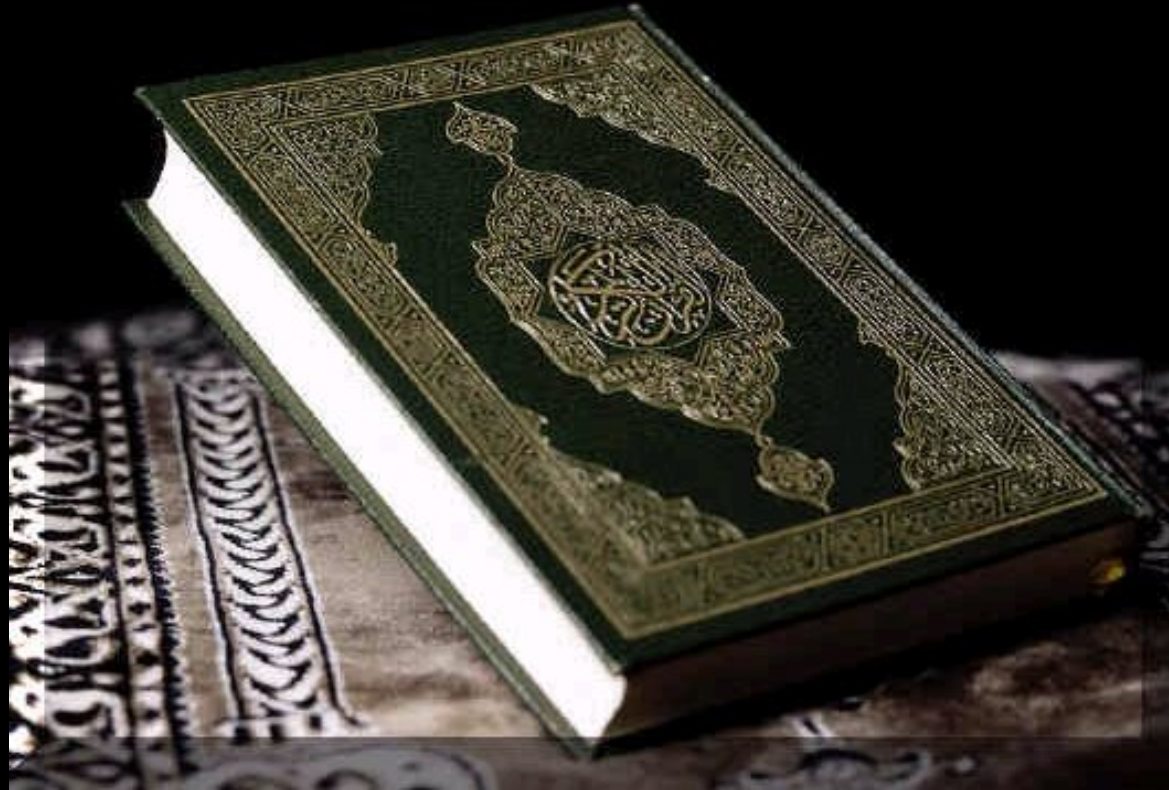
١٩٨٢ - ١٩٨٣ م

الطبعة الجديدة - دمشق





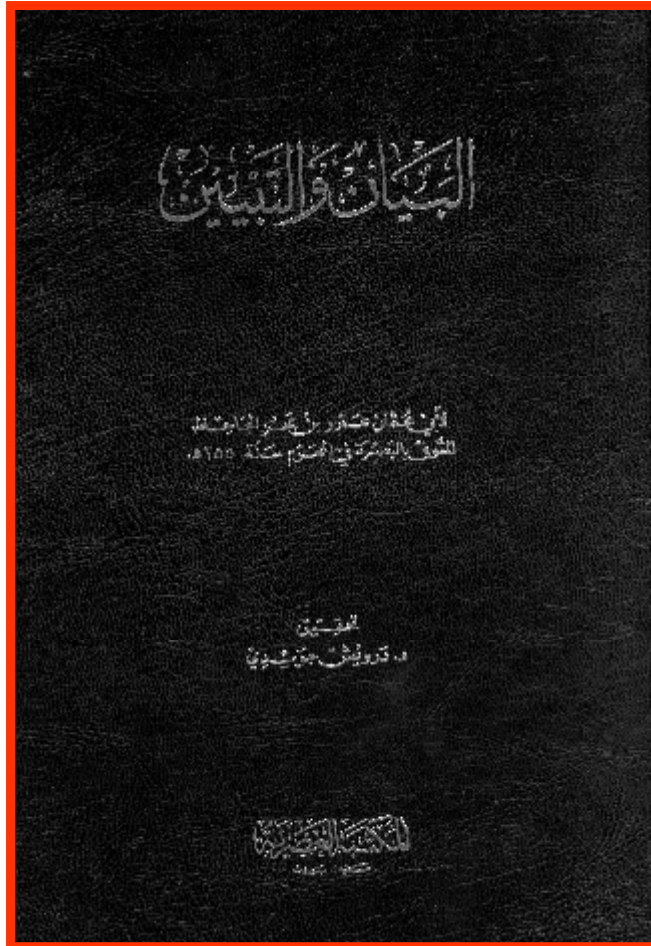
وقل رب زدني علماً



O My Lord Increase Me In Knowledge

ذهب قارئنا في إجازة، فسأقرأ بدلاً عنه

أبو علقمة النحوي



Neurology can be

FUN

Can be Neurology!

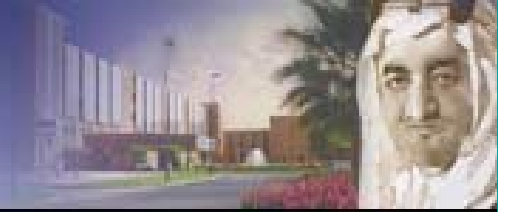


دورة الأمراض العصبية لغير المختصين





KING FAISAL SPECIALIST HOSPITAL
and RESEARCH CENTRE



المقاربة السريرية للضعف العضلي

Motor Impairment, Clinical Approach

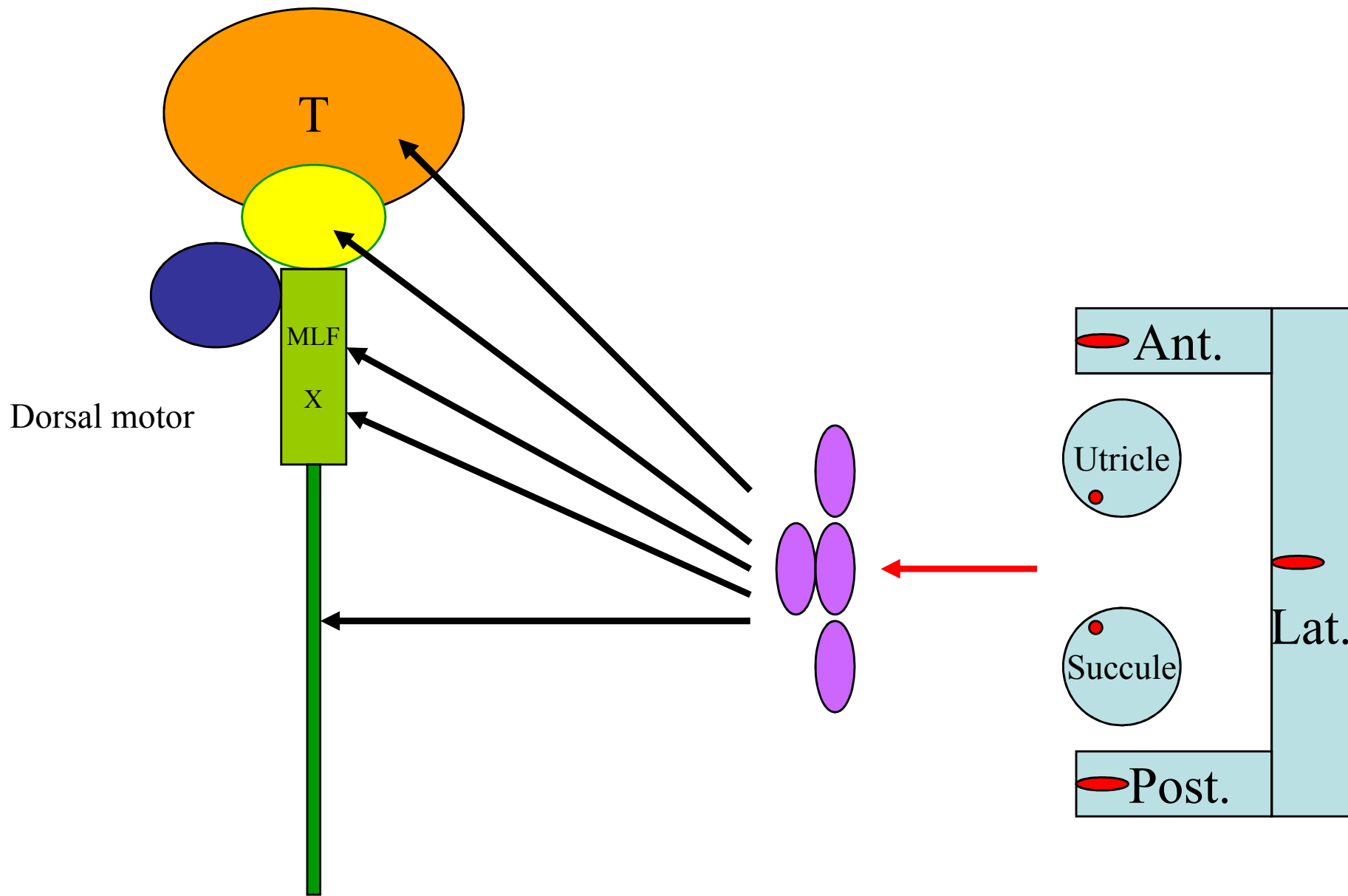


Omar M. Wazzan

Neurosciences Department



KFSH & RC-J

Neurology for Non-Neurologists 2009



Crossed & uncrossed



-  Ampulla
-  Maccula (Here are otoliths)
- Otoliths = Statoconia





King Fahad Specialist Hospital & Research Center - Jeddah
Department of Neurosciences
King Abdulaziz University Faculty of Medicine
Continuous Medical Education



5th Annual Neurology For Non - Neurologists

دورة الأمراض العصبية لغير المختصين

Date

24 - 25 April 2007

Venue

King Abdulaziz University Hospital
Main Auditorium

WHO SHOULD ATTEND

- Primary Care Physicians
- Interns & Residents

REASONS TO ATTEND

- Systematic Overview
- Practical Clinical Approach
- Smart & Gifts!



NNN 2007

C O U R S E

0543344000

For Further Information and Registration:
Tel: 852 7777 Ext: 8888 Fax: 5035
e-mail: regumea@kfsrj.edu.sa
Tel: 8438003
e-mail: kameu@yahoo.com
www.kfsrj.org

Registration Fee: 200 SR
Students & Nurses: 150 SR

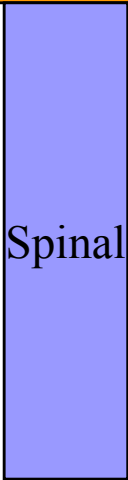
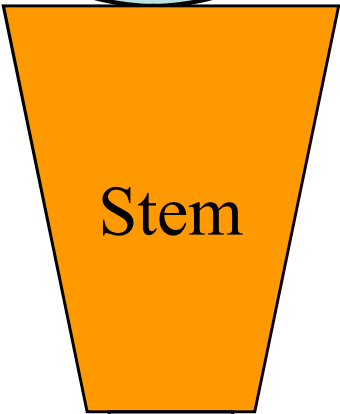
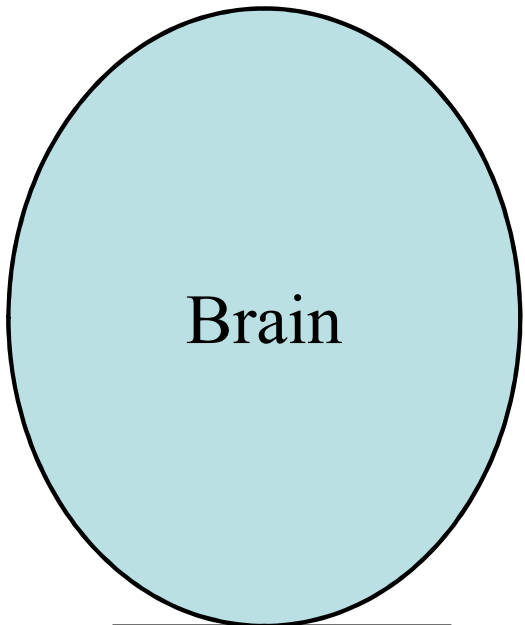


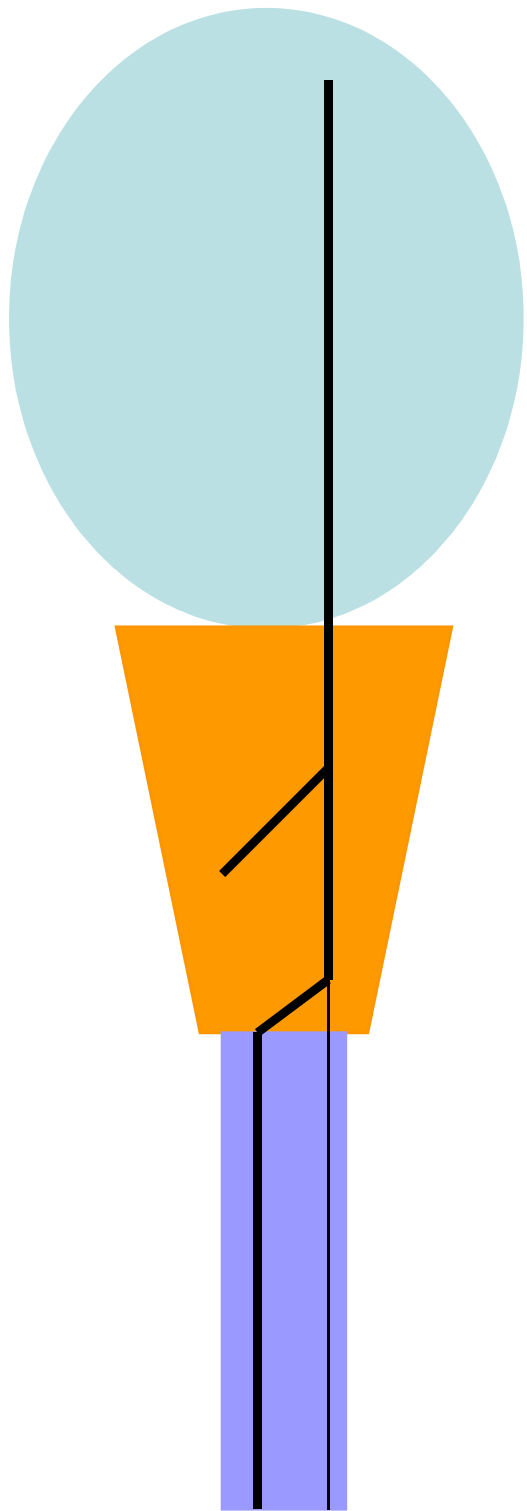
Anatomy

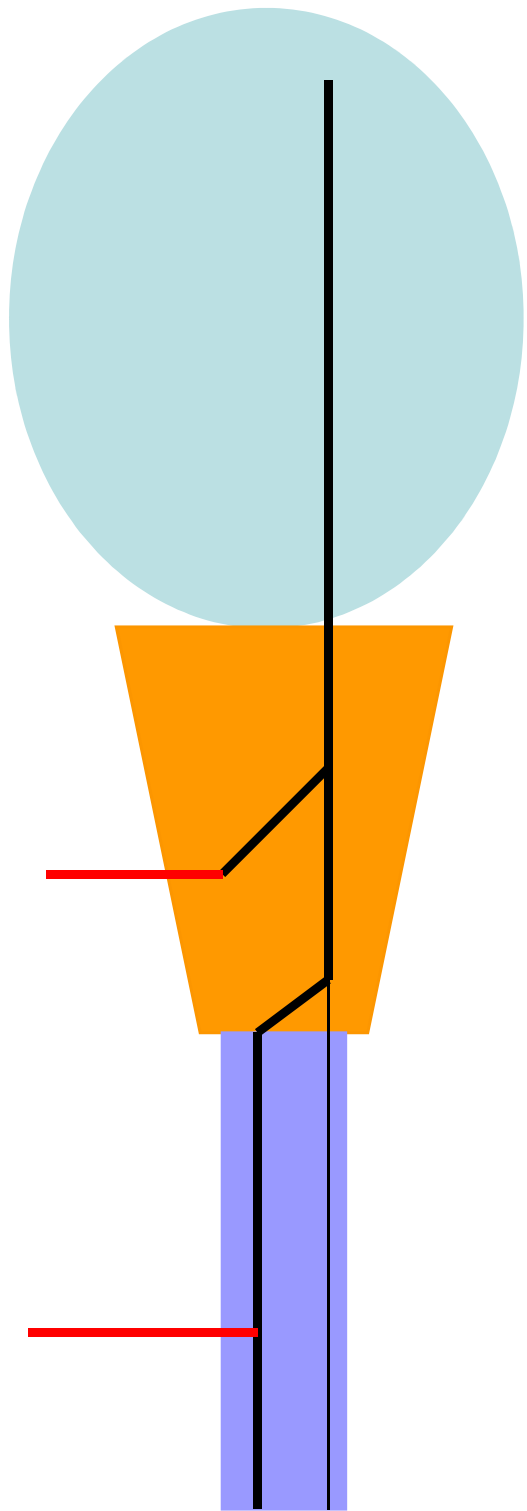
-Central

-peripheral





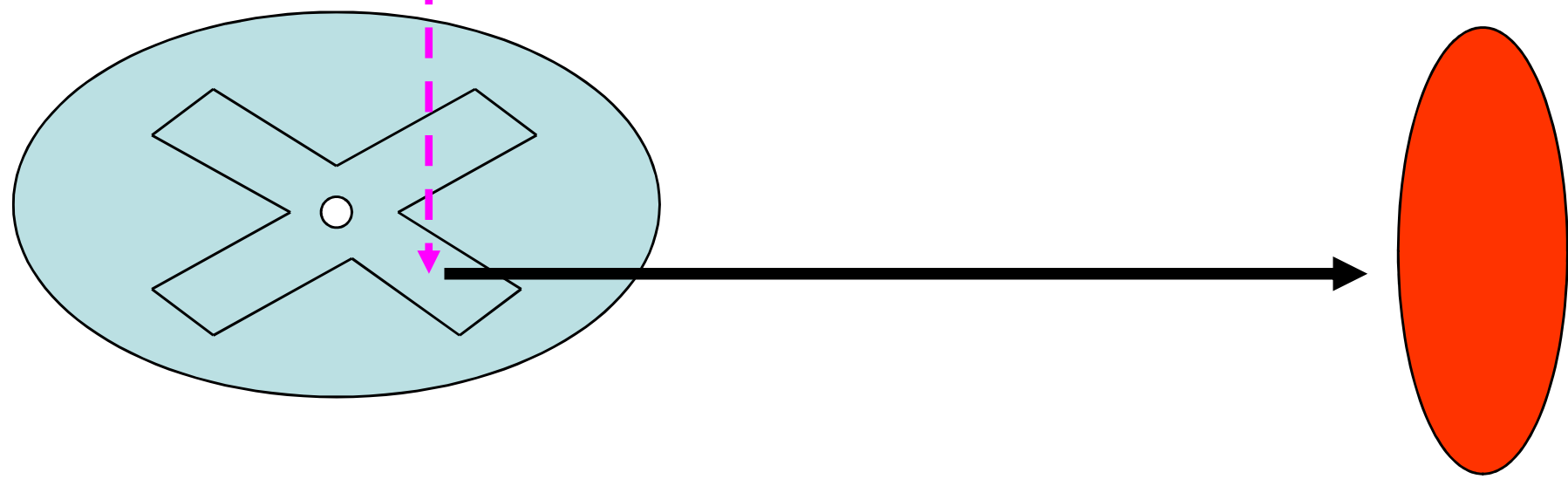




Ia fiber (efferent)

$\alpha 1$ motoneuron (afferent)

Pyramidal



Localization

-CNS (cortex....)

-PNS (AHC...)

-NMJ

-Muscles

neurogenic

Myogenic

(myopathy, muscular dystrophy)



Patient's words to medical terms

- Weakness
- Ataxia (sensory, cerebellar)
- Rigidity
- Numbness
- Fatigue



Fatigue (generalized weakness)

- Anemia
- viral syndrome
- hypotension
- low blood sugar
- chronic fatigue syndrome
- hypothyroidism
- depression



Onset

-Acute

-Subacute

-Chronic



Pattern

- Ascending
- Descending



Pattern

- Static
- Progressive (slow, fast)
- Alternating
- Fluctuating



Distribution

- Proximal
- Distal
- Arm & leg
- Face
- bulbar

- Limited to nerve or myotome



Associated Symptoms

- Sensory (neck pain, LBP, numbness...)
- H/A
- Fever
- CP
- SOB
- Bladder
- Weight loss
- Syncope



Examination

-Rating

-UMN vs. LMN

-Fatigability test



Emergency

- Stroke (vascular)
- Spinal cord compression
- GBS (Critical illness)
- Botox
- MG



Treatable

- Vit. D deficiency
- MG
- GBS
- Polymyositis
- Electrolytes (K)



Case I

- 61 year male has felt heavy in **L arm** and leg while he **was eating**, he changed his position but it did not improve
- He tried to get up but he found that he had difficulty moving his **L leg**
- Family noticed mild change in his **speech**
- In ER he was found to have power of **3/5** in L arm and leg



Case II

- 59 year old male who has mild **NIDDM** started to complain of **double vision**
- Initially he thought that had happened because he was tired after **long way driving**, however it happened **again** when he was relaxing and reading a book
- His wife noticed that his recitation of the Quraán was weaker **at times**
- He admitted that sometimes she asked him to repeat his statement and he thought she had problem in **hearing** and asked her to see an ENT Dr.
- He finally was convinced to see Dr. when he was unable to complete the **4th** round in Tawaf and he had to rent wheelchair!
- Initial Neurological exam was **normal**



Case III

- 36 year female was referred to neurosurgery to have back **surgery** for lumbar disc
- When seen by neurosurgeon he was **not** convinced that her MRI findings are **compatible** with her clinical picture
- He after taking a **good history** sent her to neurologist
- She reported that **9 months** ago she started to have some pain in the hips and later on in the thighs
- She was seen by ortho dr. who gave her some pain killers with some improvement
- 2 months later she started to feels weak and her **gait** started to get affected
- She saw few doctors with no good help and finally after LS spine **MRI** she was recommended to have surgery
- When seen in the clinic she was barely able to walk
- Exam.....





Case VI

- 44 y old male c/o lower back pain radiating to the L leg. It started **one week** ago.
- The pain is vague but he feels it mainly in posterior thigh and all the way down to the little toe
- He took some (panadol) without good help
- Exam revealed mild **plantar flexion** weakness and decreased L ankle **reflex**



Case V

- 34 yo male, school bus driver was previously totally healthy
- 5 days ago he started to have mild low back pain without radiation, no weakness, no fever, and no bladder or bowel dysfunction
- He was seen in ER, LS spine X-ray showed mild DJD. He was given non-steroidal and sent home
- He came the second day with the same complaint and asked for sick leave since he felt that his legs were just not fine
- Without much in the exam, he was given the sick leave for 2 days
- 2 days later, he came back complaining of more problems in the legs while walking, and that he can not go to work because of his problem.
- The ER Dr. called neurologist on call and told him that the man probably just wanted to extend his sick leave, but since it is his third visit in few days he should be seen by the subspecialty
- Again no exam provided!



Case VI

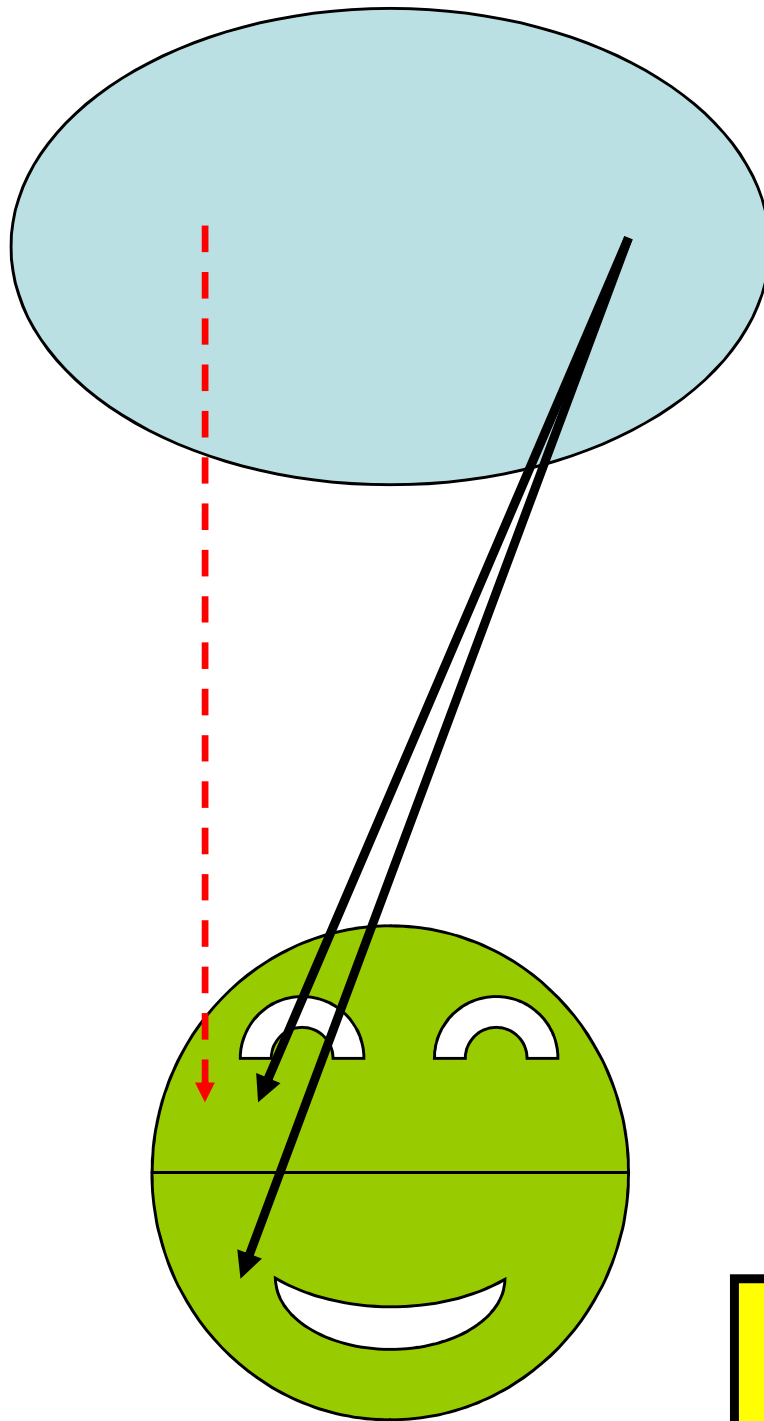
- 22 year old male c/o pain and discomfort over the medial aspect of the L hand especially in little finger, no neck pain
- It started 5 days ago
- When making wodu his L little finger **hits his nose!**
- Exam revealed decreased **abduction** of L fingers



Case VII

- 14 year old female woke up with strange feeling in the R side of the mouth
- When washing face she noticed some **drooping**
- She told her mother, she was stressed out and took her to ER
- Exam revealed weakness of the **R sided** of the face





For simple person
like me!!!

In multiple sclerosis, which of the following does **NOT** apply?

- 1) up going big toe
- 2) optic neuritis
- 3) Interferon therapy
- 4) Areflexia
- 5) Weakness

The best statement to describe MG is:

- 1) presynaptic, numbness
- 2) diplopia, hyper deep tendon reflexes
- 3) pseudoatrophy, acetyl choline receptor antibodies
- 4) dysphagia, presynaptic

Which of the following is **NOT** appropriate in the management of GBS?

- 1) steroids
- 2) mechanical ventilation
- 3) IVIG
- 4) lumbar puncture

Stroke in an emergency condition

Myopathy can be drug induced

Respiratory failure is not part of MG

Absence of sensory level rules out spinal cord compression

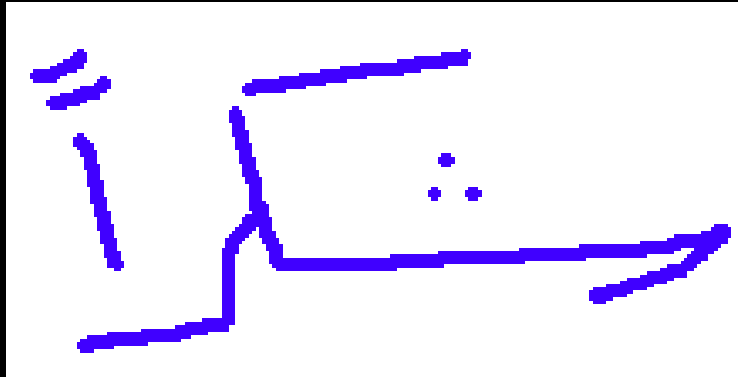
The most important step in Bell's palsy is oral prednisone

Motor neuron disease is combination of
UMN and LMN involvement

L5 S1 C7 is

the latest song in the market!

Foot drop



Thank you!



FIRE EXIT

مخرج طوارئ



KEEP CLEAR

لا تضع شيء هنا



المعجم الطبي الموحد

جميل عانوتي (لبنان) حسني سبح (سورية) سعيد شيبان (الجزائر) الصديق الجدي (تونس)
عادل حسين لطفي (مصر) عبد اللطيف البدرى (العراق) عبد اللطيف بنشقرون (المغرب)
محمد أحمد سليمان (مصر) محمد هيثم الخياط (سورية) محمود الجليلي (العراق)
مروان المحاسني (سورية)

مقرر اللجنة

محمد هيثم الخياط





www.emro.who.int/umc/



منظمة الصحة العالمية
المكتب الإقليمي لشرق حوض المتوسط
ص.ب. ٧٦٠٨ مدينة نصر
القاهرة ١٣٧١ مصر