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Background: Bilateral medial medullary stroke is a very rare type of stroke, with catastrophic consequences. Early diagnosis is crucial.

Patient and methods: Here, we report two cases presenting with progressive generalized weakness of all 4 limbs and initially diagnosed as a case of AIDP initially. Later on electro diagnostic and imaging studies confirm a diagnosis of bilateral medial medullary stroke. Brain magnetic resonance imaging (MRI) that was done showed characteristic “heart appearance” shape at diffusion weighted (DWI), and confirmed bilateral medial medullary stroke. Other possibilities were excluded by lumbar puncture and MRI of cervical spine with screening of whole spine. Retrospectively, a vague-defined hyper intense linear DWI signal at midline was noted in the first brain MRI.

Results: Symmetric and midline pattern of this abnormal signal and similarity to an artifact, some radiologists or neurologists may miss this type of stroke. Radiologists and neurologists must co relate clinical and MRI findings of this rare type of stroke, where early treatment could make a difference in patient outcome and therapy. The abnormal DWI signal in early stages of this type of stroke may not be a typical “heart appearance” shape, and other variants such as small dot or linear DWI signal at midline must be recognized as early signs of stroke.

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1396 WFN15-0610 Stroke

Clinical characteristics of stroke patients with essential thrombocytosis according to Jak2 mutation

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Backgrounds and purpose: Essential thrombocytosis is a rare disorder and usually presents with bleeding, headache, dizziness and splenomegaly. JAK2 mutation is one of the common causes of essential thrombocytosis. However, the clinical features of stroke patients with essential thrombocytosis, especially related to JAK2 mutation, remains unclear.

Methods: We selected the patients with essential thrombocytosis from our stroke registry from 2005 to 2014 and analyzed the demographic and laboratory findings according to JAK2 mutation.

Results: Among 7857 patients in stroke registry, only 40 (0.5%) patients had the essential thrombocytosis (mean age 66.8 ± 11.2 , male 18). Mean platelet count was $648 \pm 267 \times 10^3/\mu\text{L}$ and 18 (45%) had the JAK2 mutation. Twenty one patients (52.5%) had the cryptogenic stroke etiology and cardioembolism and transient ischemic attack were also frequently observed (17.5% and 15%, respectively). Three (7.5%) patients died within 3 months of stroke onset. There was no difference in the demographic profile and the frequency of hypertension, diabetes mellitus, and dyslipidemia between the patients with JAK2 mutation and those without. The platelet counts were not different either between two groups. The patients without JAK2 mutation had more frequent accompanying cancer than those with JAK2 mutation (41% vs. 11%, $P = 0.04$).

Conclusion: Our results suggest that the essential thrombocytosis is a rare condition in stroke population and is more commonly detected in the cryptogenic stroke. If a stroke patient with essential thrombocytosis had no JAK2 mutation, the possibility of hidden malignancy might be considered.

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Relationship between dysphagia, NIHSS and predictors of pneumonia after ischemic stroke

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Background: The present study aims to evaluate the relation between the NIHSS (National Institutes of Health Stroke Scale) and the presence of laryngeal penetration and laryngotracheal aspiration in ischemic stroke patients; and to verify what factors are predictors of pneumonia occurrence in the evaluated patients.

Methods: This is an observational study with ischemic stroke in acute or sub-acute phase. Neurological examination included anamnesis, BAMFORD classification and application of the NIHSS. The speech therapy evaluation was carried out after the clinical stabilization of the patient. All individuals with dysphagia were evaluated through videofluoroscopy. The parameters observed in the objective exam were the presence of laryngeal penetration and laryngotracheal aspiration. The data on pneumonia were obtained by local protocol based on international guidelines. The relation between the laryngeal penetration and laryngotracheal aspiration with NIHSS was assessed by Mann-Whitney and predictors for pneumonia occurrence were analyzed by multiple logistic regression for semi-automatic Backward selection. Significance was set at p less than 0.05.

Results: The relation between laryngeal penetration and laryngotracheal with NIHSS were not statistically significant. The predictors for pneumonia occurrence in ischemic stroke patients with clinical diagnosis of dysphagia were age ($p = 0.002$; OR: 1.12) and NIHSS ($p = 0.04$; OR: 1.17), while laryngeal penetration of liquid ($p = 0.065$; OR: 3.70) presented a statistical tendency in this sample.

Conclusion: there is no relation between the NIHSS and laryngeal penetration or laryngotracheal aspiration, and that the principal predictors of pneumonia in patients with dysphagia after ischemic stroke were advanced age, neurological severity and penetration of liquid during videofluoroscopic evaluation.

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Varicella-Zoster related vasculopathy as a frequently overlooked cause of stroke

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Background and objectives: Varicella-Zoster Virus (VZV) is a neurotropic human herpes-virus. Primary VZV infection causes varicella. Later in life, VZV may reactivate, causing zoster, which may manifest with vasculopathy, including stroke and TIA.

Case reports: A 42-year-old man presented neurological deficits three weeks after zoster in right V2-V3 trigeminal branches and C2-dermatome. MRI findings: bilateral pontine stroke and right