

Commission 2. Brain and Cognition. Chair: Erislandy Omar, ISPJAM, Santiago de Cuba; Susan W. Nall, Ph.D. Professor Emeritus, Southern Illinois University Edwardsville. USA. Place: Sala 2.

10:10–10:30 a.m. Early Literacy: Research, Implications for Practice in Early Education Programs, and Long Term Significance. Susan W. Nall, Ph.D. Professor Emeritus, Southern Illinois University Edwardsville. USA

10:40–11:00 a.m. Epilepsia y sociedad. Dr. Osvaldo R. Aguilera Pacheco, Dra. Damaris González Vidal. Santiago de Cuba. Cuba.

11:10–11:30 a.m. Consecuencias Neuropsicológicas Relacionadas con la Cirugía de la Epilepsia. Dra. Ma. Eugenia García, CIREN. La Habana. Cuba.

11:30–12:00 m. *Snack break*

12:10–1.00 p.m. Estimulación cognitiva temprana de funciones ejecutivas en daño cerebral focal. Evidencias empíricas en pacientes con afasia secundaria a enfermedad cerebrovascular isquémica. Lic. Erislandy Omar Martínez. ISPJAM. Santiago de Cuba. Cuba.

Commission 3 CNS Injury. Chair persons: Magnus Gisslén, University of Gothenburg, Dept. of Infectious Diseases, Sahlgrenska University Hospital, Gothenburg, Sweden. Jorge A. Bergado, CIREN, La Habana, Cuba. Neuroradiology. Chair persons: Doris M Lin, Johns Hopkins University School of Medicine, Department of Radiology, Division of Neuroradiology. Solangel Bolaños, Hospital Saturnino Lora, Santiago de Cuba. Place: Sala 3

10:10–10:50 a.m. Cerebrospinal Fluid and Blood Biomarkers of Neuronal Injury in HIV. Magnus Gisslén. University of Gothenburg, Dept. of Infectious Diseases, Sahlgrenska University Hospital, Gothenburg, Sweden

11:00–11:20 a.m. Character of CSF inflammation through the course of HIV infection. Richard W. Price, MD. Professor Emeritus (Active) Neurology, UCSF. USA

11:30–12:00 m. *Snack break*

12:10–12.40 p.m. Electrophysiology, field potentials and the study of synaptic plasticity. J. A. Bergado. CIREN. La Habana, Cuba.

12:45–1.10 p.m. Neuroimaging of Genetic Generalized Epilepsies (GGE): New Insights into Underlying Mechanisms. Charles Akos Szabo. University of Texas Health Science Center at San Antonio. USA

1:15–1.50 p.m. MR imaging and spectroscopy at 7 Tesla. Peter B. Barker, Johns Hopkins University School of Medicine, Department of Radiology, Division of Neuroradiology. USA.

2:00–2:50 p.m. Demyelinating central nervous system diseases: diagnosis and management – state of the art 2016. Friedemann Paul. Charité, Berlin, Germany (Plenarium)

Commission 4. Degenerative Diseases–Neuropediatrics: Chair persons: Dra. Serenella Servidei. Institute of Neurology, Catholic University, Rome, Italy. Dr. Ernesto Simón, Hospital “S. Lora”, Santiago de Cuba. Place: Sala 4

10:10–10:30 a.m. Morbilidad por trastornos del movimiento en la consulta de Neurología. Hospital General Docente “Dr. Juan Bruno Zayas Alfonso”, Santiago de Cuba, Cuba. Dra. Mónica Rodríguez Montalván. Hospital General Docente “Dr. Juan Bruno Zayas Alfonso”, Santiago de Cuba. Cuba.

11:00–11:20 a.m. Caracterización de los síntomas no motores en la Enfermedad de Parkinson. Dr. Ernesto Simón Pérez, Hospital “S. Lora”, Santiago de Cuba. Cuba.

11:30–12:00 m *Snack break*

12:00–12.30 p.m. Prediction of Parkinson's disease through RBD and neuroimaging. K.L. Leenders. UMCG, Groningen. The Netherlands.

12:40–1.30 p.m. Central Nervous System involvement in Mitochondrial Encephalomyopathy. Serenella Servidei, Institute of Neurology, Catholic University, Rome. Italy.

Thursday, November 10th, 2016

9:00–10:00 AM: *Final Conference (Plenarium)*. Advances in the Treatment of Epilepsy: Does Mechanism of Action matter? Barry Gidal. University of Wisconsin–Madison, School of Pharmacy and Department of Neurology. USA.

10:00–11:00 a.m.: Posters. Coordinadores: Dr. Osiel Gámez Rodríguez, Dr.C. Ricardo Hodelín Tablada, Dr. Osvaldo Aguilera Pacheco

11:10–12:00 m. *Closing Ceremony*.

URI: <http://www.revneuro.sld.cu/index.php/neu/article/view/200>

CURSO PRE-CONGRESO / PRE-CONGRESS COURSE

Neuroimagen de la epilepsia

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RESUMEN

La neuroimagen es parte integral de la evaluación clínica de la epilepsia y fundamental en la delimitación de anomalías estructurales para la intervención quirúrgica. Las causas más comunes de epilepsia que se presentan en la infancia y los adultos jóvenes, que a menudo requieren intervención quirúrgica, incluyen malformaciones congénitas o del desarrollo (por ejemplo, displasia cortical focal, hemimegalencefalia, malformación del desarrollo cortical y lisencefalia), facomatosis (incluyendo esclerosis tuberosa y síndrome de Sturge–Weber), esclerosis hipocámpica, malformaciones vasculares y tumores. La resonancia magnética es la modalidad de imagen más importante en la presentación del sitio y tipo de anomalías estructurales en estas entidades, y se mostrarán ejemplos. Sin embargo, no todas las lesiones se identifican fácilmente en la resonancia magnética convencional, y puede obtenerse información complementaria por técnicas avanzadas de imagen como la RM espectroscópica y DTI y técnicas de medicina nuclear como el SPECT y PET. La esclerosis temporal mesial es el hallazgo patológico más frecuente en epilepsia temporal pero puede ser difícil de diagnosticar; se presentarán los avances en proyección de imagen incluyendo la proyección de imagen estructural de alto campo (7T) y análisis cuantitativo.

Neuroimaging of epilepsy

ABSTRACT

Neuroimaging is an integral part of clinical evaluation of epilepsy, and fundamental in delineating structural abnormalities for surgical intervention. The common causes of epilepsy presenting in childhood and young adults that often require surgical intervention include congenital or developmental malformations (such as focal cortical dysplasia, hemimegalencephaly, malformation of cortical development and lissencephaly), phakomatoses (including tuberous sclerosis and Sturge–Weber syndrome), hippocampal sclerosis, vascular malformations and tumors. MRI is the most important imaging modality in depicting the site and type of structural abnormalities in these entities, and examples will be shown. However, not all lesions are readily identified on conventional MRI, and complementary information may be obtained by advanced imaging techniques such as MR spectroscopy and DTI, and nuclear medicine techniques such as