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Post-Event Report

MENASO

CEREBROVASCULAR GRAND ROUND

LIVE
webinar

15 June 2021

8:00 PM – 09:30 PM (Dubai Time)

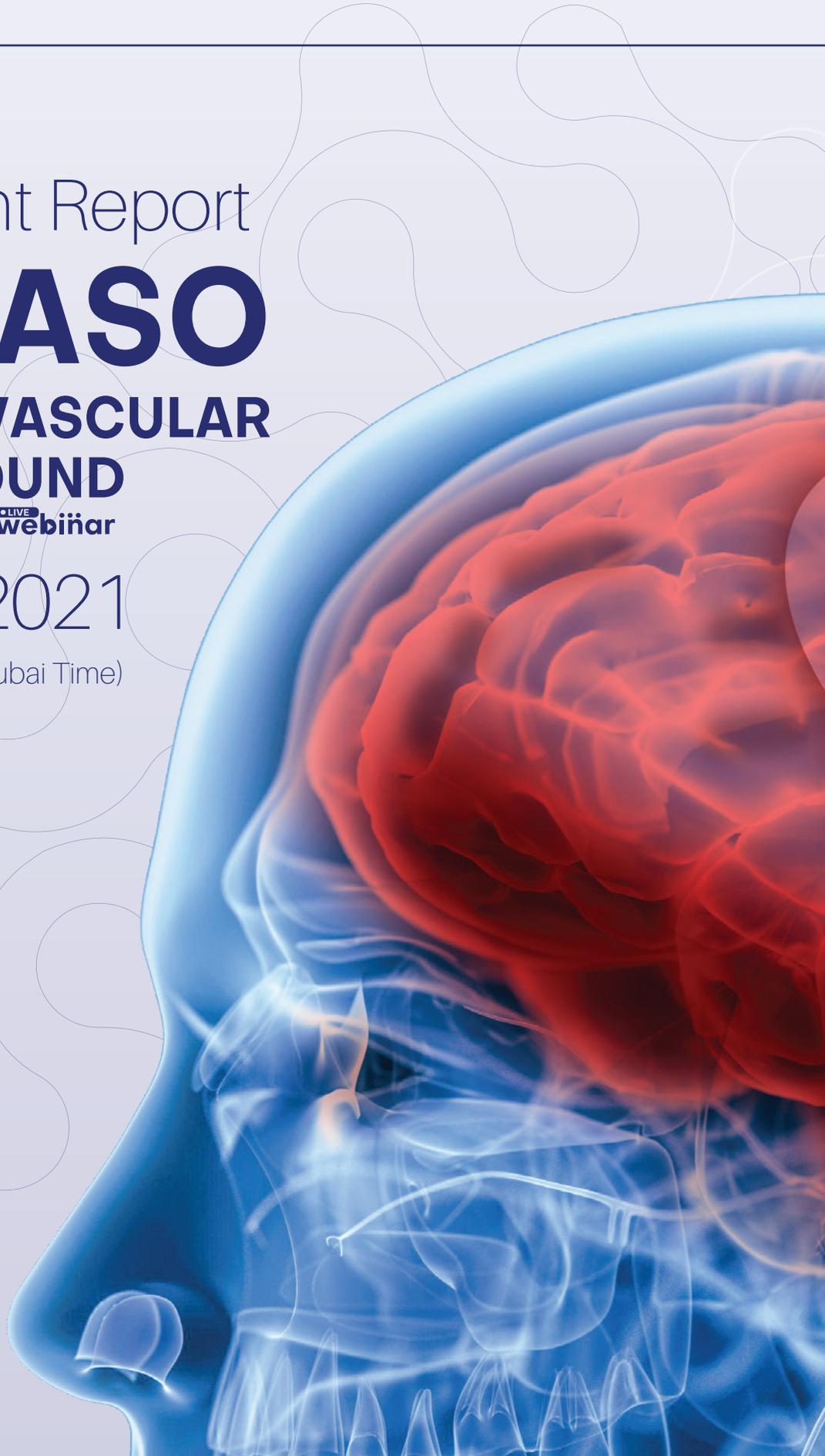
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EVENT SUMMARY

6th CEREBROVASCULAR GRAND ROUND Webinar, 15 June 2021

The 6th chapter of the great Cerebrovascular Grand Round Webinar, held under the auspices of the **MENA STROKE Organization, American Stroke Association, and World Stroke Organization**, and supported by Boehringer Ingelheim and Medtronic, was a rare session that provided comprehensive education about Intravenous Thrombolysis for Low NIHSS, Secondary Stroke Prevention and its latest treatments and management. 450 delegates from 27 countries around the world have been benefited with this webinar.

Webinar **Chairmen Dr. Suhail Abdulla Alrukn**, President of MENASO and Consultant Neurology at Rashid Hospital, UAE, has appointed **Prof. Dr. Hany Mohamed Aref**, Professor and Head of Neurology Department at Ain Shams University, Egypt, and **Prof. Husam Salah**, Neurology Consultant at Professor of Neurology Cairo University, Egypt as Chairmen for the webinar and **Prof. Shelagh Brown Coutts**, Professor, Calgary Stroke Program, Hotchkiss Brain Institute, University of Calgary Foothills Hospital, Canada and **Prof. Dr. med. Helmuth Steinmetz**, Head of Department, University Hospital Frankfurt, Germany as the speakers.

Webinar Chairmen Prof. Dr. Hany Mohamed Aref, Professor and Prof. Husam Salah have delivered the opening remarks and introduced the speakers..

Prof. Shelagh Brown Coutts has delivered an elucidative lecture on Intravenous thrombolysis for Low NIHSS and it was focused on acute treatment options for minor stroke such as antiplatelet therapy in minor stroke, minor stroke thrombolysis, and minor stroke and EVT. She demonstrated the observations obtained with the help of case studies and statistics. In patients with minor, non-disabling acute ischemic stroke, treatment with alteplase compared to aspirin did not increase the likelihood of favorable functional outcome at 90days. Also, exploratory analysis suggested that even a 6% treatment effect is unlikely. Prof. Shelagh said that she doesn't treat all minor strokes with thrombolysis, but will clinically assess the disability and decide.

Prof. Dr. med. Helmuth Steinmetz's lecture on Update on Secondary Stroke Prevention 2021, was a rare informative session that covered topics including LDL-target, Antiplatelet treatment (single and double) NOAC vs NOAC in AF, and Clinical decision making on determining TIA. During the course of explaining LDL-target, he said that in patients with ischemic stroke and evidence of atherosclerosis, LDL reduction $< 70\text{mg/dl}$ is recommended. As an alternative, a reduction by $>50\%$ of the pretherapeutic level can be targeted. DAPT is recommended only in very specific patients including those with early arriving minor stroke or high-risk TIA or severe symptomatic intracranial stenosis. He defined TIA as a sudden-onset, focal neurological deficit of presumed vascular origin lasting less than 24 hours.

Webinar Chairmen Prof. Dr. Hany Mohamed Aref and Prof. Husam Salah have conducted the interactive Q&A session. They along with the speakers have expressed their appreciation and thanked the attendees for their participation.

SPEAKERS

CHAIRMEN



Prof. Dr. Hany Mohamed Aref

Professor and Head of Neurology Department
Ain Shams University, Egypt



Prof. Hossam Salah

Neurology Consultant,
Professor of Neurology Cairo University
Deputy Executive Director of Kasralainy,
Cairo University Hospitals,
Secretary of the Stroke Chapter Board in
the Egyptian Society of Neurology,
Psychiatry and Neurosurgery
Member of the MOH National Stroke Board

SPEAKERS



Prof. Shelagh Brown Coutts

Professor, Calgary Stroke Program,
Department of Clinical Neurosciences,
Radiology, and Community Health Sciences,
Hotchkiss Brain Institute,
University of Calgary Foothills Hospital
Calgary, Canada

TOPIC

**Intravenous
Thrombolysis
for Low NIHSS?**



Prof. Dr. med. Helmuth Steinmetz

Chairman and Professor of Neurology
University Hospital / Goethe-University
Frankfurt, Germany

TOPIC

**Secondary
Stroke
Prevention**

DELEGATE INFORMATION

Participating Country

	United Arab Emirates		Kenya
	Bahrain		Sudan
	Oman		Pakistan
	Saudi Arabia		Namibia
	Lebanon		United States
	Kuwait		Algeria
	Malaysia		Morocco
	Botswana		Tunisia
	Iraq		Mauritius
	Philippines		Lithuania
	India		Portugal
	South Africa		Ukraine
	United Kingdom		Austria
	Egypt		



Number of Attendees

450



Number of Speakers

27



CME HOURS

2

MARKETING

Public Registration

Endorsed By: World Stroke Organization

Organized By: MENA STROKE ORGANIZATION

American Stroke Association. A division of the American Heart Association.

MENASO
CEREBROVASCULAR GRAND ROUND
Tuesday, 15 June 2021

JUNE 2021

Costs still under process

Contact Details

*First Name

*Last Name

*Organization

*Position

*Email Address

*Verify Email Address

*Mobile

Primary Address

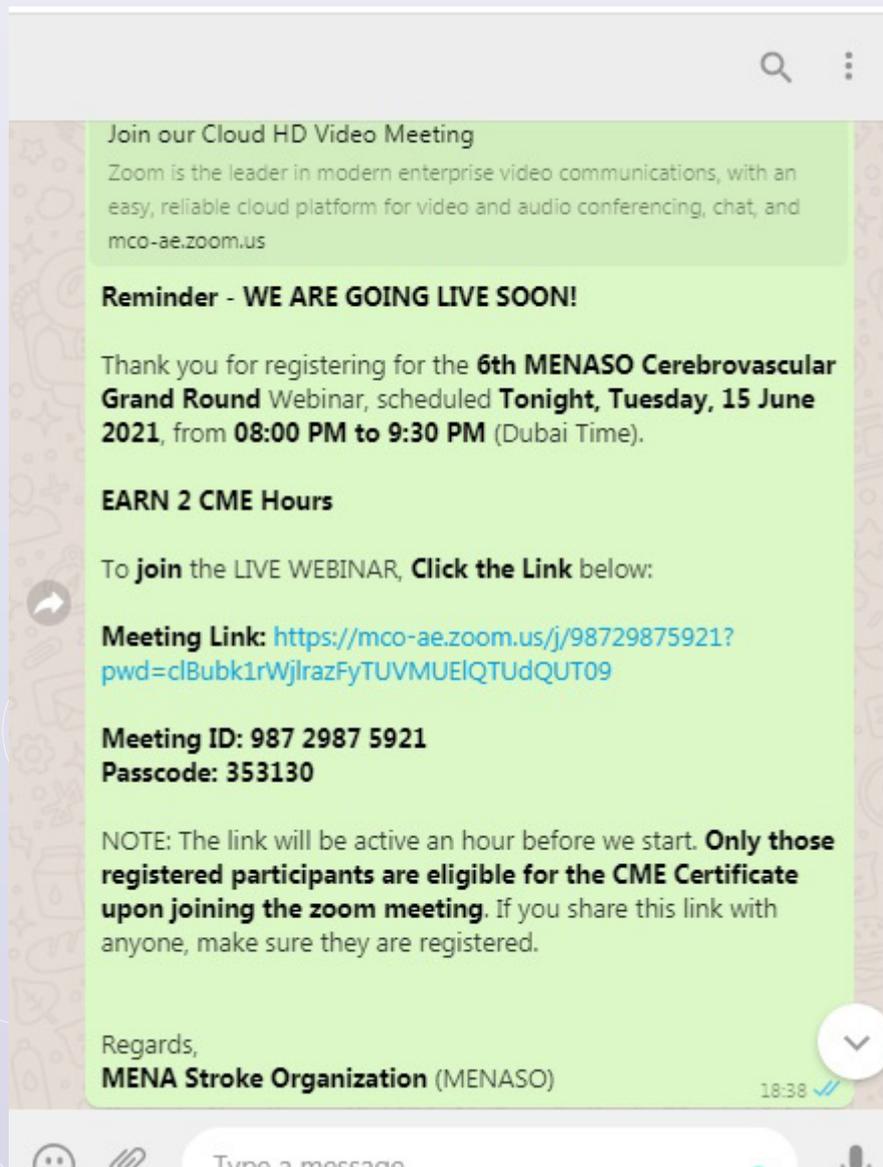
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Registration

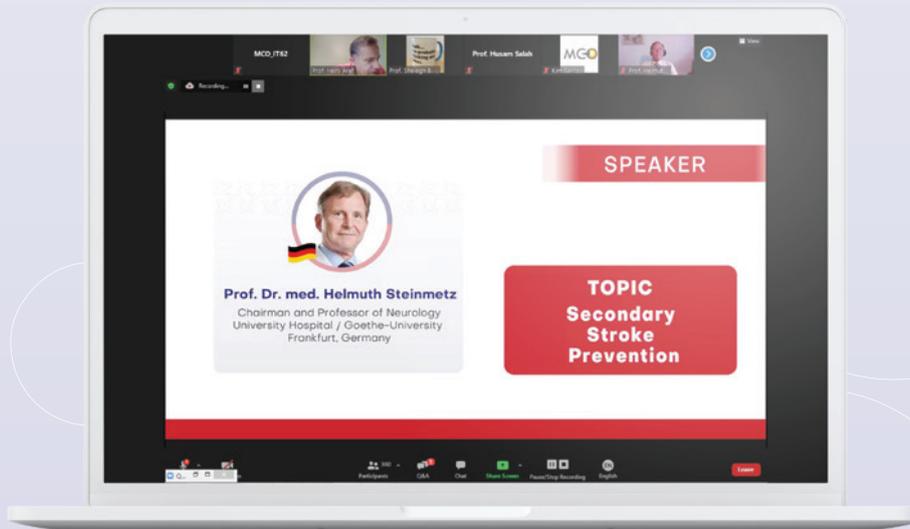
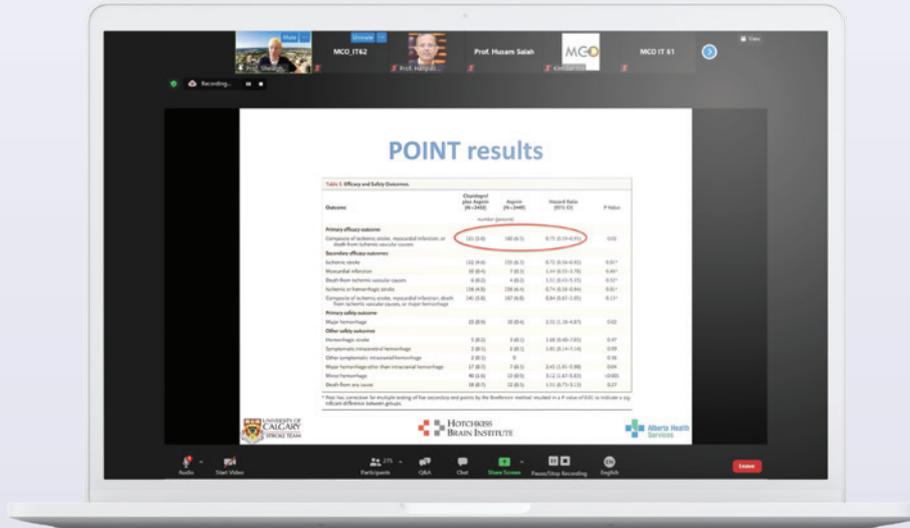
For more information please contact:
☎ +971 55 248 8353 🌐 www.menastroke.org
✉ secretary@menastroke.org

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WEBINAR GALLERY



QUESTION & ANSWER SESSION

- Which neurologic deficit in ischemic stroke is suitable for iv-thrombolysis?
- How can differentiate between normal to chest pain and ischemic pain?
- Is it familiar in your practice to see sub conjunctival?
- Haemorrhage with the use of Apixiban tablet 2.5 mg? And if this happened, what will be your selection in C V Stroke bedridden patient? Especially if the patient is an elderly patient aged more than 80 years.
- Elderly Patient on anti-platelets for stable IHD started having new onset AF. Shall I put this patient only on anticoagulation or add on top of anti-platelets?
- Does a very high blood pressure in a TIA prohibit you to give a loading dose, fearing hemorrhage?
- What is the survival rate of a patient with brain aneurysm?
- Some people come with nih score 0-5 and their CT cerebral angiography shows LVO what is your opinion?
- Is it considered risk to do thrombectomy or consider as clinical image mismatch?
- Do you need to lower LDL<70 in patients above 75 years of age for secondary prevention of ischemic stroke?
- Is thrombolysis effective beyond the first 3 h, in patients where a viable penumbra is identified using perfusion imaging?
- If a patient is covid positive and have transient neurological deficit and mri shows minor stroke. What's the neat treatment single or dual antiplatelet if they are in enoxaprin for treatment of COVID?

- Which risk factors for atherosclerotic and cardiac disease should be identified in the medical history of patients with suspected ischemic stroke?
- Is IAT having more safety and efficacy compared with intravenous rt-PA?
- Your comments on Aspirin resistance, how real is it, how do you judge?
- With the neurological fallout with a TIA, can it recover completely or are some symptoms permanent?
- Is use in double antiplatelet for life superior to use of single in recurrent stroke if I have a patient with recurrent stroke on aspirin I add clopidogril for better prophylaxis?
- I've seen 2 cases where neurological symptoms have worsened following a thrombolysis. What could be the reason for this?
- If you want to start anticoagulant after stroke in patient found to have afib. How long do you wait and which anticoagulant do you recommend?
- Patient with long standing DM who got multiple infarction shows on MRI, but almost no obvious affectation on neither motor nor sensory, should the patient pushed through undergoing removal of the infarctions?
- Use of Aspirin in the setting of acute stroke is likely to turn an ischemic stroke into a hemorrhagic stroke. Should it be introduced later and instead clopidogrel should be used in the initial stages. What is your opinion?
- TIA with a higher NIHSS, how commonly seen by u and approach for imaging and treatment?
- Is Covid vaccine allowed in patient with CVA not caused by Covid?
- Do you recommend the usage of Warfarin or other anticoagulant therapy for every AF patient to avoid the stroke.
- When resume ASA in heamorhagic transformation?

- Do you have experience post-covid vaccination stroke?

- Do you load patients when starting dual antiplatelets in minor stroke?

- The guidelines for secondary prevention in ischemic cardiomyopathy in sinus rhythm are not very clear specially when there are multiple vascular risk factors. Is there a cut off for ejection fraction where you would consider anticoagulation?

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For more information, please contact:

Abrar Mohammed Abuelkhair

MENASO Secretary

secretary@menastroke.org

M. +971 55 248 8353 • T. + 971 2658 8717

Website : <http://menastroke.org>