



The 18th World Congress on CONTROVERSIES IN NEUROLOGY

March 21-23, 2024 | London, UK

PRELIMINARY SCIENTIFIC PROGRAM

Subject to changes – as of December 14, 2023

THURSDAY, MARCH 21, 2024

08:20-11:00		Neuroimmunology 1	HALL A
Chairs:	Bruno Gran , UK ; Olaf Stuve , USA		
08:20-09:10	Is Hashimoto's encephalitis/encephalopathy a valid construct in 2024?		
	<i>Capsule: Hashimoto's encephalopathy is a rare condition manifesting with variety of symptoms ranging from disturbances of consciousness, seizures, myoclonus to rapidly progressive cognitive decline observed in euthyroid patients with anti-thyroid antibodies. It is a steroid-responsive disorder. However, majority of described cases are from the period before tests for novel antibodies were available. Anti-thyroid antibodies in a patient with encephalopathy could be an incidental finding. Is therefore Hashimoto's encephalitis/encephalopathy a valid construct in 2024?</i>		
08:20-08:30	Moderator: Uros Rot , Slovenia Introduction and Pre-Debate Voting		
08:30-08:45	Yes: Alasdair Coles , UK		
08:45-09:00	No: Divyanshu Dubey , USA		
09:00-09:10	Discussion, Rebuttals and Post-Debate Voting		
09:10-10:00	Is long COVID an autoimmune disease?		
	<i>Capsule: Long COVID refers to diverse symptoms, neurological and otherwise, that follow COVID-19 infection. The existence of this condition as a unique syndrome and its cause(s) remain uncertain. Is there reason to believe that long COVID is an autoimmune disease?</i>		
09:10-09:20	Moderator: Tom Pollak , UK Introduction and Pre-Debate Voting		
09:20-09:35	Yes: Michael D. Geschwind , USA		
09:35-09:50	No : Hans-Peter Hartung , Germany		
09:50-10:00	Discussion, Rebuttals and Post-Debate Voting		



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10:00-10:50	A prolonged (1 year) corticosteroid taper is sufficient to prevent relapses in patients with MOGAD
	<i>Capsule: MOGAD is a monophasic or relapsing disease associated with MOG-IgG autoantibodies, manifesting primarily as optic neuritis or as acute disseminated encephalomyelitis in children. It is controversial whether to start relapse prevention treatments following a first episode of MOGAD. Some experts have suggested that a prolonged taper of corticosteroids over 1 year will reduce the risk of relapses in MOGAD. How strong is the evidence and is this a recommendation that should be endorsed?</i>
10:00-10:10	Moderator: <u>Joab Chapman</u> , Israel Introduction and Pre-Debate Voting
10:10-10:25	Yes: <u>Michael Levy</u> , USA
10:25-10:40	No: <u>Friedemann Paul</u> , Germany
10:40-11:00	Discussion, Rebuttals and Post-Debate Voting
14:50-16:30	Antibody testing HALL A
Chairs:	<u>Brian G. Weinshenker</u> , USA;
14:50-15:40	All patients with inflammatory optic neuritis should be screened for AQP4-IgG and MOG-IgG antibodies
	<i>Capsule: Optic neuritis has discriminating clinical and paraclinical characteristics, different responses to treatment and prognosis in patients with MS, NMOSD or MOGAD but there is a significant overlap between the entities. Preventive immune treatment differs markedly between them. Should we therefore screen all patients with inflammatory optic neuritis for AQP4-IgG and MOG-IgG antibodies?</i>
14:50-15:00	Moderator: <u>Ruth Geraldes</u> , UK Introduction and Pre-Debate Voting
15:00-15:15	Yes: <u>Uros Rot</u> , Slovenia
15:15-15:30	No: <u>Saif Huda</u> , UK
15:30-15:40	Discussion, Rebuttals and Post-Debate Voting
15:40-16:30	Is it required to send focused antibody testing on patients with suspected autoimmune encephalitis, or should all patients be screened with a panel of antibody tests?
15:40-15:50	Moderator: <u>Abhijit Chaudhuri</u> , UK Introduction and Pre-Debate Voting
15:50-16:05	Yes: <u>Eoin Flanagan</u> , USA
16:05-16:20	No: <u>Ruth Geraldes</u> , UK
16:20-16:30	Discussion, Rebuttals and Post-Debate Voting



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16:50-18:30	Corticosteroid treatment	HALL A
Chairs:	TBA	
16:50-17:40	Diabetes mellitus-associated plexopathy is an inflammatory vasculitis and should be treated with high dose corticosteroids	
	<i>Capsule: An infrequent but very disabling complication of diabetes mellitus is a lumbosacral plexopathy (also known as diabetic amyotrophy), often initially asymmetrical accompanied by prominent pain and proximal weakness. The pathogenesis is controversial, but nerve biopsies have demonstrated evidence of microvasculitis with ischemic and inflammatory changes. Corticosteroids can be very effective in speeding improvement and many expert clinicians continue to advocate this treatment in spite of the lack of definite data</i>	
16:50-17:00	Moderator: <u>Divyanshu Dubey</u> , USA Introduction and Pre-Debate Voting	
17:00-17:15	Yes: <u>Jim Dyck</u> , USA	
17:15-17:30	No: <u>Alasdair Coles</u> , UK	
17:30-17:40	Discussion, Rebuttals and Post-Debate Voting	
17:40-18:30	Cerebral amyloid angiopa(CAA) may lead to inflammatory vasculopathy; patients with cerebral amyloid angiitis should receive corticosteroids on diagnosis.	
	<i>Capsule: Cerebral amyloid angiopathy is a vasculopathy characterised by amyloid beta (Aβ) deposition in cortical and meningeal blood vessels. Cerebrovascular Aβ deposit may provoke inflammatory response, leading to perivascular inflammation and vasculitis. Acute, subacute, as well as chronic or progressive focal and multifocal neurological dysfunction ARE recognised in CAA and often attributed to the inflammatory response triggered by Aβ localising in the wall of blood vessels. Early corticosteroid therapy is considered by some to be beneficial in CAA</i>	
17:10-17:50	Moderator: <u>Friedemann Paul</u> , Germany	
17:50-18:05	Yes: <u>Joab Chapman</u> , Israel	
18:05-18:20	No: <u>Abhijit Chaudhuri</u> , UK	
18:20-18:30	Discussion, Rebuttals and Post-Debate Voting	
18:30	Networking Reception (Exhibition Area)	