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Avathvadi Venkatesan Srinivasan

Tamil Nadu Dr. M.G.R. Medical University, India

Emergencies in movement disorders – An update

Kipps C M, et al. (2005) reported that movement disorders (MD) encompass disorders characterized by involuntary movements and/or loss of control or efficiency in voluntary movement. Fahn & Frucht (2002) defined movement disorder emergency (MDE) as any neurological disorder evolving acutely or sub-acutely, in which the clinical presentation is dominated by a primary movement disorder, and in which failure to accurately diagnose and manage the patient may result in significant morbidity or even mortality. Based on this definition, MD emergencies are classified into six main divisions, which are: 1. Emergencies in Parkinson's disease (PD): a. Parkinsonism-hyperpyrexia and dyskinesia-hyperpyrexia syndromes, b. acute parkinsonism, c. acute psychosis in Parkinson's disease and, d. encephalitis lethargica; 2. Acute drug reactions: a. acute dystonia, b. neuroleptic malignant syndrome, c. serotonergic syndrome and, d. malignant hyperthermia; 3. Acute exacerbation of chronic MDs: a. status dystonicus, b. laryngeal dystonia in multiple system atrophy and other conditions, c. tic status and neurological complications of tics, d. Wilson's disease emergencies, e. hypocalcemia, f. tetanus, g. strychnine toxicity and, h. rabies; 4. Acute chorea and hemiballism – hemichorea; 5. Stiff-person syndrome and; 6. Lethal catatonia. In this review, we covered situations in which the main manifestations are MDs that pose significant risks for acute morbidity and mortality. Emergencies in MDs are not uncommon and they generally start insidiously and have slow progression. Neurophyscian generally diagnose and treat to prevent the acute and chronic complications in the intensive care units. Significant mortality and morbidity may be prevented if identified at the early hours and appropriate treatment started. In this workshop authors highlight the clinical conundrum of neuroleptic malignant syndrome. Doctoral thesis of this work has created a new AVS-CUV criterion of NMS which has been added to the world literature.

Recent Publications

1. Robottom B J, Weiner W J and Factor S A (2011) Movement disorders emergencies part 1: Hypokinetic disorders. Arch Neurol 68:567-572.
2. Moscovich M, Nóvak F T, Fernandes A F, et al. (2011) Neuroleptic malignant syndrome. ArqNeuropsiquiatr 69(5):751-755.
3. Munhoz R P, et al. (2012) Movement disorders emergencies. ArqNeuropsiquiatr 70(6):453-461.
4. Robottom B J, Factor S A and Weiner W J (2011) Movement disorders emergencies part 2: Hyperkinetic disorders. Arch Neurol 68:719-724.

Biography

Avathvadi Venkatesan Srinivasan, driven by his quest for excellence joined Madras Medical College (MMC) and received MD (General Medicine) in 1978. Later he pursued and received DM in Neurology from his alma mater. His thirst for research, skills and the latest development in Neurology made him find his way to the National Institute of Neurology and Neurosurgery, his pioneering research work on Neuroleptic Malignant Syndrome got him bestowed with the PhD degree in 2002. It made him the first ever recipient in Neurology from the Tamil Nadu Dr. M.G.R. Medical University, since its inception in 1988. His path breaking research (6 papers) in phantom limbs, stroke etc., with Padma Bhusan Dr. V S Ramachandran, Director, Center of Brain and Cognition, University of San Diego remain acclamatory to his undisputed authority in Behavioral Neurology and Movement disorders. He authored more than 100 scientific papers; dozens of his other work have found places in reputed medical journals and has published 12 chapters. His research papers presented, won acclaims in 60 national conferences and in 25 international conferences held in UK, USA, Japan, Australia, China, Europe and other countries. He is the only one from India to collaborate with Dr. V S Ramachandran, who is the first recipient of Padma Bhusan for his contribution to Neurosciences.

avsekhar1950@gmail.com