# EAN Autumn School
## October 17-20, 2019

Exit Exam, October 20, 2019

Name: _____

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Roland Wiest:

**In a patient with confirmed migraine headache, which is the less appropriate clinical presentation to request an immediate imaging examination?**

- ☐ stereotypical visual aura that is repeatedly experienced in one hemifield
- ☐ an increase in frequency or change in pattern of a longstanding visual aura
- ☐ a moderate headache episode without a prodromal aura
- ☐ any unexplained visual field defect and/or subjective persistence of a scotoma following a typical visual aura
- ☐ co-existence of seizures

**Which statement is not appropriate: Imaging indications for patients with cognitive decline include ....**

- ☐ the exclusion of potentially treatable cause, as e.g. normal pressure hydrocephalus
- ☐ the imaging support of a differential diagnosis of a dementia subtype
- ☐ the identification of imaging patterns of mixed dementias
- ☐ a confirmation of a definitive diagnosis of Alzheimer's disease
- ☐ requests for either CT or MRI imaging if vascular dementia is suspected

Roberta Messina:

**Which of these regions might be involved in the onset of the migraine and cluster headache attack?**

- [ ] The insula
- [ ] The primary somatosensory cortex
- [ ] The hypothalamus
- [ ] The primary visual cortex

**Magnetic resonance imaging studies in patients with migraine with aura have shown:**

- [ ] Only functional alterations of visual cortical areas
- [ ] Only structural alterations of visual cortical areas
- [ ] Functional and structural alterations of visual cortical areas
- [ ] Normal function and structure of visual cortical areas

Reinhold Schmid:

**Which answer <u>is correct</u>:**

- [ ] In Creutzfeldt-Jakob disease MRI is positive in about 50% of cases and is a better diagnostic marker than 14-3-3 protein
- [ ] The most common type of DTI positive changes is subcortical (striatal +/- thalamic)
- [ ] 65% of patients have cortical ribboning without subcortical abnormalities
- [ ] Variant Creutzfeldt-Jakob disease has longer survival and does not show MRI changes

**Which of the following answers regarding focal MRI abnormalities in dementia patients <u>is wrong</u>?**

- [ ] Cortical microinfarcts are significantly related to amyloid angiopathy
- [ ] Microbleeds in AD are typically located in subcortical regions with a predilection in the occipital lobe
- [ ] A convexal subarachnoid haemorrhage is a benign finding because recurrence or lobar haemorrhage is rare
- [ ] ROI-based lesion symptom mapping is a tool to identify strategically important structures in patients with cognitive impairment

Sokratis Papageorgiou:

A 70-years-old man presents with an 8-month history of cognitive dysfunction (mild dementia) with fluctuations, depression and mild slowing of gait. Which is the most probable underlying disease?

- [ ] Parkinson's Disease Dementia
- [ ] Fronto-Temporal Dementia
- [ ] Dementia with Lewy Bodies
- [ ] Progressive Supranuclear Palsy
- [ ] Auto-immune Dementia

A 44-year-old woman presents for evaluation of a rapidly progressive cognitive dysfunction over the last 8 months. Medical history discloses weight loss, diarrhoea, bloating, and arthralgia. On examination, rhythmic facial and eye movements are noted. Cognitive testing reveals prominent memory and executive dysfunction. Brain MRI is within normal limits. Which infectious agent is the most likely cause?

- [ ] Borrelia burgdorferi
- [ ] Herpes simplex virus
- [ ] Varicella Zoster virus
- [ ] Aspergillus
- [ ] Tropheryma whippeli

Elizabeta Mukaetova-Ladinska:

Which of the following treatments has been proven conclusively to improve the behavioural and psychological symptoms (BPSD) of Alzheimer disease?

- [ ] Vitamin E
- [ ] Non-steroidal anti-inflammatory drugs
- [ ] Nicotine
- [ ] Aspirin
- [ ] None of the above

A 57-year-old man presents with 5 years history of memory problems. Although his memory has remained stable over the last 3 years, he has given up work due to poor concentration. 6 months ago, he started talking to himself, as if talking to real people, and seeing vividly his late mother and

sister. He has also been shouting and aggressive in his sleep, putting clothes on and 'going to work' at 3am. He is.....

- [ ] Depressed
- [ ] Psychotic
- [ ] Bereaved
- [ ] Having REM sleep behaviour disorder
- [ ] None of the above – this is normal progression of prolong dementia

Elka Stefanova:

One of the indicative biomarkers for DLB is:

- [ ] Alpha synuclein decrease in CSF findings
- [ ] Reduced dopamine transporter uptake in basal ganglia demonstrated by SPECT or PET
- [ ] EEG finding
- [ ] MRI finding

Which of these signs is <u>not present</u> in CBS?

- [ ] an asymmetric limb apraxia,
- [ ] asymmetric parkinsonism, dystonia
- [ ] asymmetric  Alien Limb Phenomenon
- [ ] asymmetric neuro-myotonia phenomenon

Michail Vikelis:

Which of the following is a "red flag" for secondary headache?

- [ ] Presence of systemic symptoms (fever, weight loss).
- [ ] Presence of neurologic symptoms or abnormal signs (confusion, impaired alertness or consciousness).
- [ ] Sudden, abrupt, or split-second onset.
- [ ] New onset and progressive headache, especially in age >50 yrs.
- [ ] All the above are correct

Which of the following is correct in subarachnoid haemorrhage?

- [ ] A head computed tomography scan (CT scan) should be performed in all suspected cases
- [ ] A Lumbar puncture should be performed if CT scan is negative
- [ ] Headache is the first symptom in 70%-90% of cases, with sudden onset- Thunderclap headache
- [ ] Fundoscopy may reveal sub-hyaloid blood
- [ ] All the above are correct

Stefan Evers:

Which headache disorder belongs to the concept of chronic headache?

- [ ] Cervicogenic headache
- [ ] Cluster headache
- [ ] New daily persistent headache
- [ ] Idiopathic stabbing headache
- [ ] Trigeminal neuralgia

Which drugs are first choice in the prophylactic treatment of chronic tension-type headache?

- [ ] Betablockers
- [ ] Tricyclic antidepressants
- [ ] Botulinum toxins
- [ ] Anti-convulsants
- [ ] Non-steroidal anti-inflammatory drugs

Patricia Pozo-Rosich:

A 54-year-old patient who consults because she suffers from daily headache since the last 4 years, she refers that she wakes up with headache every day. The headache does not improve or respond to current medications. She thinks that there are some days were the headache is stronger. She also has the feeling that headache worsens with Valsalva manoeuvres and when she coughs.
The localization of pain is around the whole head, she can´t tolerate exercise and she does have also a light and sound disturbance.

She has already gone to the Emergency Room several times. In one of her visits to the ER they gave her triptans, which in some occasions help, although really, they are too expensive, and the improvement is not worth it.

She has also visited other physicians that have tried giving her preventive medications. She can remember to have tried sodium valproate without any help previously.

In order to "survive" she takes daily paracetamol + codeine.
She had the menopause two years ago, she thinks that is all over.

She wakes up with a headache daily, so her sleep is not good. She wakes up during the night frequently. She always feels slightly tired. She knows that she suffers from bruxism and think she might snore, although she now sleeps alone and is not sure.

When asked: she just separated from her husband a year ago, and it is true that economically things are slightly complicated, moreover, she took antidepressants (SSRIs – escitalopram 15mg) during a couple of years, but she is tired of taking more things.

Which is the most common comorbid condition in chronic migraine:

- ☐ Chronic Fatigue Syndrome
- ☐ Hepatitis C
- ☐ Anxiety & Depression
- ☐ Medication Overuse Headache
- ☐ Anxiety, Depression & medication overuse Headache

Which main treatable conditions do we have to think about when we have a chronic migraine patient which might be helpful?

- ☐ Obstructive Sleep Apnoea Syndrome
- ☐ Hypothyroidism
- ☐ Obesity
- ☐ Acute medication overuse
- ☐ All of the above