Pennsylvania Neurological Society e-newsletter

The IXth Annual Meeting of the Pennsylvania Neurological Society

Dear Members:

Our society has come a long way in furthering the mission set at its inception. This includes improving the clinical practice of adult and child neurology and serving as an advocate on behalf of patients and physicians regarding neurological disorders and the practice of neurology. With a changing practice landscape we need to adopt and adjust our clinical practice without compromising the quality of our clinical practice. To build on the past and continue with our mission, we have planned the IXth Annual Meeting of Pennsylvania Neurological Society on September 13-14, at the Hillman Conference Center, located on the campus of UPMC Shadyside Hospital in Pittsburgh, Pa.

Our agenda includes a wide variety of topics including epilepsy, vascular neurology, neuromuscular diseases, multiple sclerosis, headache, practice management and payment reform, quality improvement, and advocacy issues. To address the changing landscape involved in the practice of neurology we have added practice management and payment reform by Neil Busis, MD. With the help of the American Academy of Neurology we have invited Anup Patel, MD, who will educate on the quality metrics in neurology. Brad Klein, MD, will provide an overview on how we can improve patient care with advocacy.

To encourage the involvement of residents, fellows and medical students we encourage them to submit their scholarly work at the meeting.

This year, our keynote speaker is Cyril H. Wecht, MD, JD, (right) world-renown forensic pathologist, attorney and medical-legal consultant, who will deliver a talk on "Sensational Legal Cases." Dr. Wecht has frequently appeared on several nationally syndicated programs discussing various medicoegal and forensic scientific issues, including medical malpractice, drug abuse, the assassinations of both President John F. Kennedy and Senator Robert F. Kennedy, the death of Elvis Presley, the O.J. Simpson case, and the JonBenet Ramsey cases. His expertise has also been utilized in high profile cases involving Mary Jo Kopechne, Sunny von Bulow, Jean Harris, Dr. Jeffrey McDonald, the Waco Branch Davidian fire, and Vincent Foster. A comprehensive study of these cases are discussed from the perspective of Dr. Wecht’s own professional involvement in his books, Cause of Death, Grave Secrets, and Who Killed JonBenet Ramsey?

To improve our advocacy efforts, we would like you to recruit your colleagues to join the PNS for $50 a year. The membership fee can be used as a credit for the registration fee at the annual meeting. Clearly our success of the advocacy efforts is dependent on active membership in our organization.

Parthasarathy Thirumala, MD
President

SGR Repeal Legislation Update

By: Michael J. Amery, Esq., AAN Legislative Counsel

Compromise legislation to permanently repeal the Sustainable Growth Rate (SGR) formula for Medicare physician payment has been agreed to by the House Ways & Means Committee, House Energy & Commerce Committee, and the Senate Finance Committee (H.R. 4015/ S. 2000).

A number of provisions requested by the American Academy of Neurology (AAN) have been included in the final legislation and the AAN has submitted a letter of support for this proposal. We are particularly pleased that the legislation would provide a transition to new physician payment systems that includes a 0.5 percent increase on Medicare payments to all physicians for five years and will include bonus payments for quality improvement. This stability is in sharp contrast to the never-ending threat of huge Medicare payment cuts, including one of 27 percent scheduled for the end of March. It also represents an accumulative 2.5 percent increase where the grand total of Medicare payment increases over the last decade had been just 1.9 percent.

The AAN has been pressing Congress for many years to fix the SGR, and this is a significant accomplishment! Granted, the bill is not perfect. We argued for greater increases for non-procedural specialists, but are encouraged by the creation of chronic care management codes that, if implemented correctly, would allow another significant payment avenue for non-procedural specialists. We have been assured by congressional staff that the purpose of these codes is to include specialists like neurologists so we will be working to get statements on the record if the bill moves to the House and Senate floors for debate.

But even though it isn’t perfect, the transition period gives us four years to continue working to improve provisions to benefit neurologists before most of the provisions go into effect. This is a lot better than the current situation, which is always a race to avoid huge payment cuts that would surely limit access to care.

One important thing to remember is that this is still just a big first step. AAN past president Bruce Sigsbee, MD, FAAN, and I met with United States Senate Minority Leader Mitch McConnell (R-Ky) and his staff who indicated that the complicated SGR repeal policy was “the easy part.” Offsets for the legislation still need to be identified in order to pay for the bill which will be no easy task, estimated at $138 billion. The AAN is supportive of the bill, but we will be watching the offsets closely to ensure that the impacts to neurology aren’t worse than the solution.

Residents and Fellows Section

The Pennsylvania Neurological Society’s resident and fellow section was created shortly after the society itself came into existence in 2007. The initial resident/fellow poster sessions at the PNS annual meetings were organized by former resident/fellow coordinator Stacey Clardy,

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Loss of brainstem auditory evoked potentials during microvascular decompression for hemifacial spasm.

Authors: Balaji Krishnaiah MD; Parthasarathy Thirumala MD; Miguel Habeych MD MPH; Donald Crammond, PhD; Jeffrey Balzer, PhD.

Objective: The primary aim of this paper is to study the pre-operative characteristics, Intraoperative monitoring (IOM) changes and post-operative outcomes in patients with complete loss of wave V of the Brainstem Auditory evoked Potential (BAEP).

Background: Intraoperative monitoring (IOM) of BAEP during microvascular decompression (MVD) prevents hearing loss (HL) in patients with hemifacial spasm (HFS). Complete loss of BAEP waveforms is uncommon event during MVD, which has significant prognostic potential.

Design/Methods: We retrospectively analyzed the BAEP data of 94 patients who underwent MVD for HFS at our institute. Patients were divided into two groups those with and those without loss of wave V. The differences between two groups and outcomes were assessed using t test and χ2 (chi-square) tests.

Results: In our study 23 (24%) patients out of 94 had a complete loss of wave V, among these 11 (48%) patients had transient loss and 12 (52%) patients had permanent loss. There was a significantly higher incidence of HC (hearing change) and HL in patients with loss of wave V (p = .05).

Conclusions: Preoperative use of Botox injection was significantly higher in patients with loss of wave V during MVD. Though one fourth of the patients lost wave V, more than half of them had some improvement during MVD. Some patients had no HL despite wave V loss, among them more than half had transient loss of wave V. Appropriate alarm criteria needs to be developed to warn the surgeon about an impending loss of wave V during MVD.

Aphasia: a 68 year old man with microhemorrhages and leukoencephalopathy

Authors: Maxwell Greene, MD; Caitlin Loomis, MD.

Background: Tumefactive Amyloid Angiopathy (also referred to as Cerebral Amyloid Angiitis and Amyloid-Beta associated Angiitis) is a rare entity that has been recently described and has somewhat characteristic imaging findings. Cerebral Amyloid Angiopathy (CAA) involves the deposition of amyloid beta into vessel walls and can lead to vessel fragility and hemorrhages, and can be identified on GRE imaging. In addition to findings consistent with CAA, Tumefactive Amyloid Angiopathy is also associated with leukoencephalopathy, indicating vessel permeability and associated vasogenic edema.

Methods: We present a 68-year-old male with a past history of HTN, DMII, HL, and GERD, who presented after he developed headaches that led to confusion which led to word finding difficulty and ultimately an episode of fluent aphasia. The aphasia resolved. He underwent MRI of the brain including GRE sequences.

Results: Brain MRI demonstrated microhemorrhages on GRE and leukoencephalopathy on FLAIR imaging primarily confined to the left hemisphere. He initially was placed on the neurosurgery service for biopsy and treatment of the presumed mass. It was later felt that his imaging findings were consistent with Tumefactive Amyloid Angiopathy and he was treated with a slow taper of prednisone over months. His leukoencephalopathy resolved on his two month follow up MRI FLAIR sequence. Clinically he has had no more episodes of neurological disturbances, had a normal EEG, and is currently off neurologically active medication at 6 months and doing well.

Conclusion: Tumefactive Amyloid Angiopathy is an important diagnostic entity. While rare, the appropriate diagnosis in our patient led to avoidance of significant morbidity with a brain biopsy and possible mortality as he would be prone to vessel damage and hemorrhage.

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during his biopsy. Correct treatment led to a radiographic and clinical resolution of symptoms and resulted in a normal quality of life at 6 month follow up, with no additional problems or events. Tumefactive Amyloid Angiopathy is possibly an under-recognized entity with an appropriate treatment.

**Hyperglycemia presenting as choreiform movements – A case report**

**Authors:** Divpreet Kaur MD, Yadira Velazquez MD, and Aiesha Ahmed MD

**Case Presentation:** 70-year-old female with diabetes mellitus, hypertension, tobacco use, peripheral neuropathy, GERD and chronic UTIs was transferred to our hospital with a few weeks history of abnormal movements. She was an uncontrolled diabetic and had significant fluctuations in her blood glucose levels (ranging between 60-400 mg/dl) over the last few months. On exam, she had bilateral choreiform movements, worse in the legs than arms. Rest of her neurological exam was intact. Her MRI of the brain showed T1 weighted symmetric hyperintense lesions in the bilateral caudate and putamen. Her basic labs, copper level, manganese level, heavy metal screen, autoimmune labs and spinal fluid analysis were within normal limits. EEG was normal.

**Discussion:** Striatal hyperintensity in patients with hyperglycemia often occur in elderly diabetic patients and their clinical outcome is good if treated early. Average patient age range is between 70-74 years. Usually occurs in patients who present with non ketotic hyperglycemia. Our patient had significant fluctuations in the blood glucose levels, which caused these basal ganglia T1 weighted hyperintensities in the patient.

**Conclusion:** Recognition of this unique clinico-radiologic manifestation is important because early correction of the underlying hyperglycemia will lead to rapid improvement of the patient.

**Upcoming Meetings**

**The Sports Concussion Conference**

July 11-13, 2014
Sheraton Chicago Hotel and Towers
Chicago, Ill.

Learn the latest scientific advances in diagnosing and treating sports concussion from the world’s leading experts at The Sports Concussion Conference. CME credit available.

Website: aan.com/conferences/sports-concussion-conference/

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Website: pns.aan.com

**Deep Brain Stimulation Symposium**

September 19, 2014
The University Club
University of Pittsburgh
Pittsburgh, Pa.

An overview of Deep Brain Stimulation, preoperative evaluation, postoperative management, and outcome expectations for those involved in the management and treatment of tremor, Parkinson’s disease, dystonia and obsessive compulsive behavior. CME credit available.

Website: neurosurgery.pitt.edu/training/deep-brain-stimulation-symposium

**Rep. Rothfus Visits UPMC Presbyterian**

U.S. Rep. Keith J. Rothfus (R-Pa) visited UPMC Presbyterian, September 24, in an effort to learn more about the health system’s advanced neurological services including cognitive care, neurology, neurological surgery and telemedicine service lines. The visit was coordinated by Partha Thirumala, MD, co-director of the UPMC Center for Clinical Neurophysiology. Accompanying the congressman on his tour were Neil Busis, MD, UPMC neurologist and American Academy of Neurology board of director member; Pat Conway, department of neurology executive administrator; Ryan Yuhas, UPMC director of federal relations; and Natasa Sokolovich, executive director of UPMC Telemedicine.

Partha Thirumala, MD, (left) with U.S. Rep. Keith J. Rothfus (R-Pa) during the congressman’s visit of UPMC Presbyterian in September to observe the medical center’s advanced neurological services.

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