

Society Proceedings

**Abstracts of the 17th European Congress
of Clinical Neurophysiology**

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Prof. Maria EJMA, President, and Chair of the Local Organising Committee

**Europe-Middle East-Africa Chapter (EMEAC) of the International Federation of
Clinical Neurophysiology (IFCN)**

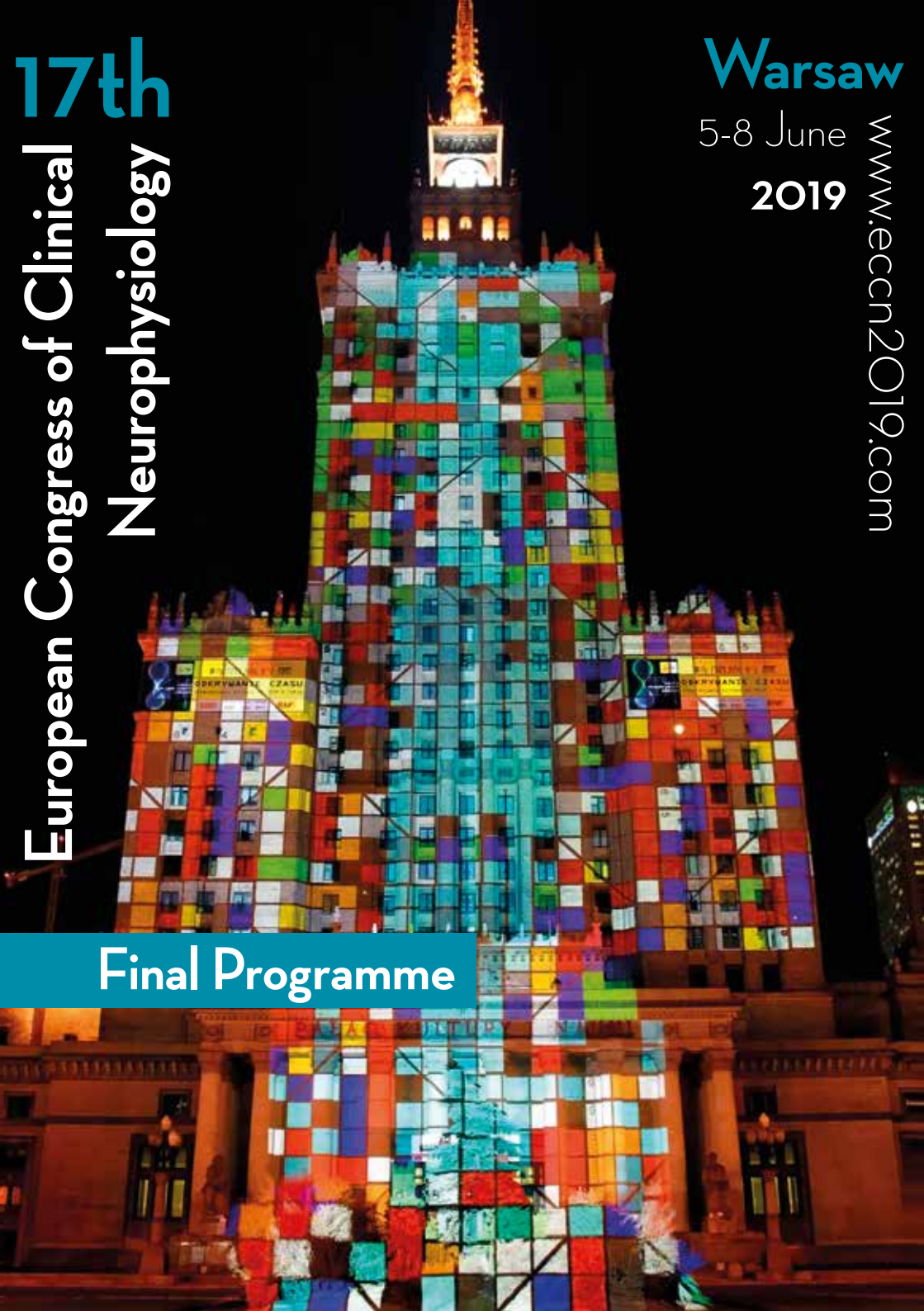
Prof. Jonathan COLE, Chair of the EMEAC-IFCN Chapter

Assoc. Prof. Hatice TANKISI, Secretary/Treasurer of the EMEAC-IFCN Chapter

P16-S

Isolated lower-leg pain and A-wave studies: a case report**Vasily Khodulev**¹, Oleg Kobylko², Svetlana Vlasava³¹Republican Research And Clinical Center Of Neurology And Neurosurgery, Minsk, Belarus, ²Gomel Regional Clinical Hospital, Gomel, Belarus, ³Polessky State University, Pinsk, Belarus

An isolated lower-leg pain without neurological manifestations is an important problem in clinical practice. A-wave has been found in many cases but its significance remains unclear. We described a case of a 29-year-old woman, a bank employee, complaining of the lower-leg pain in the calf muscle on the left side. It continued over a year causing discomfort, excruciating muscle pain, accompanied by episodes of shooting pains that would appear in the morning and on sitting at desk at work for a long time. The pains disappeared during a walk. Intensity of the pain was 3.0 points when assessed on the visual analogue scale and 4.0 points on the DN4 questionnaire. Neurological investigations revealed only a Lasegue sign (60 degrees) on the left side. Lumbosacral spine MRI showed a diffuse dorsal protrusion of the intervertebral discs L4-L5 2.1 mm, L5-S1 2.3 mm. Nerve conduction studies demonstrated normal motor and sensory conduction velocities in peroneal, tibial and sural nerves. No changes were recorded in the H-reflex studies. F-wave studies at distal and proximal point stimulation of the left tibial nerve showed the presence of the A-wave immediately before the F-wave. After month of regular visits to the swimming pool and the vascular medicines treatment, the patient observed that lower-leg pain significantly decreased. **Conclusion:** The isolated lower-leg pain has been regarded as a neuropathic one with its source in the S1 root on the left side. This observation indicates clinical importance of studying and analyzing of A-waves in the lower limbs pain.



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Final Programme

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¹*UHC Zagreb, Zagreb, Croatia*

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Ilaria Martinelli^{1,4}, Angela Marchi¹, Giulia Naim³, Estelle Pruvost^{1,2}, Celine Ramdani⁶, Tarek Sharshar^{3,5}, Martine Gavaret^{1,2,7}
¹*Centre Hospitlaier Sainte Anne, Paris, France*, ²*Paris-Descartes University, Paris, France*, ³*Department of Neuro-Intensive Care Medicine, Sainte-Anne Hospital, Paris, France*, ⁴*Departement of Neurology, OCSAE Hospital, Azienda Ospedaliera Universitaria, Modena, Italy*, ⁵*Laboratory of Experimental Neuropathology, Institut Pasteur, Paris, France*, ⁶*Institut de Recherche Biomédicale des Armées (IRBA), 91223 , Brétigny sur Orge, France*, ⁷*INSERM UMR894, Paris, FRANCE*

Nerve conduction studies

Chair: Marlena Hupalo (Poland)

P15-S | Clinical and electrophysiological characteristics of childhood CIDP
Malgorzata Lukawska¹, Anna Potulska-Chromik¹, Andrzej Seroka¹, Anna Kostera-Pruszczyk¹
¹*Department of Neurology, Medical University of Warsaw, Warsaw, Poland*

P16-S | Isolated lower-leg pain and A-wave studies: a case report
Vasily Khodulev¹, Oleg Kobylko², Svetlana Vlasava³
¹*Republican Research And Clinical Center Of Neurology And Neurosurgery, Minsk, Belarus*, ²*Gomel Regional Clinical Hospital, Gomel, Belarus*, ³*Polesky State University, Pinsk, Belarus*

P17-S | Repeated compression radial neuropathies caused by rope bondage
Vasily Khodulev¹, Marina Zharko², Svetlana Vlasava³, Nataliya Charnenka⁴
¹*Republican Research And Clinical Center Of Neurology And Neurosurgery, Minsk, Belarus*, ²*City Clinical Pathologoanatomic Bureau, Minsk, Belarus*, ³*Polesky State University, Pinsk, Belarus*, ⁴*Republican Research And Clinical Center Of Neurology And Neurosurgery, Minsk, Belarus*

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Salvador Delis Gómez¹, Esmeralda Rocío Martín, Cecilia Duque Cárreras, Rybel Wix
¹*Clinical Neurophysiology Department. Hospital Universitario "La Princesa", Madrid, Spain*

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Marta Lipowska¹, Judyta Barańska¹, Małgorzata Gawęł¹, Anna Potulska-Chromik¹, Anna Kostera-Pruszczyk
¹*Department of Neurology Medical University of Warsaw, Warsaw, Poland*

P20-S | Is it necessary to do bilateral nerve conduction studies for electrodiagnosis of polyneuropathies?
Hossein Pia¹, Kirsten Pugdahl^{1,2}, Anders Fuglsang-Frederiksen^{1,2}, Hatice Tankisi^{1,2}
¹*Department Of Clinical Neurophysiology, Aarhus University Hospital, Aarhus , Denmark*, ²*Department of Clinical Medicine, Aarhus University, , Denmark*

P21-S | Are patients with polyneuropathy more liable to have CTS?
Mayooran Perampalam^{1,2}, Kirsten Pugdahl^{1,3}, Anders Fuglsang-Frederiksen^{1,3}, Hatice Tankisi^{1,3}
¹*Department of Clinical Neurophysiology, Aarhus University Hospital, Aarhus, Denmark*, ²*Department of Neurology, Regional Hospital West Jutland, Holstebro, Denmark*, ³*Department of Clinical Medicine, Aarhus University, Aarhus, Denmark*