

Organized By:





Post-Event Report

MENASO

CEREBROVASCULAR GRAND ROUND

webinar

14 December 2021

8:00 PM - 09:30 PM (Dubai Time)



Supported By:



Medtronic Further, Together Managed By:





EVENT SUMMARY

12th CEREBROVASCULAR GRAND ROUND Webinar, 14 December 2021

The 12th and final chapter of the Cerebrovascular Grand Round Webinar, held under the auspices of the MENA STROKE Organization, American Stroke Association, and World Stroke Organization, and supported by Boehringer Ingelheim and Medtronic, was a unique session to provide comprehensive education about Stroke challenging cases in 2021 and latest updates of ESUS. It revealed the updates in diagnosis and treatments of the condition. The webinar has helped 1235 delegates from 34 countries around the world and they have been rewarded with 2 CME hours.

Dr. Suhail Abdulla Alrukn, President of MENASO and Consultant Neurology at Rashid Hospital, UAE, has appointed Dr. Hani Humaidan, Consultant Adult Neurology and Stroke at Salmaniya Complex, Medical Bahrain, Chairman for the webinar and Dr. Ammar Al Kawi, MD, FAAN, FACP, Consultant, Interventional & Vascular Neurology at King Faisal Specialist Hospital & Research Center, Riyadh, and Associate Professor at College of Medicine, AlFaisal University, and Dr. **Athari** Salmeen. Specialist Neurologist at Jaber Al-ahmad hospital, Kuwait as the speakers.

Webinar Chairman **Dr. Hani Humaidan** has delivered the opening remarks and introduced **Dr. Ammar Al Kawi** to deliver his lecture on **2021 Major Trails**.

Dr. Ammar Al Kawi has begun his presentation with IV Thrombolysis followed by Mechanica Thrombectomy Vs Direct Mechanical Thrombectomy. Among patients with acute large vessel occlusion stroke, thrombectomy mechanical compared with combined intravenous thrombolysis plus mechanical thrombectomy, failed to demonstrate inferiority regarding favorable functional outcome. However, the wide confidence intervals around the effect estimate also did not allow a conclusion of inferiority. The REDU CE trial demonstrates that patent foramen ova le closure prevents recurrent brain infarction based on the objective outcome of new infarcts on MRI. Only clinical strokes were reduced by closure while silent infarctions were similar between study arms, and there



CHAIRMAN

Chairman



Dr. Hani Humaidan

Consultant Adult Neurology and Stroke Salmaniya Medical Complex, Bahrain



SPEAKERS

Speaker



Dr. Ammar Al Kawi, MD, FAAN, FACP

Consultant, Interventional & Vascular Neurology Associate Professor, King Faisal Specialist Hospital & Research Center, Riyadh College of Medicine, AlFaisal University

Speaker



Dr. Athari Salmeen

Specialist Neurologist Jaber Al-ahmad hospital, Kuwait



DELEGATE INFORMATION

Participating Country

United Arab Emirates

Egypt

Saudi Arabia

Saudi Arabia
South Africa

Kuwait

Bahrain

United Kingdom
Iraq
Qatar

Philippines

India

Kenya

Oman

Algeria

Peru

Iran

Libya

Namibia

Pakistan

United States

Botswana

China

Jordan

Morocco

Germany

Albania

Indonesia

Lebanon

Malaysia

Yemen

Canada

Australia

Bahamas

Tunisia



Number of Attendees

1235



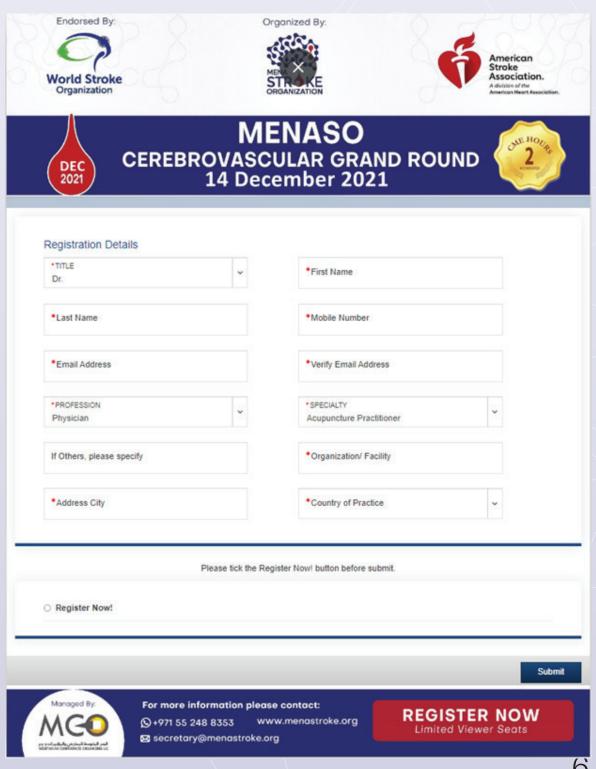
Number of Speakers





MARKETING

Public Registration Page

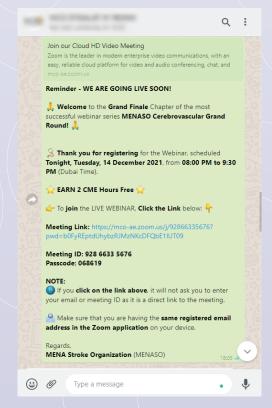




Registration Confirmation

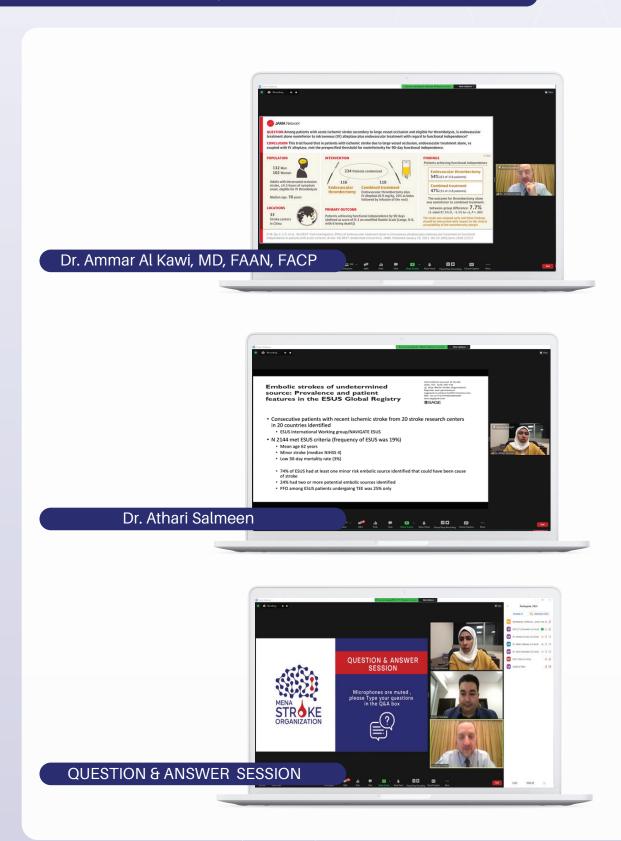


Registration Confirmation





Webinar Gallery





QUESTION & ANSWER SESSION

- How do you identify a stroke? I mean for non-medical people, early symptoms. Does smoking and alcohol intake could be cause?
- What is the prognosis rate of thrombosis in the age group of above 75 years old? Is intervention therapy is more effective than thrombosis in this age group?
- What are the complications if the old infract is not get treated?
- If patient on dual antiplatelet for whatever reason before he developed ESUS is it justified to start anticoagulation?
- Is there any correlation covid patient who developed embolic stroke?
- If a parent had atrial fibrillation and died due to cardiac problems.
 How high the chance for his kids to have the same problem??
- For how long is LMWH given in strokes in cancer patients?
- What about patient post metal valve replacement on warf came with massive MCA, infarction stroke and INR 3.20, can we continue on warf or keep him on clexan bid after 2 w can start warf?
- Can we used small dose NOAC with aspirin in pts with AF cardiomyopathy and mca stenosis?



- Is there a place in ESUS for aspirin/dipyridamole?
- Stroke with ventricular pocket recommendations
- How many hours post alteplase before you can do mechanical trombectomy if indicated
- I am 40 yrs old with protine s deficiency. Blood clotting disorder.
 i have papillary cacinome. Any risk to take the vaccine of covid.
 I am now pregnant 30 weeks on inj clexan and tab aspirin
- Regarding ESES do you recommend to go for cardiac MRI or TEE for better detection of cardiac causes?
- Wat is duration and dose of anti-thrombotic therapy of symptomatic carotid stenosis for pt who who decline for surgery? I meant dual/ single anti platelet for 3 months' time/ 1 month
- Dr. Ammar, Are you in favor of having mobile stroke units?
- In the case of a previous injury that led to bleeding in the brain..and after 4 weeks of treatment..is it correct for the doctor to prescribe blood thinner pills for the patient?
- In the case of previous injuries in the case of brain hemorrhage. And after four weeks of treatment. Is it correct for the doctor to use aspirin as a treatment?
- Australian guidelines on dipyridamole?
- What the relationship between vaccines of coved and stroke?



- If patient has known to have heparin induced thrombocytopenia what anticoagulants iv substitution?
- Is there any advice on patients with immunotherapy having a stroke?
- Is it safe to use IVIG in patient with cvt?
- It's safe for elderly patients with hypertension to take aspirin 75 or 81 as daily dose
- When should antiplatelet or anticoagulants start after IVTPA OR MC?

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