

Association of British Neurologists Spring Meeting 2002

3-5 April 2002, Oxford, UK

The 2002 Spring Meeting of the Association of British Neurologists was organised by the University Department of Neurology, Oxford (Dr. M. Donaghy) and held in the prestigious academic surrounds of the Examination Schools. A number of delegates were soon harking back, not all of them comfortably, to their undergraduate days as they sat surrounded by marble columns and portraits of past academic greats. The venue was excellent, represented for many of us a welcome return to this picturesque city, and reflected the ABN's policy of having meetings outside London.

Four scientific sessions, an educational symposium and a clinicopathological conference covered a broad range of neurological topics, offering insights into both progress at the research coalface and in some instances how such achievements and understanding may be translated to the clinic.

Drawing heavily from an experienced department in Oxford, the Symposium for Treating Neuromuscular Disease covered a number of topics emphasising treatment and including updates on how to best manage newly diagnosed myasthenia gravis, optimal therapy of chronic inflammatory demyelinating neuropathy (CIDP), inflammatory myopathy and an excellent talk on the use of agents such as riluzole in motor neuron disease and the need to appropriately harness the internet information resource. All talks made reference to the relevant evidence base without overloading the audience and in some case outlining the genuine lack of well-controlled clinical trials in certain areas.

For two of the four, scientific sessions were split into parallel hence covering a broad range of topics. Whilst on the surface this may appear a good idea, it promoted considerable discussion amongst delegates. In particular this discussion focused on the issue of 'dilution' and quality of presentations. Particularly represented on the second day were Parkinson's disease and movement disorders. We heard a fascinating talk about the relatively new disease of neuroferritinopathy from Dr Chinnery (University of Newcastle); this condition appears to be highly heterogenous, genetically mediated in certain families, potentially treatable and may be traceable back to Fletcher Christian and the mutinous days of the Bounty! Dr Khan (Institute of Neurology, London) presented further genetic insights into early onset Parkinson's disease, and Dr Dale (Institute of Child Health, London) presented compelling evidence for an autoimmune mechanism in the pathogenesis of encephalitis lethargica (appropriately combined with video footage and seamless mastering of powerpoint technology!). Dr Pal (King's College, London) provided us with some objective evidence for what we had suspected for some time, namely that asymmetric postural tremor (with or without resting tremor) may be a forerunner for Parkinson's disease. Multiple sclerosis was also represented, and it was refreshing to hear two presentations where the emphasis lay firmly in the domain of pathogenesis. Dr Seidi (GKT, London) gave us an insightful talk on intrathecal production of antibodies to cytoskeletal components, and their correlation to disability over a two-year period. Dr Wilkins (BRC, Cambridge) spoke eloquently about oligodendrocyte derived soluble factors in axonal damage, in particular insulin growth factor 1 (IGF-1), referring to their relevance to future therapeutic strategies. Such insights contrasted with work presented by Dr Ingle (Institute of Neurology,

London) on change in long-term ventricular volume in primary progressive disease that had a number of us questioning the relevance of such a technique and how it may relate to our patients in the clinic. Further talks on cognitive dysfunction in 'never encephalopathic' patients awaiting hepatic transplantation (Dr Lewis, Leeds) served to emphasise our lack of mechanistic understanding of such a disease and perhaps also our relatively crude techniques for diagnosing subclinical, but nonetheless clinically significant disease.

The third day saw a much welcomed session on cerebrovascular disease. Traditionally, neurologists have taken a rather back seat approach to stroke so it is most refreshing to see this prominent on the agenda. This may reflect an underlying shift in attitude, partly driven by the President's influence (Professor Charles Warlow) and partly from a more generic shift towards neurologists' involvement in acute neurology. Excellent presentations were given by all speakers, in particular Dr Warburton (Cambridge) presenting pioneering work using FDG-PET to examine macrophage activity in symptomatic carotid stenosis and Dr Flossman (Oxford) providing further insights from a well established database on how we should be taking posterior circulation TIAs

just as seriously as any other ischaemic event. The session culminated in an excellent clinicopathological conference (CPC) that provided plenty of diagnostic

intrigue, serving an important training need as well as illustrating the point that neurological diagnosis can be tricky! The posters throughout the sessions were generally of a very high standard; those that caught my eye included neuroradiologists disagreeing about various aspects of arterio-venous malformations (AVMs), variant CJD in a compulsive jelly eater, tilt table testing from an epilepsy clinic, a paradigm for exploring genetic control of cerebral development and many more.

Overall the meeting managed to combine an excellent venue with a number of presentations most of which were of high quality, although appropriate selection was necessary. The social events at the Natural History Museum and Keble College ensured that a good time was had by all.

Dr Chris Price, Cambridge

“Neuroferritinopathy... appears to be highly heterogenous, genetically mediated in certain families, potentially treatable and may be traceable back to Fletcher Christian and the mutinous days of the Bounty!”



The Spring meeting was held in the beautiful city of Oxford.

The ABN Autumn Meeting takes place 2-4 October, 2002 in London

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