

# THE 8<sup>TH</sup> LONDON-INNSBRUCK COLLOQUIUM ON STATUS EPILEPTICUS AND ACUTE SEIZURES

17-20 SEPTEMBER, 2022  
SALZBURG, AUSTRIA

**FINAL PROGRAMME**

[WWW.STATUSEPILEPTICUS.EU](http://WWW.STATUSEPILEPTICUS.EU)

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## DEAR COLLEAGUES

It is our greatest pleasure to welcome you to the 8<sup>th</sup> **London-Innsbruck Colloquium on Status Epilepticus and Acute Seizures**. These meetings have been held every two years since 2007, and the series has become a landmark meeting in the international epilepsy calendar. Due to the COVID-19 pandemic we had to postpone the meeting which was planned for 2021 and are now happy to welcome you back for an in-person meeting in Salzburg.

We have put together an exciting programme with a top-international faculty. There have been major advances in the field over the past years regarding better mechanistic understanding and new treatments, as well as clinical strategies. In addition, it is our greatest pleasure to welcome you to the 2<sup>nd</sup> **European Course on continuous EEG** in intensive care. This rapidly emerging field deserves further attention in education and implementation of this valuable diagnostic tool.

We cordially welcome you to the 8<sup>th</sup> London-Innsbruck Colloquium on Status Epilepticus and Acute Seizures as well as the Pre-Colloquium Course on continuous EEG monitoring in ICU's in Salzburg!

With best regards,

Eugen Trinka, Simon Shorvon and Matthew Walker  
(Co-Chairs of the London-Innsbruck Colloquium)



Eugen Trinka



Simon Shorvon



Matthew Walker

# BISHER UNERREICHTE RATEN AN ANFALLSFREIHEIT

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1. Krauss GL et al., *Lancet Neurol.* 2020; 19(1):38-48. | 2. Gil-Nagel et al., *Epilepsia.* 2013 Jan;54(1):98-107. | 3. Klein et al., *Epilepsia.* 2015 Dec;56(12):1890-1898. | 4. Chung et al., *CNS Drugs* 2010; 24(12):1041-1054. | 5. Steinhoff et al., *Epilepsia.* 54(8):1491-1499, 2013. | 6. Lattanzi S et al., *Drugs* 2022 Feb;82(2):199-218. | \* Obgleich keine direkten Vergleichsdaten vorliegen, scheinen die gemeldeten Anfallsfreiheitsraten unter ONTOZRY® + Standardtherapie in randomisierten, placebo-kontrollierten Studien mit Patienten mit unzureichend kontrollierter Epilepsie höher zu sein, als in Studien mit anderen antikonvulsiven Medikamenten. | † im Vergleich zu Placebo + Standardtherapie.

Fachkurzinformation: Ontozry 12,5 mg Tabletten, Ontozry 25 mg, 50 mg, 100 mg, 150 mg, 200 mg Filmtabletten Qualitative und quantitative Zusammensetzung: Wirkstoffe: Jede Tablette enthält 12,5 mg, 25 mg, 50 mg, 100 mg, 150 mg, 200 mg Cenobamat. Liste der sonstigen Bestandteile: Tablette und Kern der Filmtablette: Lactose Monohydrat, Magnesiumstearat (Ph. Eur.) [pflanzlich] (E470b), Mikrokristalline Cellulose (E460), Hochdisperses Siliciumdioxid (E551), Carboxymethylstärke-Natrium (Typ A) (Ph. Eur.), Einnahmehilfe: 25 mg und 100 mg Filmtabletten: Indigocarmin-Aluminiumsalz (E132), Eisen(III)-oxid (E172), Eisen(III)-hydroxid-oxid x H<sub>2</sub>O (E172), Macrogol 4000, Polyvinylalkohol (E1203), Talkum (E553b), Titandioxid (E171), 50 mg Filmtabletten: Eisen(III)-hydroxid-oxid x H<sub>2</sub>O (E172), Macrogol 4000, Polyvinylalkohol (E1203), Talkum (E553b), Titandioxid (E171), 150 mg und 200 mg Filmtabletten: Eisen(III)-oxid (E172), Eisen(III)-hydroxid-oxid x H<sub>2</sub>O (E172), Macrogol 4000, Polyvinylalkohol (E1203), Talkum (E553b), Titandioxid (E171). Anwendungsgebiete: Ontozry wird angewendet zur adjuvanten Behandlung fokaler Anfälle mit oder ohne sekundäre Generalisierung bei erwachsenen Patienten mit Epilepsie, die trotz einer vorangegangenen Behandlung mit mindestens 2 antiepileptischen Arzneimitteln nicht ausreichend kontrolliert sind Gegenanzeigen: Überempfindlichkeit gegen den Wirkstoff oder einen der in Abschnitt 6.1 genannten sonstigen Bestandteile, familiäres Short-QT-Syndrom (siehe Abschnitt 4.4), Pharmakotherapeutische Gruppe: Antiepileptika, andere Antiepileptika, ATC-Code: N03AX25, Inhaber der Zulassung: Angelini Pharma S.p.A., Viale Amelia 70, 00181, Rom - Italien, Stand der Information: Oktober 2021, Verschreibungspflicht/Apothekenpflicht: Rezept- und apothekenpflichtig, Angaben zu besonderen Warnhinweisen und Vorsichtsmaßnahmen für die Anwendung, Wechselwirkungen mit anderen Arzneimitteln und sonstigen Wechselwirkungen, Fertilität, Schwangerschaft und Stillzeit und Nebenwirkungen entnehmen Sie bitte der veröffentlichten Fachinformation.

## INFORMATION FOR SPEAKERS

Please make sure to bring your PowerPoint presentation on a USB-stick to the MEDIA CHECK at Salzburg Congress 2 hours prior to the start of your session.

Do not bring your own laptop for the presentation. In case your presentation contains video sequences, please ensure to pack them with a standard codec and do not store them in a Quick Time format since this may not be compatible with PowerPoint presentations.

In order to be able to keep the time schedule, please make sure not to exceed the allotted speaking time.

### Disclosure of potential conflicts of interest

Speakers at the 8<sup>th</sup> London-Innsbruck Colloquium on Status Epilepticus and Acute Seizures are requested to disclose their potential conflicts of interest. Consequently, a conflict of interest statement should be included on your first slide.

Opening hours media check:

Sunday, September 18 <sup>th</sup> , 2022:	08:30 - 17:00
Monday, September 19 <sup>th</sup> , 2022:	08:00 - 18:00
Tuesday, September 20 <sup>th</sup> , 2022:	08:00 - 17:00

## INFORMATION FOR POSTER PRESENTERS

### POSTER FORMAT:

Please bring your poster in **portrait style**. Poster measures must not exceed A0 format (84,1 cm / 33,11" in width and 118,9 cm / 46,8" in height). No other formats are allowed! Posters exceeding the above-mentioned directions cannot be displayed. Mounting material will be provided on site.

All posters should be displayed during the entire Colloquium and mounted on Sunday, September 18<sup>th</sup> in the morning. They have to be taken down on Tuesday, September 20<sup>th</sup> by the end of the Colloquium. All posters not taken down by then will be discarded. Mounting material will be provided on site.

### POSTER DISCUSSION:

There are time slots explicitly dedicated to the posters every day. The dates and times are scheduled as follows:

Monday, September 19 <sup>th</sup> , 2022:	13:30 - 14:30
Tuesday, September 20 <sup>th</sup> , 2022:	12:40 - 14:00

During these times, you or one of your co-authors should be at your poster site and be prepared to answer questions.



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**PROGRAMME TEACHING COURSE**  
**CONTINUOUS EEG IN ICU**

**SATURDAY, SEPTEMBER 17<sup>TH</sup> 2022**

- 09.10 – 17.30** Pre-Colloquium teaching course  
**Continuous EEG in ICU**  
Chairs: Eugen Trinka (Salzburg, Austria), Lawrence J. Hirsch (New Haven, USA), Matthew Walker (London, UK)
- 09.00 – 09.10** **Introduction**  
Eugen Trinka (Salzburg, Austria)
- 09.10 – 11.10** **Session 1: The basics of neurophysiology in Status epilepticus**
- 09.10 – 09.40** Overview: from EEG-criteria to impact of burden  
Eugen Trinka (Salzburg, Austria)
- 09.40 – 10.10** Status epilepticus and ACNS terminology  
Markus Leitinger (Salzburg, Austria)
- 10.10 - 10.40** The Ictal-Interictal Continuum (including ACNS terminology)  
Nicolas Gaspard (Brussels, Belgium)
- 10.40 - 11.10** The concept of encephalopathy: PROs and CONs  
Peter W. Kaplan (Baltimore, USA)
- 11.10 – 11.30** **Coffee break**

**11.30 – 13.00 Session 2: Neurophysiology in special cases**

- 11.30 – 12.00 Postanoxic coma: do different subgroups need different approaches?  
Michel van Putten (Twente, Netherlands)
- 12.00 – 12.30 Management of NORSE/ FIRES  
Lawrence J. Hirsch (New Haven, USA)
- 12.30 – 13.00 How it impacts patient management: Examples of superrefractory SE and cEEG  
Tom Bleck (Chicago, USA)

**13.00 – 14.00 Lunch break**

**14.00 – 15.30 Session 3: The pediatric point of view**

- 14.00 - 14.30 Pediatric Status epilepticus  
Susan Byrne (Dublin, Ireland)
- 14.30 - 15.00 ICU EEG-monitoring in Children, including ACNS guidelines  
Nicholas N. Abend (Philadelphia, USA)
- 15.00 – 15.30 ICU EEG-monitoring in Neonates, including ACNS guidelines  
Ronit Pressler (London, UK)

**15.30 – 15.50 Coffee break**

**15.50 – 17.20 Session 4: The impact on patient management**

- 15.50 – 16.20 How it impacts patient management: Examples of Multimodal Monitoring in ICU  
Raimund Helbok (Innsbruck, Austria)
- 16.20 - 16.50 Applications of Quantitative EEG in the management of stroke  
Raimund Helbok (Innsbruck, Austria)
- 16.50 – 17.20 How can we make life easier? Rapid EEG and computer assistance in the emergency department and ICUs  
Lawrence J. Hirsch (Greenwich, USA)

**17.20 – 17.30 Summary and future**

Eugen Trinko (Salzburg, Austria), Lawrence J. Hirsch (New Haven, USA), Matthew Walker (London, UK)

## PROGRAMME 8<sup>TH</sup> LONDON-INNSBRUCK COLLOQUIUM ON STATUS EPILEPTICUS AND ACUTE SEIZURES

SUNDAY, SEPTEMBER 18<sup>TH</sup> 2022

### 10.00 – 10.45 Introduction

Eugen Trinka (Salzburg, Austria), Simon Shorvon (London, UK), Matthew Walker (London, UK)

Opening and ILAE address  
Helen Cross (London, UK)

Surviving Status epilepticus – The patient and family perspective  
Nora Wong (Summit, USA)

### 10.45 – 12.45 Session 1: Making the most of what we have

Chairs: Vincent Navarro (Paris, France),  
Nichola Specchio (Rome, Italy)

10.45 - 11.25 What have we learned from Randomised Controlled Trials?  
Robert Silbergleit (Ann Arbor, USA)

11.25 – 12.05 Making SENSE of what we do - How to bring evidence to clinical practice?  
Christoph Kellinghaus (Osnabrück, Germany)

12.05 – 12.45 Phenobarbital: Rediscovering an effective treatment  
Eugen Trinka (Salzburg, Austria)

12.45 – 14.05 Lunch break

### 14.05 – 14.20 Industry sponsored talk: Marinus Pharmaceuticals

Clinical Development of Ganaxolone for Status Epilepticus  
Joseph Hulihan (Radnor, USA)

### 14.30 – 15.30 Clinically Meaningful Approaches to Seizure Emergencies



Inspired by patients. supported by UCB  
Driven by science.

Chair: Eugen Trinka (Salzburg, Austria)

Clinically Meaningful Approaches to Seizure Emergencies  
Reetta Kälviäinen (Kuopio, Finland)

15.30 – 16.00 Coffee break

### 16.00 – 18.40 Session 2: Modifying outcomes of Status epilepticus

Chairs: Peter Kaplan (Baltimore, USA),  
Tom Bleck (Chicago, USA)

16.00 – 16.40 Have we improved the outcome of Status epilepticus over the past decades?  
Aidan Neligan (London, UK)

16.40 - 17.20 Why do people die from Status epilepticus and should we let them in some circumstances?  
Reetta Kälviäinen (Kuopio, Finland)

17.20 – 18.00 Understanding pathophysiology and improving outcomes in Electrical Status epilepticus during Sleep (ESES)  
Guido Rubboli (Dianalund, Denmark)

18.00 – 18.20 How can we prevent epileptogenesis after Status epilepticus?  
Asla Pitkänen (Kuopio, Finland)

18.40 Get-together

MONDAY, SEPTEMBER 19<sup>TH</sup> 2022**08.50 – 10.50 Session 3: Between Scylla and Charybdis: Harms and benefits of NICU Treatments**

Chairs: Ilo Leppik (Minneapolis, USA),  
Tom Bleck (Chicago, USA)

08.50 – 09.30 Balancing risks and benefits of anaesthetics in Status epilepticus  
Raoul Sutter (Basel, Switzerland)

09.30 – 10.10 Neuroimaging of Status epilepticus – Making the invisible visible  
Pilar Bosque Varela (Salzburg, Austria/Santander, Spain)

10.10 – 10.50 The role of biomarkers in Status epilepticus  
Sara Hocker (Rochester, USA)

10.50 – 11.20 Coffee break *kindly supported by* **ceribell®**

**11.20 – 13.30 Session 4: Pediatric Status epilepticus**

Chairs: Ronit Pressler (London, UK),  
Barbara Plecko (Graz, Austria)

11.20 - 12.10 NORSE- a useful Clinical Entity to acknowledge or disease mongering?  
PRO: Nicolas Gaspard (Brussels, Belgium)  
CON: Simon Shorvon (London, UK)

12.10 - 12.50 Prevention of pediatric convulsive Status epilepticus  
Tobias Loddenkemper (Boston, USA)

12.50 – 13.30 Challenges of Status epilepticus in rare epilepsies  
Renzo Guerrini (Florence, Italy)

13.30 - 14.30 Lunch break and poster discussion

**14.30 – 15.00 Session 5: Key Note Lecture**

Chairs: Eugen Trinka (Salzburg, Austria),  
Simon Shorvon (London, UK), Matthew Walker (London, UK)

**50 years of Status epilepticus research**

Claude Wasterlain (Los Angeles, USA)

**15.00 – 15.40 Session 6: Modelling of Status epilepticus – beyond rodents**

Chairs: Eva Rohde (Salzburg, Austria),  
Gerhard Kluger (Vogtareuth, Germany)

15.00 – 15.40 The Virtual Brain and Status epilepticus  
Christophe Bernard (Marseille, France)

15.40 – 16.10 Coffee break

**16.10 – 18.10 Session 7: New antiseizure medicines for Status epilepticus**

Chairs: Meir Bialer (Jerusalem, Israel),  
Annamaria Vezzani (Milan, Italy)

16.10 - 16.50 Brivaracetam or levetiracetam in Status epilepticus? Lessons from a photosensitivity model  
Dorothee Kasteleijn-Nolst Trenité (Utrecht, Netherlands)

16.50 - 17.30 Antioxidants in Status epilepticus  
Matthew Walker (London, UK)

17.30 – 17.50 2DG for treatment of Status epilepticus and acute repetitive seizures  
Thomas Sutula (Wisconsin, USA)

17.50 - 18.10 Update on neuroactive steroids in the treatment of Status epilepticus  
Mike Rogawski (Sacramento, USA)

19.00 Colloquium Dinner



TUESDAY, SEPTEMBER 20<sup>TH</sup> 2022**08.50 – 10.50 Session 8: Neurophysiology of Status epilepticus**

Chairs: Markus Leitinger (Salzburg, Austria),  
Michel van Putten (Enschede, Netherlands)

08.50 - 09.30 Spreading depolarizations, seizures and epilepsy  
Jens Dreier (Berlin, Germany)

09.30 – 10.10 Lessons from the TELSTAR Trial  
Michel van Putten (Enschede, Netherlands)

10.10 – 10.50 Neuroimmunology of Status epilepticus  
Annamaria Vezzani (Milan, Italy)

10.50 – 11.20 Coffee break kindly supported by **ceribell**

**11.20 – 12.40 Session 9: Predicting outcome**

Chairs: Francesco Brigo (Meran, Italy),  
Felix Rosenow (Frankfurt, Germany)

11.20 - 12.00 Do clinical features or EEG in the acute setting predict the  
long-term outcome?  
Lawrence J. Hirsch (New Haven, USA)

12.00 – 12.40 Clinical clusters and outcomes in Status epilepticus  
Simona Lattanzi (Ancona, Italy)

12.40 – 14.00 Lunch break and poster discussion

**14.00 - 16.00 Session 10: Novel approaches to diagnosis and treatment I**

Chairs: Nathan Fountain (Charlottesville, USA),  
Mike Rogawski (Sacramento, USA)

14.00 – 14.40 Rapid emergency EEG  
Josef Parvizi (Stanford, USA)

14.40 – 15.20 Why Ketamine?  
Jaideep Kapur (Charlottesville, USA)

15.20 – 16.00 Status epilepticus in pregnancy  
Felix Rosenow (Frankfurt, Germany)

16.00 – 16.30 Coffee break

**16.30 – 17.50 Session 11: Novel approaches to diagnosis and treatment II**

Chairs: Dimitri Kullmann (London, UK), Andrew Cole, (Boston, USA)

Disclaimer:  
This symposium has been financially supported by GW Pharmaceuticals, part of  
Jazz Pharmaceuticals. GW/Jazz pharmaceuticals have had no involvement in the  
development, content or organisation of this symposium.

16.30 - 17.10 Intravenous Topiramate  
Wolfgang Löscher (Hannover, Germany)

17.10 – 17.50 Repurposing of cholesterol lowering agents in Status  
epilepticus  
Aurélien Hanin (Paris, France)

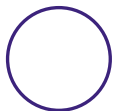
**17.50 – 18.00 Closing Remarks**

Eugen Trinko (Salzburg, Austria), Simon Shorvon  
(London, UK), Matthew Walker (London, UK)

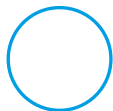


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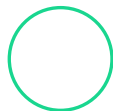
To learn more, please visit us in the Exhibit Hall at Table #1  
Or email us at [medicalaffairs@marinuspharma.com](mailto:medicalaffairs@marinuspharma.com)



Commitment



Innovation



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## P01

**Aqueous Prodrug/Enzyme Combinations for Intranasal Benzodiazepine Rescue Therapy: Diazepam versus Midazolam Prodrugs**Siegel R<sup>1</sup>, Rautiola D<sup>2</sup>, Kapoor Bhushan M<sup>1</sup>, Cheryala N<sup>3</sup>, Georg G<sup>3</sup>, Cloyd J<sup>4</sup>*<sup>1</sup>Department of Pharmaceutics, College of Pharmacy, University of Minnesota, Minneapolis, Minnesota, United States, <sup>2</sup>Department of Formulation & Process Development, Gilead Sciences, Inc., Foster City, California, United States, <sup>3</sup>Department of Medicinal Chemistry, College of Pharmacy, University of Minnesota, Minneapolis, Minnesota, United States, <sup>4</sup>Center for Orphan Drug Research, Department of Experimental and Clinical Pharmacology, College of Pharmacy, University of Minnesota, Minneapolis, Minnesota, United States*

## P02

**Antiseizure Activity of Intranasal Allopregnanolone in Mouse Seizure Threshold Tests**Zolkowska D<sup>1</sup>, Wu C<sup>1,2</sup>, Rogawski M<sup>1</sup>*<sup>1</sup>Department of Neurology, School of Medicine, University of California, Davis, Sacramento, United States, <sup>2</sup>Bioanalysis and Pharmacokinetics Core Facility, University of California, Davis, Sacramento, United States*

## P03

**Seizures revisited – do astrocytes play an active role in ictogenesis?**Heuser K<sup>1</sup>, Nome C<sup>2</sup>, Berger T<sup>1</sup>, Bakke Buggetun C<sup>2</sup>, Taubøll E<sup>1</sup>, Enger R<sup>2</sup>*<sup>1</sup>Department of Neurology, Oslo University Hospital, Oslo, Norway, <sup>2</sup>Glia Lab, Institute of Basic Medical Sciences, University of Oslo, Oslo, Norway*

## P04

**Intramuscular Allopregnanolone for Early Treatment of Status Epilepticus: Pharmacokinetics, Pharmacodynamics, and Safety in Dogs**Patterson E<sup>1</sup>, Vuu I<sup>2</sup>, Wu C<sup>3</sup>, Zolkowska D<sup>3</sup>, Leppik I<sup>4</sup>, Rogawski M<sup>3</sup>, Worrell G<sup>5</sup>, Kremen V<sup>5</sup>, Cloyd J<sup>4</sup>, Coles L<sup>4</sup>*<sup>1</sup>University Of Minnesota, Saint Paul, United States, <sup>2</sup>Amgen, Thousand Oaks, United States, <sup>3</sup>University of California, Davis, United States, <sup>4</sup>University of Minnesota, Minneapolis, United States, <sup>5</sup>Mayo Clinic, Rochester, United States*

## P05

**WITHDRAWN**

## P06

**Utilization of Quantitative EEG Spectral Analysis to Characterize IV Ganaxolone PK/PD Properties in Refractory Status Epilepticus (RSE)**Vaitkevicius H<sup>1,2</sup>, Rybak E<sup>1</sup>, Meersman M<sup>3</sup>, an Mierlo P<sup>3</sup>, Hulihan J<sup>1</sup>, Gasior M<sup>1</sup>*<sup>1</sup>Marinus Pharmaceuticals, Radnor, PA, United States, <sup>2</sup>Department of Neurology, Brigham and Women's Hospital, Boston, MA, United States, <sup>3</sup>Epilog, Gent, Belgium*

## P07

**Phase 2 Open-Label, Dose-Finding Study of Intravenous Ganaxolone for the Treatment of Refractory Status Epilepticus**Vaitkevicius H<sup>1,2</sup>, Ramsay E<sup>3</sup>, Swisher C<sup>4</sup>, Husain A<sup>5,6</sup>, Aimetti A<sup>1</sup>, Ryback E<sup>1</sup>, Gasior M<sup>1</sup>*<sup>1</sup>Marinus Pharmaceuticals, Radnor, PA, United States, <sup>2</sup>Department of Neurology, Brigham and Women's Hospital, Boston, MA, United States, <sup>3</sup>Neurosciences Institute, Ochsner Health System, New Orleans, LA, United States, <sup>4</sup>Carolinas Medical Center, Atrium Health, Charlotte, NC, United States, <sup>5</sup>Department of Neurology, Duke University, Durham, NC, United States, <sup>6</sup>Neurodiagnostic Center, Veterans Affairs Medical Center, Durham, NC, United States*

## P08

**Intravenous Formulation of Ganaxolone for the Treatment of Refractory Status Epilepticus: Safety Analysis of the Renal Function in a Phase 2 Open-Label, Dose-Ranging Study**Gasior M<sup>1</sup>, Rybak E<sup>1</sup>, Ramsay E<sup>2</sup>, Swisher C<sup>3</sup>, Vaitkevicius H<sup>1,4</sup><sup>1</sup>Marinus Pharmaceuticals, Radnor, PA, United States, <sup>2</sup>Neurosciences Institute, Ochsner Health System, New Orleans, LA, United States, <sup>3</sup>Carolinas Medical Center, Atrium Health, Charlotte, NC, United States, <sup>4</sup>Department of Neurology, Brigham and Women's Hospital, Boston, MA, United States

## P09

**Whole exome sequencing in ovarian teratomas in patients with and without NMDAR encephalitis**Jang Y<sup>1</sup>, Lee G<sup>1</sup>, Park K<sup>1</sup>, Lee S<sup>1</sup>, Chu K<sup>1</sup>, Lee C<sup>1</sup>, Won J<sup>1</sup>, Lee S<sup>1</sup>, Lee H<sup>1</sup><sup>1</sup>Seoul National University Hospital, Seoul, South Korea

## P10

**Challenges of diagnosing status epilepticus in adult patients with epilepsy and intellectual disabilities: a report of five cases**Peña-Ceballos J<sup>1,2</sup>, Moloney P<sup>1,2</sup>, Gibson C<sup>1</sup>, O'Donnell C<sup>1</sup>, O'Donnell A<sup>1</sup>, Delanty N<sup>1,2</sup>, Widdess-Walsh P<sup>1,2</sup><sup>1</sup>Beaumont Hospital, Dublin, Ireland, <sup>2</sup>Royal College of Surgeons in Ireland, Dublin, Ireland

## P11

**Exploratory study of new serum biomarkers related to the diagnosis of Status Epilepticus (SE).**Santamarina Perez E<sup>1</sup>, Campos D<sup>1</sup>, Abaira L<sup>1</sup>, Restrepo-Vera J<sup>1</sup>, Quintana M<sup>1</sup>, Penalba A<sup>2</sup>, Fonseca E<sup>1</sup>, Lallana S<sup>1</sup>, Toledo M<sup>1</sup><sup>1</sup>Vall Hebron Hospital - Epilepsy Unit, Barcelona, Spain, <sup>2</sup>Vall Hebron Hospital - Neurovascular Laboratory, Barcelona, Spain

## P12

**FIRES in children: Time not treatment is brain?**Soler Wenglein J<sup>1</sup>, Kluger G<sup>2</sup>, van Baalen A<sup>1</sup><sup>1</sup>Klinik für Kinder- und Jugendmedizin II, UKSH, Kiel, Germany, <sup>2</sup>Klinik für Neuropädiatrie und Neurologische Rehabilitation, Epilepsiezentrum für Kinder und Jugendliche, Schön Klinik, Vogtareuth, Germany

## P13

**Prognostic Scores in Status Epilepticus: A Systematic Review and Meta-analysis**Yuan F<sup>1,2</sup>, Charlotte D<sup>1</sup>, Gaspard N<sup>1</sup><sup>1</sup>Université Libre De Bruxelles - Hôpital Universitaire De Bruxelles - Hôpital Erasme, Brussels, Belgium, <sup>2</sup>The Second Affiliated Hospital of Guangzhou University of Chinese Medicine, Guangzhou, China

## P14

**Neuro-glial degeneration in Status Epilepticus: evaluation of serum levels of Neurofilament Light Chains and S100B**Giovannini G<sup>1,2,3</sup>, Bedin R<sup>3</sup>, Orlandi N<sup>1,3</sup>, Turchi G<sup>4</sup>, Cioclu M<sup>1,3</sup>, Micalizzi E<sup>2</sup>, Biagioli N<sup>1,3</sup>, Madrassi L<sup>1,3</sup>, Pugnaghi M<sup>1</sup>, Vaudano A<sup>1,3</sup>, Meletti S<sup>1,3</sup><sup>1</sup>Unit of Neurology, OCB Hospital, AOU Modena, Modena, Italy, <sup>2</sup>PhD Program in Clinical and Experimental Medicine, University of Modena and Reggio Emilia, Modena, Italy, <sup>3</sup>Department of Biomedical, Metabolic and Neural Sciences; Center for Neuroscience and Neurotechnology, University of Modena and Reggio Emilia, Modena, Italy, <sup>4</sup>Neurology division, ASL of Modena, Modena, Italy

## P15

**Management of Status Epilepticus (SE) in adults: a systematic review of Clinical Practice Guidelines (CPGs)**

Tontini V<sup>1</sup>, Di Vito L<sup>2</sup>, Mazzoni S<sup>2</sup>, Bisulli F<sup>2,3</sup>, Tinuper P<sup>2,3</sup>, Vignatelli L<sup>4</sup>

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## P16

**The ADAN scale for the identification of status epilepticus: A multicentre prospective study**

Restrepo Vera J<sup>1</sup>, Sala J<sup>2</sup>, Parejo-Carbonell B<sup>3</sup>, Ciurans J<sup>4</sup>, Becerra J<sup>4</sup>, Campos D<sup>1</sup>, García-Morales I<sup>3</sup>, Quintana M<sup>1</sup>, Santamarina E<sup>1</sup>

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## P17

**DOOR-STEP: A Desirability of Outcome Ranking Scale for Clinical Trials of Status Epilepticus Treatment**

Chamberlain J<sup>1</sup>, Kapur J<sup>3</sup>, Silbergleit R<sup>4</sup>, Rosenthal E<sup>5</sup>, Elm J<sup>6</sup>, Bleck T<sup>7</sup>, Shinnar S<sup>8</sup>, Zehtabchi S<sup>9</sup>, Evans S<sup>10</sup>

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## P18

**Evaluation of the efficacy of add-on perampanel in focal motor status epilepticus, the PEPSI trial**

Navarro V<sup>1,2</sup>, Hanin A<sup>2</sup>, Freund Y<sup>1</sup>, Rheims S<sup>3</sup>, Demeret S<sup>1</sup>

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## P19

**Comparative efficacy of anti-seizure medications (ASMs) in New-Onset Refractory Status Epilepticus (NORSE) treatment: a multicenter italian real-world study**

Dono F<sup>1</sup>, Rollo E<sup>2</sup>, Evangelista G<sup>1</sup>, Romozzi M<sup>2</sup>, Consoli S<sup>1</sup>, Rodorigo D<sup>1</sup>, Calabresi P<sup>2</sup>, Sensi S<sup>1</sup>, Anzellotti F<sup>1</sup>, Vollono C<sup>2</sup>

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## P20

**What biological biomarkers for which purpose?**

Hanin A<sup>1,2</sup>, Lambrecq V<sup>1,2</sup>, Demeret S<sup>1</sup>, Denis J<sup>1</sup>, Chavez M<sup>2</sup>, Navarro V<sup>1,2</sup>

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## P21

**Hypersynchronous delta wave activity as a characteristic EEG finding of disorder of arousal**

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## P22

**Non convulsive refractory status epilepticus induced by thiocolchicoside (TCC) intrathecal injection: a case report.**

Evangelista G<sup>1</sup>, Dono F<sup>1</sup>, Consoli S<sup>1</sup>, Pozzilli V<sup>1</sup>, Calisi D<sup>1</sup>, Russo M<sup>1</sup>, D'Orazio C<sup>2</sup>, D'andreagiovanni A<sup>2</sup>, Montesano G<sup>2</sup>, Rapini S<sup>2</sup>, Caulo M<sup>1</sup>, Onofri M<sup>1</sup>, Anzellotti F<sup>3</sup>

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## P23

**Autonomic Status Epilepticus in a Patient with Parasellar Meningioma: A Case Report**

Corniello C<sup>1</sup>, Dono F<sup>1</sup>, Consoli S<sup>1</sup>, Evangelista G<sup>1</sup>, Onofri M<sup>1</sup>, Sensi S<sup>1,2,3</sup>, Anzellotti F<sup>1</sup>

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## P24

**Tumor-associated status epilepticus (TASE) in patients with low-frequency Periodic Discharges (PDs): a case series**

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## P25

**The practices and priorities in status epilepticus care from the perspective of health care professionals in Low- and Middle-income countries-a cross sectional study**

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## P26

**A consensus guideline on the emergency management of seizures: a step towards a „seizure code“**

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## P27

**Anti-LGI1 encephalitis following COVID-19 vaccination: a case series**

Asioli G<sup>1</sup>, Muccioli L<sup>2</sup>, Barone V<sup>2</sup>, Spinardi L<sup>1</sup>, Mastrangelo V<sup>3</sup>, Bernabè G<sup>3</sup>, Longoni M<sup>4</sup>, Bisulli F<sup>1</sup>, Tinuper P<sup>1</sup>, Guarino M<sup>1</sup>, Cortelli P<sup>1</sup>

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## P28

**Clinical features and outcome of Status Epilepticus in the elderly: data from the population of Modena, northern Italy.**

Orlandi N<sup>1,2</sup>, Giovannini G<sup>1,3</sup>, Turchi G<sup>4</sup>, Cioclu M<sup>1,2</sup>, Biagioli N<sup>1,2</sup>, Madrassi L<sup>1,2</sup>, Micalizzi E<sup>3</sup>, Pugnaghi M<sup>1</sup>, Vaudano A<sup>1,2</sup>, Meletti S<sup>1,2</sup>

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## P29

**Outcome of Status Epilepticus in ICU**

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## P30

**"It's not mine!" First description of non-convulsive status epilepticus manifesting with somatoparaphrenia**

Nucera B<sup>1</sup>, Rinaldi F<sup>1</sup>, Flore D<sup>1</sup>, Bratti A<sup>1</sup>, Nardone R<sup>1</sup>, Brigo F<sup>1</sup>

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## P31

**First description of lingual focal motor status epilepticus due to ischemic stroke**

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## P32

**Status of continuous epileptic spasms possibly provoked by VNS battery depletion and resolved by its replacement.**

Pondrelli F<sup>1</sup>, Di Vito L<sup>2</sup>, Martinoni M<sup>2</sup>, Stipa C<sup>2</sup>, Bisulli F<sup>1,2</sup>, Boni A<sup>2</sup>, Licchetta L<sup>2</sup>, Alvisi L<sup>1,2</sup>, Tinuper P<sup>1,2</sup>, Mostacci B<sup>2</sup>

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## P33

**External validation of STESS and EMSE to predict mortality: a machine-learning analysis**

Brigo F<sup>1</sup>, Turcato G<sup>2</sup>, Lattanzi S<sup>3</sup>, Orlandi N<sup>4,5</sup>, Turchi G<sup>4</sup>, Zaboli A<sup>6</sup>, Giovannini G<sup>7</sup>, Meletti S<sup>4,5</sup>

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## P34

**An Empiric Approach Guiding Subanesthetic Ketamine Dosing for Patients with Established Status Epilepticus**

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## P35

## WITHDRAWN

## P36

**Hyper-perfusion Tmax mapping for non-convulsive status epilepticus in the acute setting: a pilot case-control study**

Muccioli L<sup>1</sup>, Romoli M<sup>2</sup>, Merli E<sup>3</sup>, Galluzzo S<sup>3</sup>, Testoni S<sup>3</sup>, Zaniboni A<sup>3</sup>, Contardi S<sup>3</sup>, Simonetti L<sup>3</sup>, Tinuper P<sup>1,3</sup>, Zini A<sup>3</sup>

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## P37

**EEG seizures onset patterns and duration in focal status epilepticus**

Turchi G<sup>1</sup>, Giovannini G<sup>1,2</sup>, Melegari G<sup>3</sup>, Orlandi N<sup>1,4</sup>, Cioclu M<sup>1,4</sup>, Avanzini I<sup>4</sup>, Vaudano A<sup>1</sup>, Meletti S<sup>1,4</sup>

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## P38

**Recurrent non-convulsive status epilepticus in the elderly: a case of unknown etiology but steroid responsiveness**

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### Sustained hyperperfusion after status epilepticus: a neuroimaging ICTAL-INTERICTAL continuum?

Sala Pradó J<sup>1</sup>, Reynes G<sup>1</sup>, Jaraba S<sup>1</sup>, Mora J<sup>1</sup>, Pedro J<sup>1</sup>, Veciana M<sup>1</sup>, Garcia-Parra B<sup>1</sup>, Falip M<sup>1</sup>

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### Predicting the progression to super-refractory status epilepticus: a machine-learning study

Brigo F<sup>1</sup>, Turcato G<sup>2</sup>, Lattanzi S<sup>3</sup>, Orlandi N<sup>4</sup>, Turchi G<sup>5</sup>, Zaboli A<sup>1</sup>, Giovannini G<sup>5</sup>, Meletti S<sup>4</sup>

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### Ketamine to treat refractory and super refractory status epilepticus: Experience of two centers

Parejo Carbonell B<sup>1</sup>, García M<sup>1</sup>, Mayo P<sup>1</sup>, Rodrigo M<sup>2</sup>, Romeral M<sup>1</sup>, Campos D<sup>2</sup>, Pardo C<sup>1</sup>, Santamarina E<sup>2</sup>, García-Morales I<sup>1</sup>

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### Bitemporal Epileptiform Abnormalities following Maintenance Electroconvulsive Therapy: A Case Report

Wadi L<sup>1</sup>, Parikh P<sup>1</sup>

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### Factors associated with status epilepticus mortality in Colombia

Ayala Castillo M<sup>1</sup>, Rojas J<sup>1</sup>, Vergara J<sup>1,2</sup>

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### Factors contributing to case fatality rate in patients with status epilepticus – Data from a prospective observational registry (SENSE)

Kellinghaus C<sup>1</sup>, Rüegg S<sup>2</sup>, Rossetti A<sup>3</sup>, Trinka E<sup>4</sup>, Unterberger I<sup>5</sup>, Sutter R<sup>2</sup>, Strzelczyk A<sup>6</sup>, Tilz C<sup>7</sup>, Uzelac Z<sup>8</sup>, Rosenow F<sup>6</sup>

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### Long-term survival after status epilepticus is predicted by age, level of consciousness at admission, and duration: validation of the ACD-score

Roberg L<sup>1</sup>, Monsson O<sup>1</sup>, Kristensen S<sup>1</sup>, Dahl S<sup>1</sup>, Ulvin L<sup>2</sup>, Heuser K<sup>2</sup>, Taubøll E<sup>2</sup>, Bechert L<sup>4</sup>, Knake S<sup>4</sup>, Rosenow F<sup>3</sup>, Strzelczyk A<sup>3</sup>, Beier D<sup>1</sup>, Beniczky S<sup>5</sup>, Krøigård T<sup>1</sup>, Beier C<sup>1</sup>

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**Prognosis of status epilepticus: Relationship between delayed treatment and subsequent development of epilepsy**

Rodrigo-Gisbert M<sup>1</sup>, Gómez-Dabó L<sup>1</sup>, Quintana M<sup>1</sup>, Campos-Fernández D<sup>1</sup>, Gifreu A<sup>1</sup>, Fonseca E<sup>1</sup>, Abaira L<sup>1</sup>, Toledo M<sup>1</sup>, Santamarina E<sup>1</sup>

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**Out-of-hospital versus in-hospital status epilepticus: the role of etiology and comorbidities**

Orlandi N<sup>1,2</sup>, Giovannini G<sup>1,3</sup>, Turcato G<sup>4</sup>, Lattanzi S<sup>5</sup>, Turchi G<sup>6</sup>, Zaboli A<sup>7</sup>, Brigo F<sup>8</sup>, Meletti S<sup>1,2</sup>

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**Survival in post-hypoxic encephalopathy after cardiopulmonary resuscitation: Role of repetitive EEGs, epileptiform discharges, seizure and status patterns**

Strzelczyk A<sup>1</sup>, Siebenbrodt K<sup>1</sup>, Strüber M<sup>1</sup>, Beuchat I<sup>2</sup>, Knake S<sup>3</sup>, Rosenow F<sup>1</sup>, Schieffer B<sup>3</sup>, Karatolios K<sup>3</sup>, Willems L<sup>1</sup>

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**Curative Surgery for Super refractory Status epilepticus**

Kalra V<sup>1</sup>, Kaur U<sup>1</sup>, Relhan S<sup>1</sup>, Singh G

<sup>1</sup>Dayanand Medical College And Hospital, Ludhiana, Ludhiana, India

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**Outcome in patients with de novo status epilepticus**

Kuchukhidze G<sup>1,2,3</sup>, Bosque Varela P<sup>1,2</sup>, Machegger L<sup>3</sup>, Steinbacher J<sup>3</sup>, Oellerer A<sup>3</sup>, Prüwasser T<sup>1,4</sup>, Zimmermann G<sup>4,5,6</sup>, Pfaff J<sup>3</sup>, McCoy M<sup>1,3</sup>, Trinka E<sup>1,2,7</sup>

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**Prediction of long-term mortality after Status Epilepticus using clinical scoring systems**

Gomez Dabo L<sup>1</sup>, Rodrigo-Gisbert M<sup>1</sup>, Quintana M<sup>1</sup>, Campos-Fernández D<sup>1</sup>, Gifreu A<sup>1</sup>, Fonseca E<sup>1</sup>, Abaira L<sup>1</sup>, Toledo M<sup>1</sup>, Santamarina E<sup>1</sup>

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**Ictal-interictal continuum – the role of MRI in the diagnosis of status epilepticus**

Bosque Varela P<sup>1</sup>, Machegger L<sup>2</sup>, Oellerer A<sup>2</sup>, Steinbacher J<sup>2</sup>, McCoy M<sup>1,2</sup>, Pfaff J<sup>2</sup>, Trinka E<sup>1,3,4</sup>, Kuchukhidze G<sup>1,3</sup>

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**Can an EEG pattern predict the risk of developing peri-ictal MRI abnormalities in status epilepticus?**

Machegger L<sup>1</sup>, Bosque Varela P<sup>2</sup>, Steinbacher J<sup>1</sup>, Oellerer A<sup>1</sup>, Prüwasser T<sup>2,3</sup>, Zimmermann G<sup>3,4,5</sup>, Pfaff J<sup>1</sup>, McCoy M<sup>1,2</sup>, Trinka E<sup>2,6,7</sup>, Kuchukhidze G<sup>2,6</sup>

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**Knowledge regarding status epilepticus among medical-surgical specialties residents in Colombia**

Ortega L, Vergara J, Dueñas F, Cuesta A

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**Intravenous topiramate as an alternative treatment of seizures during pregnancy: A case report**

Apostolakopoulou L<sup>1,2</sup>, Bosque-Varela P<sup>2</sup>, O'Sullivan C<sup>2</sup>, Rossini F<sup>2</sup>, Löscher W<sup>3,4</sup>, Kuchukhidze G<sup>2,5</sup>, Trinka E<sup>2,5,6</sup>

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**FADD gene pathogenic variants causing recurrent febrile infection-related epilepsy syndrome**

Giovannini G<sup>1,2,3</sup>, Procopio E<sup>4</sup>, Giannoccaro M<sup>5</sup>, Cioclu M<sup>1,3</sup>, Liguori R<sup>5</sup>, Guerrini R<sup>6</sup>, Meletti S<sup>1,3</sup>

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### Autoimmune-associated epilepsy as the outcome of autoimmune encephalitis with NORSE presentation

Matricardi S<sup>1</sup>, Casciato S<sup>2</sup>, Deleo F<sup>3</sup>, Freri E<sup>4</sup>, Stabile A<sup>3</sup>, Meletti S<sup>5</sup>, Giovannini G<sup>5</sup>, Zucchi E<sup>5</sup>, Mariotto S<sup>6</sup>, Bozzetti S<sup>6</sup>, Ferrari S<sup>6</sup>, Sartori S<sup>7</sup>, Nosadini M<sup>7</sup>, Cesaroni E<sup>1</sup>, Marini C<sup>1</sup>, Di Bonaventura C<sup>8</sup>, Di Gennaro G<sup>2</sup>, Gambardella A<sup>9</sup>, Zuliani L<sup>10</sup>, Zoccarato M<sup>11</sup>, Pasini E<sup>12</sup>, Michelucci R<sup>12</sup>, Vogrig A<sup>13</sup>, Pualetto G<sup>13</sup>, Belcastro V<sup>14</sup>, Zinno L<sup>15</sup>, Liguori C<sup>16</sup>, Ferretti A<sup>17</sup>, Santarone M<sup>17</sup>, Fusco L<sup>17</sup>, Granata T<sup>4</sup>, Villani F<sup>18</sup>

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### Prognostic value of EEG patterns in comatose patients with resuscitated cardiac arrest

Misirocchi F<sup>1</sup>, Florindo I<sup>1</sup>, Mannini E<sup>1</sup>, Iazzari S<sup>1</sup>, Tontini V<sup>1</sup>, Zilioli A<sup>1</sup>, Zinno I<sup>1</sup>, Parrino L<sup>1</sup>, Bernabè G<sup>1</sup>

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### Ependymal Cyst with Unusual Presentation: A Rare Cause of Status Epilepticus

Sharkova S<sup>1</sup>, Kopachev D<sup>1</sup>, Petrosyan D<sup>1</sup>

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### Correlation between serum and cerebrospinal fluid levels of tau protein in patients with non-refractory, refractory, and super-refractory convulsive status epilepticus

Alvarado M<sup>1</sup>, León M<sup>2</sup>, Orozco S<sup>3</sup>, Marquez M<sup>4</sup>, Hernández L<sup>5</sup>

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### Cumulative Plasma Concentration Exposure, Not Singular Concentrations, Best Explains Brivaracetam/Levetiracetam Correlation for to Photoparoxysmal Response Elimination in Patients with Photosensitive Epilepsy: Updated Exploratory Results from a Randomized, Double-blind, Crossover Study

Reed R<sup>1</sup>, Kasteleijn Nolst-Trenite' D<sup>2</sup>, Rosenfeld W<sup>3</sup>, Lippmann S<sup>3</sup>

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### The Incidence of Suspected Epileptic Seizures – a Population-based Study

Kämppi L<sup>1</sup>, Puolakka T<sup>2,3</sup>, Ritvanen J<sup>4</sup>, Tuppurainen K<sup>4</sup>, Pääkilä J<sup>5</sup>, Kuisma M<sup>2</sup>, Peltola J<sup>6</sup>

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### The gap and underdose of benzodiazepine drugs in status epilepticus treatment in China: a retrospective cohort study

Peng W<sup>1</sup>, Lu L<sup>1</sup>, Zhou Y<sup>1</sup>, Li J<sup>1</sup>, Tian L<sup>1</sup>, Zhou D<sup>1</sup>

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### The New-Onset Refractory Status Epilepticus (NORSE/FIRES) Family Registry

Kazazian K<sup>1</sup>, Gaspard N<sup>2</sup>, Hirsch L<sup>3</sup>, Kellogg M<sup>4</sup>, Hocker S<sup>5</sup>, Wong N<sup>6</sup>, Farias-Moeller R<sup>7</sup>, Eschbach K<sup>8</sup>, Gofton T<sup>1</sup>

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### Intrathecal dexamethasone for the treatment of a child with febrile infection-related epilepsy syndrome (FIRES)

Sawdy R<sup>1</sup>, Howe C<sup>2</sup>, Mehta N<sup>1</sup>, Farias-Moeller R<sup>1</sup>

<sup>1</sup>Medical College Of Wisconsin, Milwaukee, Wisconsin, United States, <sup>2</sup>Mayo Clinic, Rochester, Minnesota, United States

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### From Cryptogenic New-Onset super-Refractory Status Epilepticus to Creutzfeldt-Jakob disease

Massot Cladera M<sup>1</sup>, Martínez García A<sup>1</sup>, Filgueira Dominguez M<sup>2</sup>, Barceló Artiguez M<sup>1</sup>, Bargay Bizarro E<sup>1</sup>, Jorge V<sup>1</sup>, Leal Rullan T, Martin Pena<sup>1</sup>

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**Non convulsive status epilepticus associated with newly diagnosed MELAS. A clinical, electroencephalographic and radiological case series**

Rossini F<sup>1</sup>, Kuchukhidze G<sup>1</sup>, Pilar B<sup>1</sup>, Machegger L<sup>2</sup>, Trinkä E<sup>1</sup>

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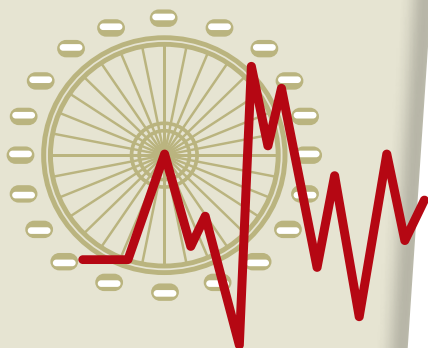
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Neither the organisers, nor the congress secretariat or other suppliers accept liability for personal injuries or loss or damage of property belonging to congress delegates, either during or as a result of the Congress or during any of the excursion tours. It is recommended that participants arrange for their own personal health, accident and travel insurance.



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# There is always more to be done

Our commitment to improving the lives of people with severe diseases runs deep. Our work doesn't stop when we close the lab door or analyse the last sample. Always looking for the next discovery, the next innovation – now and into the future.



Inspired by **patients.**  
Driven by **science.**