Title	Prediction of persistence of neurogenic dysphagia in stroke patients
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G-N-1

PREDICTION OF PERSISTENCE OF NEUROGENIC DYSPHAGIA IN STROKE PATIENTS

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Background and Objective: Neurogenic dysphagia is a common complication after acute stroke. About 75% of the initially dysphagic patients will have a full recovery when they are discharged from the rehabilitation unit. No outcome prediction on any clinical assessment has been reported in literature This study was to evaluate the predictability of functional recovery by using an outcome measure for swallowing (OMRS) which has been validated.

Method: Stroke patients with dysphagia were assessed by swallowing videofluoroscopy and the OMRS on admission to the rehabilitation unit and 3 to 4 months later. Statistical analysis: Spearman correlation is used to assess the significance of the initial OMRS in predicting the outcome.

Results: 27 stroke patients were recruited into the study. The initial OMRS score ranged from 2 to 8 with a mean score of 5.2. The follow-up OMRS score ranged from 3 to 9 with a mean score of 7.7. This group of patients demonstrated a significant gain of OMRS score of 2.33 points ($p<0.00$) after swallowing therapy.

The initial OMRS score did predict the final OMRS score with a positive correlation coefficient of 0.428 ($p=0.026$). Subgroup analysis showed that a cut off score of 4 or below uniformly predicted a poor prognosis ($p<0.007$ Fisher's exact test).

Conclusion: The results showed that the admission or initial OMRS score is a good predictor of the follow-up OMRS scores at 3-4 months post-stroke. An initial cut-off score of 4 is useful to distinguish between poor and good recovery of swallowing function.

G-N-2

OUTCOME ANALYSIS OF EPILEPSY SURGERY IN QUEEN MARY HOSPITAL

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Epilepsy surgery is a functional neurosurgery; it improves seizure control by removal of epileptogenic area and/or prevention of propagation of epileptic discharges. The surgery is, in general, more effective in symptomatic partial epilepsy syndromes. A meticulous pre-operative workup is needed to identify the epileptogenic focus and a safe resection margin. We have performed 20 operations for 18 patients. The surgical outcomes of temporal lobe cases were examined according to University of California, Los Angeles (UCLA) classification. Sixteen patients with temporal lobe epilepsy (TLE) underwent resective surgery with or without language mapping. We followed up these patients prospectively after the operation at the Sai Ying Poon Joint Epilepsy Clinic for a period of 24 months. Ninety-three percents (13/14) of them had a favorable surgical outcome (UCLA class 1 or 2), one patient (7%) remained in class 3 (worthwhile seizure reduction but not free from disabling seizure) despite vigorous modification of anticonvulsant after surgery. To date, two patients had not reached the 24 months follow up period. Both had a favorable outcome at the last follow up. One patient reported problems in memory registration and one patient developed non-epileptic seizure after surgery. Otherwise, no major complication was observed. We concluded that epilepsy surgery in Queen Mary Hospital is an effective and safe alternative for patients with intractable TLE.