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Burden of human papillomavirus infections and associated cancers in the North Africa region

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The North Africa region is characterized by countries that have common cultures and religion and that are more conservative sexual behavior compared to Occidental countries. In this paper, we provide the available information on the burden of *Human papillomavirus* (HPV)-related cancers (cancer of the cervix, anal cancer, vaginal cancer, vulvar cancer and cancer of the pharynx), as well as available data on the prevalence and distribution of HPV types among men and women with an HPV related cancer, for the countries of the North Africa region (NA). The countries in the NA region show a generally low incidence of cervical cancer (ASR: 6.6/100,000). HPV prevalence (%) in the general population women with normal cytology varied from 10.3 in Egypt to 14.6 in Tunisia. The incidence of anogenital cancers other than cervix, as well as the incidence of Pharynx cancer (excluding Nasopharynx) is very low among populations of NA region. There is a lack of available data concerning the epidemiology of HPV in the anogenital cancers associated with HPV in this region. Changes in sexual behavior among the younger generations as well as the location of NA region as an area of sub-Saharan immigrants transition to Europe could change this data on epidemiology of HPV related cancers, so it might be necessary to install large population-based surveys on HPV prevalence among all countries in NA region, mainly for Cervical cancer which is the second most common cancer in NA women.

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Neurological involvement in Behçet's disease: 230 cases from a cohort of 1484 patients and review of the literature

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Introduction: Neurological involvement is well described in Behçet's Disease (BD), with variable prevalence of 5.3 to 30 %. The purpose of this retrospective study was to analyze the clinical patterns of neuro-Behçet (NB) and to compare them with different clinical features of 925 BD registered in the same period and the literature.

Methods: All patients of NB fulfilled the International Study Group Criteria for the diagnosis of BD. 93 patients with headache, without other neurological symptoms were excluded. The findings were supported by cerebrospinal fluid, computed tomography scan, magnetic resonance imaging and angiography.

Results: NB was present in 15.5% of BD. A sex ratio male/female: 3:03. The mean age of patients with NB was 33.01 years. The average age of onset of NB was 31.16. The mean duration of the NB disease was 4.88 years. The findings were categorized in 2 main types: parenchymal and non-parenchymal involvement. Some patients had features of both types (mixed patterns). 146 patients (63.47%) presented with parenchymal central nervous system (CNS) involvement. The most common findings were pyramidal signs, cranial nerve palsies, pseudobulbar syndrome and cerebellar signs. 34 patients (14.78%) without parenchymal CNS which were divided into: Intracranial hypertension in 30 patients (13.04%) presenting headache, vomiting and bilateral papilloedema; cerebro-arterial involvement in 4 cases (one of them had cerebrovascular aneurysms). Mixed patterns were observed in 24 cases 10.43%. Erythemanodosum and vascular involvement were more frequent in intracranial hypertension than in BD. Other clinical features were reported: pure meningeal pattern in 16 cases, pure peripheral nervous system involvement in 5 cases, isolated cranial nerves in 9 cases, chorea in one patient and pseudo tumor of cervical medulla in other patient. 11 cases of juvenile BD and one case of familial Behçet were observed. 209 patients were treated (90.86%). Mean duration of treatment was 9.55 month. We used corticosteroids, immunosuppressive agents (cyclophosphamid, azathioprine, chlorambucil) and anticoagulant in intracranial hypertension. The course of disease was good in only 55.3% of cases, and was bad in 16.6%.=

Conclusion: NB occurred frequently in men and is more serious especially in parenchymal CNS involvement: 8 deaths (7 from parenchymal CNS).

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