Journal of Brain Research
ISSN: 2684-4583
2020
Sp.ISs.114

Differential diagnosis of Juvenile Parkinsonism

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Abstract

Juvenile parkinsonism is defined as parkinsonian symptoms and signs presenting prior to 21 years of age. Levodopa-responsive juvenile parkinsonism that is consistent with diagnostic criteria for Parkinson's disease is most often caused by mutations in the PARK-Parkin, PARK-PINK1, or PARK-DJ1 genes. However, many other genetic and acquired parkinsonian disorders presenting in childhood or young adulthood are being reported, often with atypical features, such as presence of other movement disorders, cognitive decline, and psychiatric symptoms. The genetic landscape of juvenile parkinsonism is rapidly changing with the discovery of new genes. The mainstay of treatment remains levodopa. Other symptomatic therapies such as botulinum toxin for focal dystonia, supportive medical therapies, and deep brain stimulation in selected cases, may also be used to provide the most optimal long-term outcomes. Un update on genetics, differential diagnosis, evaluation, and treatment of juvenile parkinsonism will be reviewed in this presentation.

Biography:

Dr. Khaled Saleh has completed his MD at the age of 38 years from Faculty of Medicine, Zagazig University, Egypt. He is an assistant Professor of Neurology in Faculty of Medicine, Thamar University, Yemen.

International Conference on Neurologists; Webinar- November 27, 2020.

Abstract Citation:

Khaled Saleh, Differential diagnosis of Juvenile Parkinsonism, Neurologists Meet 2020, International Conference on Neurologists; Webinar, November 27, 2020

https://neurologists.neurologyconference.com/