Participants, Materials/Methods: In our study we want to investigate the qualitative and temporal course of dysphagia in HD patients.
It is a prospective cohort study. Two blind clinical investigators evaluate the deglutition with an ordinal scale. The investigator divides the deglutition in an oral, pharyngeal and oesophageal part. For HD staging we use the Shoulson's clinical stages. For statistic analysis we use the Spearman SPSS.
Results: We found a significant correlation between stage of illness and the whole oral phase of deglutition and between bolus passages of oesophageal phase. There is a correlation between days of illness and the oral phase and penetration of pharyngeal phase of deglutition.
Conclusions: In future it will be important that HD patients get a speech therapy .Deglutition has a high protective factor for neurological disorders. Because of the early dysfunction in the oral phase malnutrition is a big problem for HD patients.

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The characteristics of visual evoked potentials in speech impaired children

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Introduction/Objectives: Previous studies have resulted that some speech impaired children show slower maturation of central visual function. Evoked visual potentials testing with cortical cartography is a useful diagnostic method for the visualisation of functional changes in visual pathway.
The aim of this study was to investigate the characteristics of visual evoked potentials in children with delayed speech development.
Participants, Materials/Methods: Twenty speech-impaired preschool children aged 6–7 were tested, divided to the verbal results (Reynell Developmental Language Scale). Control group consisted of 10 healthy children, matched by age, gender and non-verbal status.
Complete diagnostic evaluation was performed included ophtalmological, otoneurological, logopedic and psychological evaluation. Subjects and controls were examined by checkerboard pattern reversal visual evoked potentials (VEP) according to the 2004. European standards cortical cartography was simultaneously performed by Neuroscan 32-electrode system using Scan 4.3 software for data analysis.
Results: The results show positive correlation among N 135 wave characteristics (thalamocortical level) in visual evoked potentials and psycholinguistic abilities (Psycholinguistic language Acquisition). Children with immature visuomotor function show significantly shortened amplitude and delayed latency of N 135 wave during monocular and binocular stimulation.
Conclusions: Speech impaired preschool children with immature visuomotor function should be evaluated by visual evoked potentials with the purpose of efficient rehabilitation work.

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Differences in motor conductivity velocity (MCV) between Nervus tibialis and Nervus peroneus in case of diabetic polyneuropathy

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Introduction/Objectives: Diabetic polyneuropathy represent one of the main complications of diabetes. It belongs to the group of mixed axon dimeilizing sensory and motor polineuropathies. EMNG analysis in case of clinically obvious polyneuropathy verifies slow down of the sensitive and motor conduction velocities of the nerves, especially in lower limbs due to their length.
Goal: To determine difference of the motor conductivity velocity between N. peroneus and N. tibialis in patients with diabetic polyneuropathy.
Participants, Materials/Methods: For this paper we have randomly selected 30 patients with Diabetes mellitus and with evident clinical signs of diabetic polyneuropathy. In all cases we measured MCV in N. peroneus and N. tibialis with EMNG method and correlated.
Results: In the sample there was an equal number of male and female patients (15 each gender). Average age was 55.7 years. M: 57.5 and women: 54 years. Average duration of diabetes was 8.8 years. On insulin is 60% (18) patients, and on medications 40% (12). Average MCV in N. peroneus was 38.7 m/s, and MCV in N. tibialis 32.9 m/s. Lowest MCV in N. peroneus was 28.8 m/s, and N. tibialis 23.3 m/s.
Statistical analyses of correlation between MCV in N. peroneus and N. tibialis indicates statistically significant difference in conduction velocity, which is much slower in N. tibialis.
Conclusions: Based on our research we can conclude that the motor conductivity velocities are much slower in N. tibialis than in N. peroneus in vast majority of cases (87%), and in average are lower by 5.8 m/s, and in 4 cases (13%) MCV were lower MCV in N. peroneus compared to N. tibialis.

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Vertigo with hearing loss as the first symptom of leptomeningeal carcinomatosis originating from colorectal carcinoma

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Introduction/Objectives: Leptomeninges are common dissemination site of advanced malignant disease. The most frequent primary sites are breast, lung, melanoma and stomach, whereas colon is rarely reported. On the other hand, as the very first dissemination site of malignant disease leptomeninges appear to be quite rare.
Results: We report a case of a 70-year-old man who was admitted to the neurology emergency room with a 3-week history of mild frontal headache, vertigo and vomiting going back 3 days. The patient had no history of malignancies or any other serious diseases. The neurological examination showed an ataxic gate with the tendency to lean to the right, spontaneous nystagmus increased during the left gaze and hearing loss on the right ear. Findings of the multi-slice computed tomography (MSCT) of the brain were unremarkable. Magnetic resonance imaging (MRI) of the brain showed multiple periventricular white matter lesions. During the next few days the patient symptoms progressed to include right peripheral facial nerve palsy, complete hearing loss and mental alteration. Body temperature and inflammation parameters were normal all of this time. In order to ascertain the cause of the neurological deterioration gadolinium-enhanced MRI was performed, which revealed diffuse leptomeningeal enhancement of the cranial base a thickening of both of the vestibulocochlear nerves especially right one. Cerebrospinal fluid (CSF) analysis showed sterile hypercellular (1184/3 mm^3) CSF with predominantly low-differentiated malignant cells with numerous mitoses, hypoglycorrhachia (1.7 mmol/l) and elevated protein