신경근육재활 및 전기진단

게시일시 및 장소 : 10 월 18 일(금) 08:30-12:20 Room G(3F)

질의응답 일시 및 장소 : 10 월 18 일(금) 10:00-10:45 Room G(3F)

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Transcranial Electrical Stimulation for Motor Evoked Potential in Intracerebral Aneurysm Surgery

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Objective

This study aimed to analyse the use of transcranial electrical stimulation (TES) for eliciting muscle motor evoked potentials (MMEPs) in intracranial aneurysm surgery and to correlate permanent or transient TES-MMEP changes with clinical motor outcome.

Methods

TES were intraoperatively performed in 48 patients. MMEPs were obtained in muscles belonging to the vascular territory of interest. Monopolar, anodal stimulation was achieved with a train of five stimuli consisting of an individual pulse width of 0.5 ms, an interstimulus interval of 4 ms, a train repetition rate of 0.5-2 Hz, and maximum stimulation intensities up to 200 mA.

Results

In 36/48 (75%) patients, no changes in MMEPs occurred and none of these patients suffered a permanent motor deficit. The motor status remained unchanged in 33/36 patients (91.7%) without MMEP changes. No single patient of this group suffered a permanent motor deficit. One out of 36 patients (2.8%) developed a transient motor deficit and 2/36 patients (5.6%) developed a non-motor transient neurological deficit. In 12/48 (25%) patients, we observed three (25%) temporary changes, five (41.7%) permanent deteriorations. (Table 1)

Conclusion

Unchanged MMEPs may be follow by a transient change in motor status, but never be a permanent severe deficit. Therefore, intraoperative MMEPs monitoring is an effective and feasible tool for predicting postoperative prognosis.

	MMEP changes in patients (n)	
2	None	Yes
Motor status unchanged	33	4
Transient motor deficit	1	3
Permanent motor deficit	0	5
Other neurological deficits	2ª	0
Total	36	12

Table 1. Intraoperative MMEP changes and clinical outcome

^aIncomplete 3rd nerve palsy, Right ptosis

MMEP, muscle motor evoked potential