

Call for Video Session Abstract for
2020 Annual Meeting of the Taiwan Movement Disorder Society
11st July 2020, Taichung, Taiwan

1. Date: 2022/03/12-13
2. The abstract submission is now open and will be closed on 13th of February. We invited all participants to submit abstracts for video session. Abstract submission guideline is as below. Please prepare the abstract with Microsoft Word document and send the file to mds.taiwan@gmail.com (For Secretary Miss Tsai's attention). Please make sure the Subject of the email is "***Abstract-Annual of TMDS 2022-Video session.***" Email confirming the submission will be sent on the next day; please contact TMDS if no confirmation email is received.
3. The Secretariat will choose at least 5 abstracts and notify the corresponding authors by email. Each presenter has 15 minutes, including video show, and 5-min open discussion. The presentation should be in PowerPoint format (Max 16 slides) and the video (Max 5 minutes) format should be MPEG or WMV (see submission guideline below).
4. The Secretariat provides Notebook and projector; please contact the staff in advance to transfer the files or to set-up your own notebook.
5. Taiwan Movement Disorder Society offers Award for the excellent Video Presentation. The Golden prize will win NTD 3,000, the Silver prize NTD 2,000, and Bronze prize NTD 1,000.

Guideline for Video Session Abstract Submission,

- 1. Name of the reporter/ supervisor:**
- 2. Affiliation:**
- 3. E-mail:**
- 4. Phone number:**

A. Brief summary of the case:

B. Description of what the video will demonstrate:

For example:

Three video shows will be demonstrated. One is the case before levodopa treatment, another one is the video after immediate levodopa treatment, and the 3rd one is one year after treatment

Video show 1 will demonstrate...

Video show 2 will demonstrate...

Video show 3 will demonstrate...

C. Statement of why the case is unique or of interest:

For example

1. It's a rare case of...
2. It helps clinicians to diagnose this disease by identifying the atypical features as juvenile onset parkinsonism, ataxia.....

Suggestion of the editing for the video/presentation :

1. General and focal view
2. Rest, posture and action
3. Each portion more than 20 seconds
4. The total number of slides should be between 12 and 16, Please be concise.
5. The example of final presentation is as blow.

Slides #	Description
1	Name/affiliation of reporter and supervisor
2-3	Brief summary of history / Clinical course of the disease
4	Pedigree (if any)
5	Video show
Discussion 1	
6-7	Supplement of other neurological signs (not shown in video)
8-9	Essential laboratory, neuroimaging, electrophysiological findings, genetic tests or pathology (normal and abnormal, relevant to the diagnosis)
Discussion 2 (voting)	
10-12	Diagnosis / Discussion / Taken Home Message
Feedback	

Video Session Abstract submission example

1. Name of the reporter/ supervisor: XXX / XXX

2. Affiliation: XXXXXXXX

3. E-mail: xxxx@xxxxxx

4. Phone number: +886-xxxxxxx

A. Brief summary of the case:

We report a 47-year-old woman who had progressive gait disturbance for 15 years. The patient had insidious onset of gait difficulty and stiffness in bilateral legs at age of 32. There were no sensory complaints or sphincter dysfunction. However, she felt more stiffness in bilateral legs and requiring a single cane to assist walk. She also had difficulty in urination and urinary urgency in recent one year. The clinical course was not fluctuated and there was no episodic deterioration. She has a normal development history and there was no family history of gait disturbance. Neurological examination showed prominent spasticity in lower limbs, increased DTR in four limbs, and asymmetric weakness in lower limbs. Brain MRI and cervical/thoracic spinal MRI were normal. CSF protein and WBC were not elevated. After extensive work-up, HTLV-1 antibody showed positive in her serum and CSF. Tracing back her history, she had an episode of falling down from 3rd floor with multiple fracture at age of 24. She received massive blood transfusion for surgery. The infection origin of HTLV-1 may come from massive blood transfusion at that time. After pulse methylprednisolone therapy (1000mg/day) for 3 days, she felt improvement in her gait subjectively. She kept steroid in the follow up of outpatient clinic, the gait improved in the 2-month follow up visit.

B. Description of what the video will demonstrate:

Three video shows will be demonstrated.

Video show 1 will demonstrate the gait of the patient before treatment.

Video show 2 will demonstrate the finding in neurologic examination, including increased DTR and spasticity.

Video show 3 will demonstrate the gait after treatment.

C. Statement of why the case is unique or of interest:

This is a rare, but typical case of HTLV-1 associated myelopathy.

It helps clinicians to consider this rare disease while facing a patient with chronic progressive spastic gait.