

Inclusion body myositis. Clinical aspects Cox, F.M.E.

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List of publications

Cox FM, Badrising UA, de Visser M, van Engelen B, Verschuuren JJGM. Inflammatory myopathies. In: Neuromuscular Imaging. Ed. Wattjes&Fischer, Springer. In press

Cox FM, Titulaer MJ, Sont JK, Wintzen AR, Verschuuren JJGM, Badrising UA. A 12-year follow-up in sporadic inclusion body myositis: an end-stage with major disabilities. Brain 2011;134:3167-75

Cox FM, Reijnierse M, van Rijswijk CS, Wintzen AR, Veschuuren JJGM, Badrising UA. Magnetic resonance imaging of skeletal muscles in sporadic inclusion body myositis. Rheumatology 2011;50:1153-61

Cox FM, Verschuuren JJ, Badrising UA. Clinical reasoning: A 70-year-old man with walking difficulties. Neurology 2010;75(19):e80-e84

Cox FM, Delgado V, Verschuuren JJ, Ballieux BE, Bax JJ, Wintzen AR, et al. The heart in sporadic inclusion body myositis: a study in 51 patients. J Neurol 2010;257(3):447-51

Cox FM, Boon EM, van der Lans CA, Bakker E, Verschuuren JJ, Badrising UA. TREX1 mutations are not associated with sporadic inclusion body myositis. Eur J Neurol 2010;17(8):1108-09

Cox FM, Verschuuren JJ, Verbist BM, Niks EH, Wintzen AR, Badrising UA. Detecting dysphagia in inclusion body myositis. J Neurol 2009;256(12):2009-13

Cox FM, Verschuuren JJGM, Wintzen AR, Badrising UA.

Possible prognostic factors in the clinical course of patients with inclusion body myositis. Neuromusc Disord. 2008; 18:771

Cox FM, Verschuuren JJGM, Wintzen AR, Badrising, UA. 'Inclusion-body'-myositis: de stand van zaken. Tijdschr Neurol Neurochir. 2008;109:238-44

Cox FM, Cornel JH, Aramideh M. A man with the combination of dry and wet beriberi. Ned Tijdschr Geneeskd 2006;150(24):1347-50

Cox FM, van Geel BM. Neuro-imaging: Uw diagnose? Tijdschr Neurol Neurochir 2006;107:151-2

Curriculum Vitae

Fieke Maria Elisabeth Cox is born in Oss on February 18th, 1979. In 1997 she obtained her 'gymnasium' diploma at the Titus Brandsma Lyceum in Oss. Afterwards, she studied Medicine at the University of Amsterdam. During her studies, she performed a research internship in Bangkok Thailand, investigating nephrotoxicity of Indinavir in combination with Ritonavir in HIV-positive patients. As part of her clinical internships, she worked at the department of Women's health of the Nyerere Designated District hospital in Mugumu, Tanzania. In 2004, she obtained her Medical Degree. Afterwards, she joined the Department of Neurology of the Medical Center Alkmaar as an 'AGNIO' (Dr. R. ten Houten). In 2006 she commenced her residency in Neurology at Leiden University Medical Center (Prof. R.A.C. Roos). She joined the neuromuscular research group in 2008 to start the PhD project described (Prof J.J.G.M. Verschuuren). In 2012 she received the annual award neuromuscular diseases by the "Prinses Beatrix Fonds" for her study concerning the natural history in sporadic IBM. In December 2011 she qualified as a neurologist and has worked as a neurologist at the 'Zaans Medisch Centrum' and 'Diaconessenhuis Leiden'. In August 2014 she started working at 'Stichting Epilepsie Instellingen Nederland'(SEIN) as a neurologist and clinical neurophysiologist.