Cortical activation patterns during speech vs sign language

Crone et al. used electrocorticographic recordings of event-related gamma activity to study cortical activation during word production tasks (naming, reading, and repetition). Signed and spoken responses activated different regions of sensorimotor cortex, and signing activated parietal cortex more than speech.

see page 2045

“Electrocorticographic monitoring is . . . the gold standard.”

The accompanying editorial by Grossman and Gotmann compares the methods thus far employed for cortical localization: fMRI and PET, having high spatial resolution, and, using an invasive method, event-related potentials, having high temporal resolution. They emphasize that the Crone et al. study, although using an invasive method, permits direct monitoring of language-related cortical functioning with high temporal and high spatial resolution.

see page 1947

Heart failure, congestive heart failure, and cognitive impairment

The Zuccalà et al. study of 13,635 patients of whom 1,583 had heart failure, found that heart failure was associated with cognitive impairment and systolic hypotension (BP < 130 mm Hg) predicted cognitive impairment.

see page 1986

The Pullicino and Hart editorial notes that there are 4.5 million Americans with heart failure. They are at risk for cerebral emboli but clinical stroke was excluded by Zuccalà et al., so hypoperfusion was the more likely cause of cognitive impairment. Both anticoagulation and strategies to improve arterial blood flow deserve study in patients with “circulatory dementia.”

see page 1945

HNA: Recurrent brachial neuritis with distinctive craniofacial features

Patients with hereditary neuralgic amyotrophy (HNA) may have characteristic facial features including hypotelorism. Jeannet et al. quantitated craniofacial features in a series of patients with HNA. They provide strong evidence that the consequences of the mutant HNA gene extend beyond the nervous system, possibly having subtle effects on craniofacial morphogenesis.

see page 1963

Acute stroke in rural America

Burgin et al. studied stroke care in nonurban emergency departments and found that blood pressure was injudiciously lowered in one fifth of patients and non-indicated heparin was used frequently. Increased neurologist involvement could benefit the 64 million who live in rural America.

see page 2006

continued on page 1944

Low rate of complications from angiography

Johnston et al. reviewed the outcome of 569 patients undergoing cerebral angiography prior to carotid endarterectomy at both an academic medical center and a community hospital, and found that the rate of complications (0.5 in patients with stroke; 0.4 in patients with TIA) associated with the procedure was lower than previously reported.

see page 2012

Botulinum toxin type A in primary palmar hyperhidrosis

100 U

Before

2 Weeks

Saadia et al. showed that intradermal injections of botulinum toxin type A effectively blocked sweating for 6 months in patients with primary palmar hyperhidrosis, making it a safer therapeutic alternative to surgical sympathectomy.

see page 2095

Cannabinoids in PD

Sieradzan et al.'s study of seven patients with PD showed that cannabinoid receptor stimulation, using the synthetic cannabinoid nabilone, significantly reduced levodopa-induced dyskinesia.

see page 2108

Mannitol shrinks noninfarcted brain in patients with stroke

Videen et al. measured changes <1% in brain volume following bolus infusion of mannitol in patients with large hemispheric infarctions. Shrinkage occurred preferentially in noninfarcted tissue.

see page 2120

Thrombolysis in patients with acute ischemic stroke and cardiac thrombus

Derex et al. report five patients with stroke and a cardiac thrombus who received IV tissue plasminogen activator (tPA). No early systemic or cerebral embolism occurred. Two patients made a complete recovery. The use of tPA in the presence of a cardiac thrombus was not associated with recurrent embolism.

see page 2122

Is it safe to give tPA before you know it is not a TIA?

Lyden et al. report that in the National Institute of Neurological Disorders and Stroke (NINDS) tPA for Acute Stroke Trial, TIA were very rare after placebo, even though a full evaluation was not possible before treatment. Treated patients did better, with few hemorrhages. When the NINDS protocol is followed rigorously, patients with acute stroke rarely recover spontaneously and the thrombolytic risk is low.

see page 2125

Neurology[®]

December 11 Highlights
Neurology 2001;57;1943-1944
DOI 10.1212/WNL.57.11.1943

This information is current as of December 11, 2001

Updated Information & Services

including high resolution figures, can be found at:
<http://n.neurology.org/content/57/11/1943.full>

Permissions & Licensing

Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
http://www.neurology.org/about/about_the_journal#permissions

Reprints

Information about ordering reprints can be found online:
<http://n.neurology.org/subscribers/advertise>

Neurology® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright . All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.