High blood pressure in stroke: Good or bad?

Relationship between blood pressure variables and stroke outcome

Oliveira-Filho et al. prospectively studied 115 patients with stroke, demonstrating a relationship between acute blood pressure (BP) lowering and poor outcome, even after correction for confounders such as stroke severity and subtype.

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The accompanying editorial by Johnston and Mayer notes that while treating and lowering BP is effective in primary and secondary prevention of stroke, this prospective study clearly argues for not lowering BP in acute stroke. Moreover, the article deals well with comorbidity issues that might give a spurious result. Thus, there is little or no evidence that lowering BP is indicated in the acute setting. There is even some evidence that raising BP may benefit acute stroke.

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Usefulness of D-dimer measurement in cerebral venous thrombosis

Lalive et al. measured D-dimer levels in 54 consecutive patients with suspected cerebral venous thrombosis. Increased D-dimer values were found among those with confirmed thrombosis (sensitivity of 83% and negative predictive value of 95%). Most patients without thrombosis had D-dimer levels within normal reference range (specificity of 90% and positive predictive value of 71%). Normal D-dimer values ruled out thrombosis with some security, whereas increased D-dimer levels did not predict thrombosis.

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Brain diffusion changes in patients with carotid occlusive disease treated with endarterectomy

Soinne et al. measured brain apparent diffusion coefficient (ADC) with diffusion-weighted MRI in 22 patients

with symptomatic unilateral high-grade internal carotid artery stenosis before and 3 and 100 days after carotid endarterectomy. ADC values of ipsilateral white matter and watershed regions were significantly higher than those of contralateral white matter and watershed regions, both being higher than those of control subjects. After carotid endarterectomy, these differences were diminished. Asymptomatic and symptomatic patient groups did not differ from each other. The authors use the term preleukoaraiosis for the white matter regions that appear normal on conventional MRI, but have high ADC values. Importantly, these high ADC values are partially reversed by carotid endarterectomy.

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Nonconvulsive status epilepticus

Mortality and prognosis

Number of NCSE cases (checked), and number with morbidity (white) and mortality (black)

Shneker and Fountain report 18% mortality in 100 patients with NCSE. Mortality was associated with an acute medical cause, severe mental status impairment, and development of complications, but not with EEG characteristics. These clinical factors may be more useful for acute prognosis than the traditional classification of NCSE, which depends on EEG characteristics.

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NCSE in MELAS

Feddersen et al. emphasize that MELAS patients with confusional state need EEG assessments for nonconvulsive status epilepticus and rapid treatment.

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The accompanying editorial by Peter W. Kaplan notes the importance of these articles in prognosticating and treating NCSE. EEG can confirm the presence of NCSE but says little about patient outcome.

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Hearing impairment in essential tremor (ET)

Ondo et al. assessed 250 patients with ET vs Parkinson disease (PD) and normal subjects. They report more subjective hearing disability and more frequently worn hearing aids compared to normal controls and patients with PD, even after controlling for other cofactors. Within the ET group, hearing loss correlated with tremor severity, older age, and male sex. Audiology showed a nonspecific high frequency pattern of loss.

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Hypersensitivity pneumonitis caused by riluzole

Cassiman et al. report a life-threatening adverse event probably related to riluzole therapy in a patient with ALS: hypersensitivity pneumonitis.

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Sleep apnea induced by vagal nerve stimulation

Holmes et al. report that a young woman developed excessive daytime somnolence (EDS) after vagal nerve stimulation (VNS). Polysomnography documented VNS-related sleep apnea. EDS resolved after VNS was discontinued.

see page 1126

Smoking is a risk factor for multiple sclerosis

In a study of a large general population, Riise et al. found that tobacco smokers had almost twice the risk of developing multiple sclerosis compared with nonsmokers.

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Smoking cessation, and eating a diet low in animal fat and rich in polyunsaturated fatty acids and vitamin D foods, may be encouraged.

The accompanying editorial by Franklin and Nelson reviews environmental factors associated with MS, focusing on those that can be modified by the patient (or in a population). They note that many studies have shown this effect of smoking. Four studies (including this one) used incident rather than prevalent cases of MS, thus reducing potential bias concerning the timing of exposure and its relationship to the timing of disease onset. Tar and nicotine may be important immunotoxic components in cigarette smoke. The smoke itself, as well as nicotine, may impair antigen-mediated signaling in T-cells. Smoking also has been associated with other immune-mediated disorders, including rheumatoid arthritis.

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