Camptocormia/bent spine syndrome

Camptocormia (a), that is markedly improved on sitting (b) and in the supine (c) position

Originally considered a psychogenic disorder, camptocormia, characterized by marked flexion of the thoracolumbar spine, is a recognized feature of various disorders including PD, dystonia and neuromuscular diseases. Azher and Jankovic review 16 patients with camptocormia and suggest that botulinum toxin injections provide effective relief, particularly for dystonic camptocormia.

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Alpha 2-antiplasmin levels predict recanalization after rt-PA

In a prospective study, Martí-Fàbregas et al. studied 63 patients with ischemic stroke and arterial occlusion, before the IV infusion of rt-PA. They found that patients who recanalized had lower levels of 2-antiplasmin, and that this was the only variable that predicted recanalization in a multivariate analysis.

see page 366

High risk of preventable stroke prior to carotid endarterectomy

Fairhead et al. report a population-based study of the consequences of delays in carotid imaging and endarterectomy after TIA or stroke in Oxfordshire, UK. In patients with $\geq 50\%$ symptomatic stenosis, the risk of potentially preventable stroke prior to endarterectomy in the 2 weeks after the presenting event was 21%.

see page 371

Blood harmaline level elevations in essential tremor: Diet vs metabolic defect

Louis et al. explored the reasons for elevated blood harmaline concentrations in patients with essential tremor. The elevated concentrations were not due to dietary differences between patients and controls; results suggest that another factor (possibly a metabolic defect) may be responsible.

see page 391

Gabapentin reduces pain and allodynia in herpes zoster

The Berry and Petersen placebo-controlled trial showed that a single dose of gabapentin rapidly reduced herpes zoster pain and allodynia. Pain and allodynia were still partially reduced 2 days later, suggesting that gabapentin may have a role in preventing postherpetic neuralgia.

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The editorial by Tenser and Dworkin notes that the development of PHN may reflect varicella-zoster virus (VZV)-related damage to sensory ganglion neurons/axons and transmission sensory neurons of the spinal cord/brainstem. Risk factors for PHN include severe pain or severe rash during zoster, prodromal pain, female sex, and most prominently, older age. Treatments for PHN include gabapentin, lidocaine patch, opioid analgesics, pregabalin, and tricyclic antidepressants. However, PHN is often refractory to these medications so that prevention of PHN is important. Antiviral agents acyclovir, famciclovir, and valacyclovir inhibit VZV replication and accelerate cessation of viral shedding, hasten rash healing, and reduce the duration of acute pain and PHN. Unfortunately, 20% of patients over age 50 with zoster still develop PHN despite antiviral therapy. The Berry and Petersen study showed benefit in acute pain and raises the possibility that adequate treatment of acute pain may prevent PHN.

see page 349

A diagnostic aid for neuroborreliosis

Rupprecht et al. detected high levels of BLC (CXCL13) in the CSF of neuroborreliosis patients but not in various other inflammatory neurologic diseases, suggesting that BLC may be a diagnostic marker.

see page 448

*The editorial by Segal and Logigian notes that the diagnosis of acute Lyme neuroborreliosis (LNB) is not difficult if patients present in summer or fall with the triad of a painful radiculoneuropathy, cranial neuropathy and meningitis, preceded by erythema migrans or a flu-like illness in an endemic area. However, the diagnosis of acute LNB is difficult if there is only one component of the triad without preceding skin involvement. In such patients laboratory testing is needed. CSF culture is only rarely positive, and the CSF/serum antibody index is sometimes normal. Moreover, long delays in reporting CSF antibody and PCR test results are not uncommon. If the Rupprecht et al. LNB cytokine "fingerprint" is confirmed and found to apply to North American and Eurasian genospecies of *B burgdorferi*, this test could be useful in rapidly confirming the diagnosis of LNB.*

see page 351

IFN β treatment and polyneuropathy in patients with MS

Ekstein et al. report the development or exacerbation of polyneuropathy during treatment with IFN β in six patients with multiple sclerosis. The clinico-neurophysiological improvement with discontinuation of treatment and the relapse upon rechallenge suggested a causative relationship.

see page 456

Comparative study of competency in patients with AD and PD

Griffith et al. compared decisional capacity in AD patients vs cognitively-impaired PD patients. Deficits in AD involved a memory-intensive ability, while deficits in PD occurred in basic decision-making.

see page 483

Daily rTMS speeds recovery in acute stroke

Single session administration of repetitive transcranial magnetic stimulation (rTMS) can transiently improve motor performance after stroke. The study by Khedr et al. shows an effect in patients with acute stroke after 2 weeks of daily rTMS.

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The editorial by Rossini and Johnston notes that while these results are encouraging, the population sample was relatively small and unblinding of the subjects and observers may have occurred because the strength of rTMS would be expected to induce a motor response and a sensory feed-back that would be obvious to both. Moreover, follow-up was brief: 20 days after initiation of rTMS. The study could not demonstrate whether the effect is lasting or whether greater ultimate, long-term recovery can be achieved, compared to spontaneous recovery. Whether rTMS and subdural brain stimulation can improve deficits after acute stroke should now become a matter of intense research activity: more studies in animals are needed before initiating large-scale randomized trials in humans.

see page 353

Caution with memantine in dementia with Lewy bodies

Ridha et al. report worsening delusions and visual hallucinations in three DLB patients treated with memantine.

see page 481

Intrinsic epileptogenicity of an isolated periventricular heterotopia

Scherer et al. demonstrate the intrinsic epileptogenicity of an isolated periventricular heterotopia with stereotactic-EEG. The patient remains seizure free for more than 2 years after selective resection of the heterotopia.

see page 495

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