In Focus

Spotlight on the April 3 Issue

Robert A. Gross, MD, PhD, FAAN
Editor-in-Chief, *Neurology*®

Staging and natural history of cerebrovascular pathology in dementia

This study investigated 135 brains from individuals with a neuropathologic diagnosis of vascular dementia. Cerebrovascular lesions were rated on large sections from the hippocampus, the temporal lobe, the frontal lobe, and basal ganglia. A staging system based on this conceptual model could enable the neuropathologic quantification of the cerebrovascular burden in dementia.

See p. 1043

From editorialist David S. Knopman: "... the only new stain that may be available to aid neuropathologists in the diagnosis of microcerebrovascular disease in cognitive impairment is that of perspiration; easy for me to say, as a non-neuropathologist."

See p. 1032

Increased risk of stroke after spinal cord injury: A nationwide 4-year follow-up cohort study

The presentation of stroke in patients with spinal cord injury (SCI) can be masked by the already-existing neurologic impairment. In a nationwide cohort of more than 18 million people, stroke was 3 times more likely to occur in people with SCI. Strategies to prevent stroke should be suggested.

See p. 1051; Editorial, p. 1034

Predicting outcome after acute basilar artery occlusion based on admission characteristics

The authors followed 619 patients with acute basilar artery occlusion, accessing outcomes during the first month. Predictors of poor outcome, identified with logistic regression, were older age, absence of hyperlipidemia, presence of prodromal stroke, higher NIHSS score, and longer time to treatment.

See p. 1058

Alemtuzumab more effective than interferon β -1a at 5-year follow-up of CAMMS223 Clinical Trial

Of 334 patients originally randomized, 198 participated in the extension phase (151 alemtuzumab, 47 interferon β -1a [IFN β -1a]). Alemtuzumab patients from this trial had fewer relapses and lower risk of acquiring disability than IFN β -1a patients over 5 years. This study provides evidence of the effectiveness of alemtuzumab compared to IFN β -1a.

See p. 1069

Long-term remission of CIDP after pulsed dexamethasone or short-term prednisolone treatment

Achieving long-term remission after limited treatment would prevent prolonged use of corticosteroids in patients with CIDP. In the prospective PREDICT study, patients were treated with pulsed dexamethasone or 8-month prednisolone and were followed for 4.5 years (median). Sustained remission was achieved in a quarter of patients with either treatment; in nonresponding patients, the CIDP diagnosis should be reconsidered.

See p. 1079

Neurobehavioral dysfunction in ALS has a negative effect on outcome and use of PEG and NIV

Neurobehavioral dysfunction was assessed with the Frontal Systems Behavior Scale in 128 patients within 4 months after diagnosis of ALS. Forty-one patients had a neurobehavioral dysfunction and 9 had an isolated dysexecutive behavior. The presence of neurobehavioral dysfunction or of isolated dysexecutive behavior in ALS at diagnosis is a strong predictor of a poor outcome.

See p. 1085

Combined pedunculopontine-subthalamic stimulation in Parkinson disease

Four patients with bilateral caudal zona incerta (cZi) and pedunculopontine nucleus (PPN) deep brain stimulation electrodes were rated with the Unified Parkinson's

Disease Rating Scale motor subscale (UPDRS-III) when taking and withdrawn from medication. When patients were medicated, combined PPN/cZi stimulation produced an improvement in UPDRS-III score compared to cZi stimulation alone.

See p. 1090; Editorial, p. 1036

NB: "Amantadine: the journey from fighting flu to treating Parkinson disease," see p. 1096. To check out other Historical Neurology articles, point your browser to www.neurology.org.

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