Hepatitis C (HCV) adds to risk of cognitive deficits

Cherner et al. examined how HCV infection increases the prevalence of neurocognitive deficits among patients with HIV or methamphetamine dependence as risk factors. The proportion impaired increased with the number of risk factors, and HCV infection was independently associated with deficient learning, abstraction, and motor skills.

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The editorial by van Gorp and Hinkin considering this important article notes the negative impact of HCV infection upon cognitive functioning and equally importantly, the additive deleterious effects of methamphetamine abuse, HIV infection, and HCV infection on cognition. Because this study was not initially undertaken specifically to study the effects of HCV, some subject groupings in the study had fewer participants than would be optimal—only 83 were HCV infected. Also, alcohol use was high in their sample. However, this study draws attention to a burgeoning public health crisis: approximately 2.7 million Americans are infected with HCV, many of whom will develop neurologic dysfunction. The majority of HCV-infected adults have additional risk factors for cognitive impairment such as drug or alcohol abuse or HIV infection.

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Cerebrotendinous xanthomatosis: A treatable ataxia

Gliosis of cerebellar dentate nuclei (gray arrow) surrounded by liquified defects (white arrows).

A video of the Clemen et al. patient shows the findings. Treatment with simvastatin and chenodeoxycholic acid was associated with stabilization of the neurologic syndrome.

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Flat positioning for acute ischemic stroke?

MCA waveforms at 30, 15, and 0-degree HOB positions in a patient with acute ischemic stroke. The NIHSS score decreased by 3 points from 30 to 0 degree head position.

Despite lack of evidence for increased ICP, patients with acute ischemic strokes are frequently positioned at 30 degrees. Wojner-Alexander et al. augmented residual flow velocities by 20% by lowering head position from 30 to 0 degrees without increasing resistance.

see page 1354

Intensive insulin therapy protects the nervous system

In a randomized controlled trial, Van den Berghe et al. showed that preventing even moderate hyperglycemia with insulin during intensive care protected the central and peripheral nervous system, resulting in shortened intensive care dependency, and reduced intracranial pressure, diabetes insipidus, seizures, and critical illness polyneuropathy.

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The editorial by Michael N. Diringier notes that these data provide compelling support for aggressive glucose control in critically ill surgical patients. Whether patients in neurologic intensive care units would reap similar benefits is not clear.

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Combined carotid endarterectomy and CABG

Hill et al. found in Canada that stroke and death rate for combined CEA-CABG is 13.0% compared to 4.9% for CABG alone (RR 2.67 [95% CI 2.19 to 3.26]). Despite this, use of the combined procedure is increasing.

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The editorial by Pullicino and Halperin notes the high morbidity of doing CEA and CABG at the same time. The authors further note that angioplasty and stenting may provide a new and better way to do what surgeons had hoped to do with endarterectomy, but these new procedures need to be studied prospectively.

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■ CIDP induced by TNF α blockers

TNF α blockers may induce or worsen MS. Richez et al. described two patients treated by TNF α blockers who developed demyelinating neuropathy resembling CIDP.

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■ The pipes of Pan

This reminiscence by Ludwig Gutmann provides a whimsical perspective on three generations of *Neurology* Department Chairs. It may prompt you to look for Dr. Gutmann's first book of short stories.

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