Fever after subarachnoid hemorrhage

In this study of 353 patients with subarachnoid hemorrhage, Fernandez et al. found that fever was strongly predicted by the presence of poor clinical grade and intraventricular hemorrhage, and associated significantly with increased mortality, functional disability, and cognitive impairment at 3 months.

see page 1013

There is an accompanying editorial by Geoffrey S.F. Ling.

see page 973

Leukoaraiaosis and intracerebral hemorrhage in acute ischemic stroke

Palumbo et al. studied whether the presence of leukoaraiaosis and multiple lacunes on baseline CT scan is associated with symptomatic intracerebral hemorrhage (sICH) after thrombolysis in acute ischemic stroke. With an overall sICH rate of 3.5% observed in 820 patients, a significant increase on the risk of sICH was observed in patients with radiologic evidence of small vessels disease, reaching 10% in those with multilacunar state.

see page 1020

Hereditary hemochromatosis genotypes and stroke

Ellervik et al. conducted a prospective study of 9,178 individuals from the Danish general population followed for 24 years, during which 393 developed ischemic stroke. Hereditary hemochromatosis H63D homozygosity predicted a two- to threefold risk of ischemic stroke.

see page 1025

Inflammatory biomarkers and brain volume

Jefferson et al. found that elevated inflammatory markers were associated with greater brain atrophy in participants free from clinical dementia and stroke. Though the pathophysiology of these findings is unclear, further research is merited to better understand the role of inflammation in brain atrophy.

see page 1032

Motor cortical GABAergic inhibition is normal in DYT5

Hanajima et al. studied the motor cortical inhibitory function using paired pulse TMS in nine patients with Segawa disease (DYT5). Motor cortical inhibition was intact in Segawa disease. These findings differ from previous results in focal dystonia suggesting that alternate mechanisms are responsive for dystonia in Segawa disease as compared with other dystonias.

see page 1039

rTMS to treat spasticity in MS patients

Centonze et al. studied repetitive transcranial magnetic stimulation in patients with MS with lower limb spasticity. Five Hz rTMS decreased H/M amplitude ratio of the soleus H-reflex and increased corticospinal excitability. When the treatment was continued for two consecutive weeks, a durable improvement of spasticity was also observed.

see page 1045

Quality of life in muscle disease

Vincent et al. described the development of a unique muscle disease specific QoL measure which would be more relevant to those with muscle disease than existing generic QoL measures. This questionnaire is designed for clinical as well as research use.

see page 1051

ALS and mental health: Cultural differences?

In a cross-cultural study of patients with ALS near the end of life, Albert et al. found that American patients reported less distress than Israeli patients. There may be important cultural effects on patient willingness to report negative states or accept descriptions of mental health.

see page 1058

Bradyphrenia in PD and hypofunctioning of the striatum

Sawamoto et al. demonstrated that the slowing of mental performance in PD was related to the hypofunctioning of the anterior striatum in studies using H2150 PET. The finding also indicates a role of the basal ganglia in nonmotor cognitive functions.

see page 1062

Neurology[®]

March 27 Highlights

Neurology 2007;68;972

DOI 10.1212/01.wnl.0000259399.50861.92

This information is current as of March 26, 2007

Updated Information & Services

including high resolution figures, can be found at:
<http://n.neurology.org/content/68/13/972.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.