Regeneration abnormalities in HIV-positive subjects

HIV-positive subjects, with or without neuropathy, have reduced rates of sensory nerve spouting. Hahn postulates that this finding provides a rationale to include non-neuropathic subjects in regenerative neuropathy trials.

see page 1251

There is an accompanying editorial by Herrmann and Bromberg.

see page 1247

Stroke in HIV-positive patients

Ortiz et al. studied 82 HIV-infected patients with stroke to determine the mechanisms responsible for their brain infarctions. Most patients were severely immunosuppressed at the time of the stroke: over 60% had been treated with antiretroviral agents. The mechanisms of ischemia were quite variable, often atypical for the general stroke population, and not significantly related to previous exposure to antiretroviral therapy.

see page 1257

Rotigotine transdermal system for advanced PD: PREFER study

In a double-blind, placebo-controlled trial of 351 subjects with PD with motor fluctuations, LeWitt et al. demonstrated that rotigotine 8 mg/24 hours as an adjunct to levodopa significantly decreased daily "off" time by approximately 1.8 hours and rotigotine 12 mg/24 hours significantly decreased daily "off" time by 1.2 hours compared to placebo. There were also significant improvements in activities of daily living and motor function compared to the placebo group for both the 8 mg/24 hours and 12 mg/24 hours groups.

see page 1262

Focal brain atrophy predicts MCI

Smith et al. performed brain MRI scans on 136 well-characterized, cognitively normal elderly subjects. Within a follow-up period of 5.4 years, 23 of them later developed mild cognitive impairment (MCI), and 113 remained normal. Volumes of the medial temporal lobes and left angular gyrus region, together with total Wechsler memory score, differentiated the two groups with 87% accuracy. If validated, this model may help predict MCI in normal elderly persons.

see page 1268

Who has corticobasal degeneration?

Most patients with corticobasal degeneration present with cognitive difficulties including apraxia, visuospatial difficulties, and executive limitations, but little memory deficit. Most do not present with a motor disorder. Extrapyramidal features typically emerge later in the disease. Murray et al. report that the clinical findings in CBD reflect the sites of anatomic involvement found at autopsy.

see page 1274

Symptomatic dysferlin gene mutation carriers

Illa et al. report two patients with muscle weakness, elevated CK, abnormal muscle MRI, and reduced dysferlin expression in muscle biopsy and peripheral blood monocytes. The mutational analysis confirmed that they had a mutation in only one allele of the dysferlin gene. Secondary causes of dysferlin reduction were excluded. The diagnosis of symptomatic carriers of dysferlinopathy should be considered among the causes of myopathy when the pattern of dysferlin is pathologic.

see page 1284

Health care costs and epilepsy surgery

In the first multicenter, prospective study of health care costs before, during, and after epilepsy surgery, Langfitt et al. found that, within 2 years following surgery, costs had declined by one-third in seizure-free patients. Savings were largely explained by less inpatient care and antiepileptic drug use. Costs did not change in patients whose seizures persisted following surgery.

see page 1290

Visual function in phase 3 trials of natalizumab

Using low-contrast letter acuity, an emerging visual outcome measure for MS trials, the AFFIRM and SENTINEL investigators found that the risk of clinically significant vision loss was reduced in the active treatment arms of two randomized, multicenter, phase 3 trials of natalizumab in relapsing MS.

see page 1299

■ **Proteolipid protein-1 (*PLP1*) mutation in atypical pediatric relapsing-remitting MS**

Gorman et al. describe a 10-year-old boy with cognitive decline, episodic nystagmus, and ataxia who harbors a *PLP1* mutation. The patient's steroid-responsive clinical exacerbations, gadolinium-enhancing white matter MRI lesions, and CSF oligoclonal bands implicated CNS inflammation, thus suggesting a possible role of *PLP1* mutations in atypical MS-like presentations and inflammatory mechanisms in *PLP1*-related disorders.

see page 1305

■ **Parry Romberg and linear scleroderma may mimic Rasmussen encephalitis**

Carreño et al. report two patients with Parry Romberg syndrome and linear scleroderma in coup de sabre presenting with a neurologic picture typical of Rasmussen encephalitis. Both underwent functional hemispherectomy for intractable epilepsy. The pathologic findings confirmed Rasmussen encephalitis.

see page 1308

■ **Diagnostic accuracy of bedside hearing tests**

In this study of 107 adults, Boatman et al. evaluated the accuracy of five bedside hearing tests using pure-tone audiometry as the reference. Bedside hearing tests had good specificity but poor sensitivity, suggesting that they are not effective clinical screening tests.

see page 1311

**BACK BY POPULAR DEMAND: CLAY WALKER RETURNS
TO GALA AUCTION**

The AAN Foundation Gala is delighted to welcome Country music star Clay Walker back to the Gala Auction at the 2007 AAN Annual Meeting in Boston. Walker and his band will entertain Gala attendees with a live performance of a variety of hit music. Join us Wednesday, May 2, for a memorable evening of dinner, dancing, and a live auction to raise support for research in neurology. Bring your colleagues and reserve a department table. Visit am.aan.com/gala for more information.

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