In Focus

Spotlight on the July 5 Issue

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Editor-in-Chief, *Neurology*®

Identification of pure subcortical vascular dementia using ¹¹C-Pittsburgh compound B

The authors measured brain amyloid deposition using ¹¹C-Pittsburgh compound B (PIB) positron emission tomography in 45 patients with subcortical vascular dementia (SVaD), with 31% negative for cortical PIB binding.

SVaD patients with and without abnormal amyloid imaging differed in clinical and MRI features, although there was considerable overlap.

See p. 18; Editorial, p. 12

CSF soluble amyloid precursor proteins in the diagnosis of incipient Alzheimer disease

This study of 58 patients with mild cognitive impairment and 16 with frontotemporal dementia showed that CSF soluble amyloid precursor protein β improved the identification of patients with Alzheimer disease in the pre-dementia stage. This new biomarker may prove clinically useful and superior to established markers of early Alzheimer disease.

See p. 35

Cerebral microhemorrhage and brain β -amyloid in aging and Alzheimer disease

This study evaluated 84 healthy controls, 28 patients with mild cognitive impairment, and 26 patients with probable Alzheimer disease who underwent 3T-SWI and ¹¹C-PiB PET. Asymptomatic A β deposition in older adults was strongly associated with lobar microhemorrhages, with important implications for anticoagulant therapy or for participant recruitment into treatment trials.

See p. 48

Long-term efficacy of sodium oxybate in 4 patients with chronic cluster headache

This study focused on sodium oxybate, a compound known to consolidate sleep and to increase slow wave sleep in 4 patients with chronic cluster headache and disturbed sleep. Oral sodium oxybate at night improved sleep and reduced the intensity and frequency of headaches, suggesting that treating primary headache syndromes with sleep improving medication may be reasonable in some persons.

See p. 67

From editorialists Stephen D. Silberstein and Matthew S. Robbins: "The authors concluded that SO may represent a new treatment option to reduce nocturnal and diurnal pain attacks and improve sleep quality in CCH. This study provides Class IV evidence that oral SO at night improves sleep and reduces the intensity and frequency of headaches in patients with CCH."

See p. 16

Headache rate and cost of care following lumbar puncture at a single tertiary care hospital

This study reviewed the charts of 274 patients who had a lumbar puncture in an outpatient neurology clinic. Of these, 38 (14%) had a post-lumbar puncture headache. The use of a noncutting needle vs cutting needle may result in fewer adverse events and less cost.

See p. 71

PLA2G6 gene mutation in autosomal recessive early-onset parkinsonism in a Chinese cohort

The authors selected 12 families with autosomal recessive early-onset parkinsonism in which the *Parkin*, *PINK1*, *DJ-1*, *ATP13A2*, and *FBXO7* gene mutations had been previously excluded. They identified a homozygous mutation in a patient with typical parkinsonism and the disease-causing relationship was further confirmed by PET and functional studies.

See p. 75

QR codes

In this issue we start to use QR codes, which will allow you to use your smartphone to access our CME, Patient Page, Podcast, and Resident & Fellow offerings. Also, please check out *Neurology's* new iPad® App!

NB: "Opioid withdrawal due to Twiddler syndrome," see p. 86. To check out other *NeuroImages*, point your browser to <http://www.neurology.org>.

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FULMINANT ENCEPHALOPATHY WITH BASAL GANGLIA HYPERINTENSITIES IN HIV-INFECTED DRUG USERS

To the Editor: We read the article by Newsome et al.¹ with interest. Bilateral basal ganglia lesions have been described in immunocompromised patients in association with mycoplasma pneumonia² and sepsis.³

It would be interesting to know if mycoplasma serology/PCR was done on any of the patients in this study. Despite a negative tissue PCR, we did not perform a mycoplasma serology in our case.³ Furthermore, we recently saw a 26-year-old woman who presented with somnolence and confusion with bilateral basal ganglia lesions on magnetic resonance fluid-attenuated inversion recovery (MR-FLAIR) consistent with striatal encephalitis with an elevated serum immunoglobulin G mycoplasma titer of 2.42 ($n = <0.09$). She had a history of spleen removal after trauma. As in the patients described by Newsome et al., MR-FLAIR change was the dominant MR feature in the patients cited above.^{2,3}

Mycoplasma pneumonia should be considered in the differential diagnosis of bilateral basal ganglia lesions of all immunocompetent and immunocompromised patients.

Pasquale F. Finelli, Hartford, CT

Disclosure: The author reports no disclosures.

Reply from the Authors: We thank Dr. Finelli for sharing this case of encephalitis with mycoplasma pneumonia. Although our cases were not tested for *Mycoplasma pneumoniae*, we think it is unlikely that the syndrome we described could be caused by this organism.

Other neurologic syndromes have been attributed to *M pneumoniae*, which includes “striatal encephalitis” resulting in a necrotic or hemorrhagic lesion in the striatum.⁴ However, there was no evidence of necrosis or abscess formation or hemorrhage in the striatum either by MRI criteria in any of the cases described or histopathologically in the case that came to autopsy.

None of the cases had respiratory symptoms that are often associated with this pathogen. Furthermore, the 2 patients who did survive were not treated for mycoplasma.¹

Scott Newsome, DO, Avindra Nath, MD, Baltimore, MD

Disclosure: See original article for full disclosure list.

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CORRECTION

Identification of pure subcortical vascular dementia using ¹¹C-Pittsburgh compound B

On the “In Focus” page of the July 5, 2011, issue of *Neurology*[®] (2011;77:1), there is an error in the description of the article “Identification of pure subcortical vascular dementia using ¹¹C-Pittsburgh compound B” by J.H. Lee et al. The end of the first sentence should read “with 69% negative for cortical PIB binding.” The information in the article itself is correct. The editorial staff regrets the error.