In Focus

Spotlight on the September 13 Issue

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The natural history of spinocerebellar ataxia type 1, 2, 3, and 6: A 2-year follow-up study

The authors obtained quantitative data on the progression of most common spinocerebellar ataxias and identified factors that influenced progression in 526 patients with either SCA1, SCA2, SCA3, or SCA6. The rate of disease progression strongly depended on the genotype and repeat length.

See p. 1035; Editorial, p. 1026

MRI measurements predict PSP in unclassifiable parkinsonisms: A follow-up study

In 45 patients with unclassifiable parkinsonism, the MRI measures showed a higher accuracy in predicting PSP (92.9%) than clinical features, such as vertical ocular slowness or first-year falls. This demonstrates that MRI is a powerful tool for diagnosing clinically unclassifiable parkinsonism.

See p. 1042; Editorial, p. 1028

Associated factors for REM sleep behavior disorder in Parkinson disease

REM sleep behavior disorder (RBD) is a preclinical marker for Parkinson disease (PD). The authors identified RBD by polysomnograms in 210 of 457 patients with PD (46%); age was an important predictor. Physicians should be aware of RBD as a cause of sleep disturbance in the elderly PD population.

See p. 1048

From editorialists Schenck and Boeve: "A major PSG finding of the study by Sixel-Döring et al. was the significantly greater amounts of periodic limb movements of sleep (PLMs) in the RBD-PD group vs the non-RBD-PD group, with a mean hourly index of 35 ± 4 vs 22 ± 4 ."

See p. 1030

Immune reconstitution inflammatory syndrome in natalizumab-associated PML

The authors examined 42 cases of natalizumab-associated progressive multifocal leukoencephalopathy (PML). All except 2 patients were managed by discontinuation of natalizumab and plasmapheresis/immunoadsorption. Corticosteroid therapy provided a modest benefit, but needs further controlled study to assess its role in the management of natalizumab-associated PML.

See p. 1061; Editorial, p. 1033

Association of Alzheimer disease pathology with abnormal lipid metabolism: The Hisayama Study

This study included brain specimens from 147 autopsies from 76 men and 71 women who underwent clinical examinations. Dyslipidemia increased the risk of plaque-type pathology; broader adequate control of lipid metabolism may contribute to a strategy for the prevention of Alzheimer disease.

See p. 1068

Anatomy and physiology predict response to motor cortex stimulation after stroke

This trial examined 60 subjects randomized to cortical stimulation and found that both anatomic and physiologic measures of motor system integrity distinguished treatment responders.

These findings move us closer to individualizing therapy in the setting of chronic stroke.

See p. 1076

Cognition after carotid endarterectomy or stenting: A randomized comparison

There is concern that "silent" ischemic brain lesions after carotid artery stenting (CAS) compared with endarterectomy (CEA) worsen cognitive function. This study provides evidence that any difference between the effects of CAS and CEA on cognition at 6 months after revascularization was small.

See p. 1084

NB: Resident & Fellow Book Review: Neuropsychological Rehabilitation: Theory, Models, Therapy and Outcome, see p. e65. To check out other Resident & Fellow Book Reviews, point your browser to <http://www.neurology.org>. Watch for more book reviews over the next several months.

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