In Focus

Spotlight on the May 19 Issue

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Notable in *Neurology*

This issue features an article on a novel epilepsy endpoint, time to prerandomization monthly seizure count, and whether it could differentiate efficacious from nonefficacious therapy in perampanel trials. Another article investigated increased oxidative stress in the motor cortex and its relation to disease severity in amyotrophic lateral sclerosis. Another featured article focuses on a novel AARS mutation in a family with dominant myeloneuropathy.

ARTICLES

The surgically remediable syndrome of epilepsy associated with bottom-of-sulcus dysplasia

Patients with bottom-of-sulcus dysplasia (BOSD) often had a relapsing-remitting pattern of focal seizures and interictal EEG discharges, with long seizure remissions in response to carbamazepine or phenytoin. Patients with this electroclinical presentation deserve a review of the MRI with careful attention to

the medial and dorsolateral surfaces of the frontal and parietal lobes.

See p. 2021

From editorialists Miller & Gonzalez-Martinez: "The identification of BOSD may transform a person with drug-resistant epilepsy from a poor candidate for resection, incorrectly presumed to have a normal MRI, into an ideal surgical candidate with lesional epilepsy. Not only is this malformation highly likely to be the focus, with the epileptogenic zone and the epileptic lesion overlapping, but the probability of seizure freedom after its removal (or its thermocoagulation) is among the highest achieved by epilepsy surgery."

See p. 2012

Longitudinal relationships among posturography and gait measures in multiple sclerosis

The authors showed that increases in static posturography and reductions in dynamic posturography were associated with a decline in walk velocity and Timed 25-Foot Walk performance over time. Quantitative walking and balance measures are important additions to clinical testing to explore longitudinal change and understand fall risk in patients with multiple sclerosis.

See p. 2048; Comment, p. 2054

White matter hyperintensities in middle-aged adults with childhood-onset type 1 diabetes

The severity of cerebral small vessel disease and psychomotor slowing in middle-aged patients with childhood-onset type 1 diabetes is much greater than expected, and the latter may be quantified with a 90-second paper-and-pencil test. Patients with type 1 diabetes entering their fifth and sixth decade of life may present with signs of rapid, accelerated brain aging and may require a thorough psychological and neurologic assessment.

See p. 2062

Occupational attainment influences survival in autopsy-confirmed frontotemporal degeneration

In an autopsy-confirmed sample of frontotemporal lobar degeneration, higher occupational attainment was associated with improved prognosis and longer survival. This finding provides support for the role of cognitive reserve in young-onset dementia.

See p. 2070

NB: "The practice of neurology: Looking ahead by looking back," see p. 2086. To check out other Contemporary Issues, point your browser to Neurology.org. At the end of the issue, check out the Clinical/Scientific Notes discussing the possibility of considering ADA2 deficiency in unexplained early-onset lacunar stroke and inflammatory skin lesions and how heroin inhalation may complicate refractory hydrocephalus. This week also includes a Resident & Fellow Pearls & Oysters article titled "Ocular motor abnormalities in bilateral paramedian thalamic stroke."

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