In Focus

Spotlight on the November 24 Issue

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Notable in *Neurology*

This issue features an article quantifying the effects of cognitive training on behavioral outcome measures in patients with Parkinson disease and another considering the use of nonvenous drugs as first-line treatment for controlling acute convulsive seizures and status epilepticus. Another article focuses on the ability of bedside information to risk stratify stroke in acute dizziness presentations.

ARTICLES

Increased CSF biomarkers of angiogenesis in Parkinson disease [OPEN](#)

The authors analyzed angiogenesis biomarkers in Parkinson disease (PD) and their association with clinical characteristics, blood-brain barrier permeability, and cerebrovascular disease. CSF biomarkers of angiogenesis were increased in PD and associated with gait difficulties, blood-brain barrier dysfunction, white matter lesions, and cerebral microbleeds.

See p. 1834

From editorialists Munoz & Woulfe: "What drives angiogenesis in PD? The authors provide a credible clue by examining, among other proinflammatory factors, the peptide MCP-1, which covaries with angiogenic factors in PD, but not in controls. These results have both immediate practical and long-term pathogenic implications."

See p. 1826

Risk of rupture of unruptured cerebral aneurysms in elderly patients [OPEN](#)

This study identified patient age, aneurysm size, and location as independent risk factors for rupture of unruptured cerebral aneurysms in patients 70 years of age or older. These findings may allow for decision-making for treatment of unruptured cerebral aneurysms in elderly patients.

See p. 1879

Histologic muscular history in steroid-treated and untreated patients with Duchenne dystrophy

Using a morphologic reproducible tool, the authors analyzed the evolution of muscle alterations in patients 1 to 10 years of age, thus providing a morphologic disease history. Their findings showed a dramatic increase in connective tissue at 6 to 7 years of age, linking these data to the clinical worsening of the disease.

See p. 1886

SPECIAL ARTICLE

Summary of comprehensive systematic review: Rehabilitation in multiple sclerosis

This review examined the evidence regarding rehabilitation treatments for multiple sclerosis (MS). Short-term home/outpatient physical therapy improves disability and gait but not upper extremity dexterity; inpatient physical therapy followed by home exercises and comprehensive multidisciplinary rehabilitation improve disability. Given that studies use different measures to assess disability, more knowledge is needed on integrating rehabilitation efficiently across the MS continuum to promote independence and social participation.

See p. 1896

NB: "Development of a track in global and humanitarian health for neurology residents," p. 1894. To check out other Global Perspectives, point your browser to Neurology.org. At the end of the issue, check out the Neurolimages discussing multifocal cerebellar liponeurocytoma and the positive straight leg raising test secondary to conjoined lumbosacral nerve roots. This week also includes a Resident & Fellow Section Mystery Case titled "Scalpel sign: Dorsal thoracic arachnoid web."

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