In Focus

Spotlight on the January 19 Issue

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Notable in Neurology

This issue features an article assessing the prevalence of hepatitis C virus infection in inclusion body myositis and another investigating the predictive value of striatal dopamine turnover in patients with de novo Parkinson disease. Another featured article compares clinical features of pediatric neuromyelitis optica to other pediatric demyelinating diseases.

ARTICLES

Critically re-evaluating a common technique: Accuracy, reliability, and confirmation bias of EMG ▲

Three experienced electromyographers, blinded to the diagnosis, interpreted 20 EMG videos of 10 normal controls and 10 patients with radiculopathy, both with and without clinical data.

Specificity was modest at 71%, intrarater reliability was better than interrater reliability, and there was no

clear evidence that knowledge of clinical data influenced EMG interpretation.

See p. 218

Seizure burden in subarachnoid hemorrhage associated with functional and cognitive outcome

The authors assessed the relationship between seizure burden on continuous EEG and functional and cognitive outcome 3 months after subarachnoid hemorrhage. Their findings showed that worse outcome occurred in those with ongoing seizure activity and that both prevention and treatment of nonconvulsive seizures is important.

See p. 253

From editorialists Kapinos & Latorre: "This seizure burden study suggests that every hour counts and thus, one can no longer accept making intensivists aware of electrographic seizures many hours after the occurrence."

See p. 206

Predictors for atrial fibrillation detection after cryptogenic stroke: Results from CRYSTAL AF 📺

Unexplained stroke or TIA may be due to intermittent atrial fibrillation, which may be difficult to detect without insertable cardiac monitoring devices. In 221 patients who had an insertable cardiac monitor, atrial fibrillation was detected more frequently in older patients and in patients with a prolonged PR interval. Targeting insertable cardiac monitors to specific patient groups may increase the yield of relevant arrhythmias.

See p. 261

Silent new ischemic lesions after index stroke and the risk of future clinical recurrent stroke

The authors analyzed data from patients presenting with acute ischemic stroke who underwent MRI <24 hours and 5 and 30 days after symptom onset. Patients with a silent new ischemic lesion within the first few weeks after index stroke have an increased risk of recurrent ischemic stroke or vascular events.

See p. 277

NB: "Developmental effects of antiepileptic drugs and the need for improved regulations," p. 297. To check out other Views & Reviews, point your browser to Neurology.org. At the end of the issue, check out the Clinical/Scientific Note discussing cortical myoclonus associated with internal carotid artery stenosis. This week also includes a Resident & Fellow Section Opinion and Special Articles titled "Physician debtor."

Podcasts can be accessed at Neurology.org

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