In Focus

Spotlight on the July 19 Issue

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Notable in *Neurology*

This issue features an article exploring whether motor neuron dysfunction may contribute to gait disturbance and orthopedic misalignment in patients with Dravet syndrome due to *SCN1A* mutations and another that screened patients presenting with hyperCKemia and limb-girdle weakness for α -glucosidase deficiency by dried blood spot investigation. A featured article assesses the efficacy, safety, and tolerability of adjunctive brivaracetam for treatment of partial-onset (focal) seizures in adults.

ARTICLES

Sex-related differences in primary intracerebral hemorrhage

This study describes the sex differences in demographics, vascular risk factors, stroke care, and outcomes in primary intracerebral hemorrhage (ICH). Patients with ICH showed sex-related differences in demographic characteristics, intracerebral hemorrhage location, and vascular risk factors, but not in stroke care, 3-month mortality, or adjusted poor outcome.

See p. 257

From editorialists Woo & James: "While most case-control studies may be limited by survival bias due to prospective identification of cases, the current article consists of data from prospectively identified cases without a survival bias. However, possible sex differences for risk factors and outcomes after ICH across racial/ethnic backgrounds mandate further study."

See p. 244

Pretreatment blood-brain barrier disruption and post-endovascular intracranial hemorrhage

Endovascular therapy has become the standard of care in acute stroke. In this study, severe blood-brain barrier disruption detected with routine MRI was associated with intracranial hemorrhage after

endovascular therapy. Evaluating blood-brain permeability with MRI may help identify stroke patients who can be safely treated.

See p. 263

Huntington disease reduced penetrance alleles occur at high frequency in the general population

Huntington disease (HD) may be more common than previously thought, particularly among the elderly, due to the high frequency of reduced penetrance HD alleles in the general population. The authors sized 14,630 alleles for *HTT* CAG repeat length and found HD alleles occurred in 1 in 400 individuals, with a high proportion expected later in life.

See p. 282

From editorialists Delatycki & Bandmann: "Clinicians who identify individuals with reduced penetrance alleles in families with manifest Huntington disease should not use the low penetrance figures identified in this study, but rather should use penetrance figures identified from studies of families where there is clinical Huntington disease present."

See p. 247

Population-based risks for cancer in patients with ALS

The authors used a large population-based resource with uniform and high-quality cancer diagnoses to estimate risks for cancer in patients diagnosed with amyotrophic lateral sclerosis (ALS). Their findings provided confirmatory evidence that ALS may be protective against cancer, especially lung cancer, as well as suggestive new evidence for increased risk for testicular cancer and salivary cancer.

See p. 289

NB: Zika virus-associated Guillain-Barré syndrome variant in Haiti (p. 336). To check out other Clinical/Scientific Notes, point your browser to Neurology.org. At the end of the issue, check out the NeuroImages discussing optic neuritis in multiple sclerosis and progressive supranuclear palsy motor phenotype in a patient with pineocytoma. This week also includes a Historical Neurology article titled "Motion sickness in ancient China: Seasickness and cart-sickness."

Podcasts can be accessed at Neurology.org

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