Statins and peripheral neuropathy

Statins may induce polyneuropathy. In a population-based study, Gaist et al. found a greater than 10-fold increased risk of developing idiopathic polyneuropathy among statin users. For patients treated with statins for 2 or more years the relative risk estimate increased to 26.4 (7.8 to 45.4).

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The accompanying editorial by Donaghy considers the factors that should be part of the decision-making process in using statins, noting helpful new approaches employed by Gaist et al., including the "number of patients needed to be treated to harm one additional patient." By this measure, statins are of more concern for neuropathy than they are for myopathy.

see page 1321

Cannabinoids in MS

The Killestein et al. study of 16 patients with MS showed that both oral Δ^9 -tetrahydrocannabinol and cannabis plant extract were safe. However, spasticity was not reduced and the subjects' global impression worsened.

see page 1404

The accompanying editorial by Thompson and Baker points out that an agent that affects the cannabinoid receptor that might be expected to modify spasticity (CB_1) would also be expected to have behavioral side effects. Whereas hope remains that targeted selective effects may eventually be feasible, in this trial cannabinoids were of no benefit. A phase III controlled trial now underway in the United Kingdom may settle the issue concerning use of cannabinoids in MS.

see page 1323

Seizure-like activity during propofol use

Walder et al. systematically reviewed data on seizure-like phenomena in patients receiving propofol. Seizure-like phenomena occur both in patients with and without epilepsy. The time of onset of seizure-like phenomena suggests that a change in cerebral concentration of propofol may be a cause.

see page 1327

High prevalence of PD among Inuits in Greenland

Wermuth et al. evaluated the prevalence of PD among Inuits in Greenland using the same method they had used in similar studies in the Faroe Islands and Denmark. Prevalence was lower than expected owing to the low proportion of Inuits who were 50 or more years old.

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Incidence and course of cluster headache

A prospective epidemiologic study of cluster headache by Tonon et al. showed that incidence was 2.5/100,000 a year and most patients had one to three clusters during 15 years.

see page 1407

Location of the cortical motor hand area

Takahashi et al. investigated the lesions of five patients who presented with isolated hand palsy. Imaging showed that the cortical motor hand area appeared to be in the middle to lower portion of the anterior wall of the central sulcus—identifiable in two patients as the “precentral knob.”

see page 1412

Familial temporal lobe epilepsy with febrile seizures

Depondt et al. describe a large kindred with autosomal dominant temporal lobe epilepsy and febrile seizures, no hippocampal sclerosis, and no linkage to 13 loci for familial partial epilepsy and febrile seizures.

see page 1429

Stroke following neck manipulation by Native American (Zuni) healer

Quintana et al. report a woman, age 32, who developed a left PICA-distribution stroke 6 days following neck manipulation by a Zuni “bone setter.” MR and conventional angiography demonstrated vertebral artery occlusion, likely from dissection.

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Neurology®

May 14 Highlights

Neurology 2002;58;1319-1320

DOI 10.1212/WNL.58.9.1319

This information is current as of May 14, 2002

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