Reduced cognitive functioning in carotid stenosis

Mathiesen et al. examined neuropsychological performance in 189 subjects with asymptomatic carotid stenosis and 201 controls recruited from a population health study. Carotid stenosis was associated with poorer performance, independent of presence of silent MRI lesions.

see page 695

Postictal psychiatric symptoms in partial epilepsy

Kanner et al. found that postictal psychiatric symptoms with a median duration of 24 hours are relatively frequent in patients with refractory partial epilepsy. A psychiatric history is a risk factor for their occurrence. In addition, interictal psychiatric symptoms can worsen in severity postictically.

see page 708

Risk of multiple sclerosis in bereaved parents

Li et al. studied the effect of parental bereavement on the risk of multiple sclerosis (MS). In a follow-up study based on several national registers in Denmark they found that psychological stress induced by the death of a child may play a role in the development of MS.

see page 726

Parkinsonism in welders: Effect of levodopa

Manganese can cause parkinsonism; however, how this entity can be differentiated from idiopathic Parkinson’s disease is unclear. In the Koller et al. double-blind crossover study of 13 welders presumed to have manganese-induced parkinsonism, levodopa treatment provided no benefit vs placebo. This lack of responsiveness to levodopa may distinguish manganese-induced parkinsonism from PD.

see page 730

Episodic migraine and chronic headache

In a prospective study, Katsarava et al. assessed factors associated with the development of chronic headache (>15 d/mo) prospectively in patients with episodic migraine. Over 14% of patients developed chronic headache within 1 year. Medication overuse and high attack frequency were the most important predictors.

see page 788

Late-onset cerebellar ataxia, hypogonadism, and CoQ10 deficiency

Gironi et al. report improved endocrinologic and neurologic findings after CoQ10 supplementation in two brothers with cerebellar ataxia/atrophy, hypergonadotropic hypogonadism, and decreased muscle CoQ10.

see page 818
Vertical oscillopsia in bilateral superior canal dehiscence syndrome

The Deutschländer et al. study includes CT of temporal bones showing the lesion in the superior canal. The authors found that patients with bilateral superior canal dehiscence may suffer from vertical oscillopsia while walking. This oscillopsia may reflect bilateral anterior canal vestibular-ocular reflex impairment.

High-resolution CT images of the right and left temporal bones. Dehiscence of the bone covering the superior semicircular canal (sSCC) is indicated bilaterally.

Normally, there are two windows in the bony capsule—the oval window (filled by the stapes foot plate) and the round window. A third window in the bony wall of the superior semicircular canal leads to vertigo and nystagmus with loud sounds or pressure changes in the middle ear or CSF.

The accompanying editorial by Robert W. Baloh tabulates the symptoms of the superior semicircular canal dehiscence syndrome and provides a well-illustrated explanation for the production of symptoms and signs: an internal perilymph fistula—“a third window”—allows sound and pressure changes to displace endolymph in the anterior canal, deviating the cupula and exciting or inhibiting the anterior canal nerve. The diagnosis is made by triggering the characteristic torsional vertical nystagmus in the plane of the superior semicircular canal with either loud sounds (Tullio phenomenon) or pressure changes in the middle ear or CSF.
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