Botulism type F

Gupta et al. reviewed cases of adult botulism type F caused by the organism *Clostridium baratti* occurring in the United States between 1981 and 2002. Its clinical course is characterized by a fulminant onset of paralysis with respiratory failure, and short duration.

see page 1694

Epilepsy surgery improves depression and anxiety

Devinsky et al. prospectively evaluated psychiatric disorders in 358 epilepsy surgery patients. Moderate to severe depression and anxiety were each found preoperatively in about 25% patients. Both improved significantly after surgery especially in seizure-free patients. Neither lateralization nor localization of the seizure focus or surgery predicted psychiatric status.

see page 1744

Do generalized tonic-clonic seizures occur in infancy?

The term generalized tonic-clonic seizure connotes a specific sequence, sometimes mistakenly used to describe any type of convulsion. Korff and Nordli analyzed 101 seizures in 69 infants (age 1 to 24 months) in a tertiary care pediatric epilepsy center. Not a single generalized tonic-clonic seizure was observed.

see page 1750

Genetic risk factor for COMT inhibitor induced hepatic dysfunction

Martignoni et al. genotyped two women with Parkinson disease who had catechol-O-methyltransferase (COMT) inhibitor-induced asymptomatic hepatic dysfunction. Both had mutations in the UDP-glucuronosyltransferase (UGT) 1A9 gene (which encodes the main COMT inhibitor-metabolizing enzyme).

see page 1820

Bee sting therapy ineffective for MS

In a randomized crossover study, Wesselius et al. assessed the effects of 6 months medically supervised bee sting therapy vs no treatment in 26 patients with relapsing multiple sclerosis. Treatment had no significant effect on active MRI lesions, relapse rate, disability, fatigue, or quality of life.

see page 1764

APOE $\epsilon 4$ and the risk of cognitive decline with carotid endarterectomy

APOE $\epsilon 4$ -positive patients experienced a 41.7% incidence of neurocognitive dysfunction, compared to 4.8% among APOE $\epsilon 4$ -negative patients.

Approximately 20% of patients undergoing otherwise uncomplicated carotid endarterectomy (CEA) experience postoperative decline in neurocognitive function. In a cohort of 75 patients, Heyer et al. found that the APOE $\epsilon 4$ allele is an independent risk factor for post-CEA cognitive dysfunction, increasing the risk 62-fold.

see page 1759

Adverse effects in propofol injection for Wada test

Mikuni et al. demonstrated that both dose of propofol and age of patients were potential risk factors for side effects during intracarotid propofol injection for Wada test.

see page 1813

New intracarotid speech-memory anesthetic procedure

Jones-Gotman et al. replaced amobarbital with etomidate for their intracarotid anesthetic procedure, in this way avoiding the problem of rapidly waning anesthesia during testing. After initial bolus injection, full hemianesthesia was maintained by infusion until critical speech and memory tests were completed. Their first 30 tests yielded unambiguous results.

see page 1723

The editorial by Grote and Meador on these two articles reviews the history of the Wada test and recent attempts to find replacement anesthetic agents in light of recent amobarbital shortages. The potential value of propofol and etomidate is critically assessed.

see page 1692

Autoantibodies are not predictive in Tourette syndrome and PANDAS

Singer et al. measured serum autoantibodies against human postmortem caudate, putamen, and prefrontal cortex as well as commercially available α - and γ -enolase, aldolase C, and pyruvate kinase (putative pathologic antigens) in children with Tourette syndrome, PANDAS, and controls. Results did not distinguish between the clinical groups.

see page 1701

Are some forms of epilepsy autoimmune?

McKnight et al. found serum autoantibodies binding voltage-gated potassium channels in sera from 16 of 139 patients with epilepsy. Eight patients presented acutely or subacutely. Antibodies to glutamic acid decarboxylase were detected in three further patients with long-duration drug-resistant epilepsy.

see page 1730

Novel antibodies in Rasmussen encephalitis

Watson et al. identified antibodies blocking induced currents and calcium ion flux through the $\alpha 7$ subtype of the neuronal acetylcholine receptor in the sera of two of nine patients with Rasmussen encephalitis.

see page 1802

Considering these three articles, Steven Vernino notes that criteria for defining antibody-mediated disorders are a clinical response to treatments that reduce antibody levels and transmission of the disease to experimental animals by administration of immunoglobulin. Interestingly, the only neurologic diseases meeting these criteria are peripheral nervous system disorders associated with antibodies against neuronal ion channels. Singer et al. cast doubt on a role for neurologic antibodies in these pediatric neuropsychiatric movement disorders. The McKnight et al. results are intriguing. Based on the radiologic and subacute clinical presentation, the patients with VGKC antibodies probably represent cases of autoimmune limbic encephalitis. If used in the appropriate clinical setting, VGKC and GAD antibody tests may help identify a subset of epilepsy patients with an underlying autoimmune neurologic disorder. However, further studies are needed to determine if antibody tests can guide clinical treatment or if these autoantibodies play a direct role in epileptogenesis. The findings of Watson et al. suggest that Rasmussen encephalitis may involve different autoimmune etiologies including antibodies against $\alpha 7$ receptors.

see page 1688

Is hospitalization for TIA cost-effective?

Nguyen-Huynh and Johnston found that a 24-hour hospitalization for patients with TIA could potentially be cost-effective on the basis of tPA administration in the event of an acute stroke.

see page 1799

Thrombolysis in stroke patients aged 80 years and older

Reviewing data from a nine-center Swiss study, Engelter et al. compared stroke patients receiving thrombolysis ≥ 80 vs < 80 years old. Mortality was higher among the elderly. Favorable outcome and intracranial hemorrhage were equally frequent in both groups.

see page 1795

The editorial by Hemphill and Lyden notes that this study's results are similar but not identical to other studies of thrombolysis in the elderly. The Engelter et al. study was not a randomized trial and in fact, there are no randomized trials that have been designed to assess the risks and benefits of rtPA in the very old—a particularly important group since the morbidity/mortality of stroke is especially high. Reviewing all the data from a number of studies, they note that treated patients are likely to improve more than untreated but that the risk of hemorrhage may be higher. Their policy is to treat eligible patients—pending a well-designed, randomized controlled trial.

see page 1690

Cysts of the knee causing common peroneal neuropathy

Cyst of the tibiofibular joint.

In 10 consecutive patients with foot drop due to common peroneal neuropathy without an obvious cause, MRI of the knee showed pathology at the fibular head in six, including five patients with clinically unsuspected cysts of the tibiofibular joint. All six patients improved with surgery in this study by Donald J. Iverson.

see page 1829

A *NeuroImage* by Bakshi et al. shows an additional instructive case.

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