In Focus

Spotlight on the May 1 Issue

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Two-year serial whole-brain N-acetyl-L-aspartate in patients with relapsing-remitting multiple sclerosis

Sensitive surrogate markers for multiple sclerosis progression are lacking, especially those specific to neuronal cell damage. The authors demonstrated, in a 2-year follow-up, that the global N-acetyl-L-aspartate neuronal-specific marker concentration decline was more sensitive than clinical (EDSS) measures and MRI metrics on individual and group bases.

See p. 1383

High frequency of spinal involvement in patients with basal subarachnoid neurocysticercosis

Spinal involvement is surprisingly common in patients with basilar neurocysticercosis. Sixty-one percent of 28 patients with basilar neurocysticercosis showed spinal involvement by MRI compared to 4% with parenchymal disease alone. Although

usually asymptomatic, complications may occur and therefore its presence should be sought.

See p. 1394

Randomized phase III study 306: Adjunctive perampanel for refractory partial-onset seizures ▲

Seven hundred six patients with persisting seizures on 1–3 concomitant antiepileptic drugs were randomized to perampanel 2, 4, and 8 mg/day or placebo following a 6-week baseline phase. The results provide evidence that 4 and 8 mg/day doses of adjunctive perampanel were effective and tolerated in reducing partial-onset seizures.

See p. 1408

Impact of therapeutic hypothermia on MRI diffusion changes in neonatal encephalopathy

Twenty-three of 59 infants who underwent whole-body therapeutic hypothermia for hypoxic-ischemic encephalopathy displayed cerebral injury on late MRI. Since therapeutic hypothermia changes the pattern of MRI diffusion changes, this should be taken into account when ordering and interpreting MRI scans in this population.

See p. 1420

GFAP and S100B in the acute phase of mild traumatic brain injury

This paper addresses the value of biomarkers GFAP and S100B as prognostic tools in mild traumatic brain injury. GFAP was related to imaging (CT, MRI) and outcome in contrast to S100B. The predictive value for individual patients was limited due to a high frequency of nondiscernible GFAP.

See p. 1428

Cognitive performance of GBA mutation carriers with early-onset PD: The CORE-PD study

This study evaluated people with Parkinson disease (33 with GBA mutations and 60 with no genetic mutation) using a comprehensive neuropsychological battery rather than a screening test. After adjustment for covariates, GBA carriers performed worse than noncarriers on memory and visuospatial cognitive measures.

See p. 1434

From editorialists Daniele & Albanese: "The identification of specific neuropsychological features, such as visual memory deficits suggesting a possible GBA carrier status, may allow identifying patients with PD at increased risk to be addressed to GBA genetic testing."

See p. 1372

Functional reorganization of sensorimotor cortex in early Parkinson disease

Several neurophysiological measures were obtained in 16 newly diagnosed and drug-naïve patients with Parkinson disease and compared to 16 controls. Increased motor cortical plasticity on the less affected side was consistent with a functional reorganization of sensorimotor cortex and may represent a compensatory change that contributes to delayed onset of clinical symptoms.

See p. 1441

NB: In Memoriam: Gilbert H. Glaser, MD (1920–2012), see p. 1374 or point your browser to www.neurology.org to read a tribute to this past President of the AAN.

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