

**Editors' Note:** In reference to the study by Giles et al. of the prognostic value of ABCD2 scores in TIA patients, Drs. Rooij et al. propose that differences in duration from TIA to imaging may have influenced the study's results and suggest that the authors further stratify the data by time from TIA to diffusion-weighted imaging (DWI). Dr. Goldenholz et al. ask for the filter settings used by authors Andrade-Valenca et al. in their recent study looking at the value of scalp EEG recordings in locating the seizure onset zone. They also indicate that the presence of intracranial data would help better understand the scalp results. The authors specify their filter settings and discuss the utility of trying to correlate scalp and intracerebral EEG recordings, given the small brain volume picked up by the latter. Dr. Benbadis responds to the study by Dr. Salinsky et al. of psychogenic nonepileptic seizures in veterans by reinforcing the need for timely video-EEG monitoring in this population. Dr. Scharre, in his editorial on shunting in normal pressure hydrocephalus (NPH), gave "[naming] less than 13 animals in 1 minute" as an example of low verbal fluency. Drs. Khaku and Heilman point out that this is an example of category fluency, a particular subset of verbal fluency, and suggest that letter fluency may be a more specific screening tool for NPH.

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#### EARLY STROKE RISK AND ABCD2 SCORE PERFORMANCE IN TISSUE- VS TIME-DEFINED TIA: A MULTICENTER STUDY

**Frank G. van Rooij, Frank-Erik de Leeuw, Ewoud J. van Dijk, Nijmegen, the Netherlands:** Giles and colleagues<sup>1</sup> showed the prognostic value of the ABCD2 score in TIA patients stratified by the presence of a DWI lesion. However, we feel that differences in delay from TIA to imaging could have influenced the observed prognostic profiles of patients with and without DWI lesions.

The authors used data from 9 individual studies that included TIA patients who underwent DWI.<sup>1</sup> Although not all data could be derived from the source articles, apparently the delay from TIA to

DWI extended up to 2 weeks in one of the studies.<sup>2</sup> Differences in this delay between patients with and without DWI lesions were not provided.

A longer latency between TIA and DWI could affect the incidence of DWI lesions with a lower likelihood of finding DWI lesions when imaging was performed >24 hours after TIA. Others have described this before,<sup>3</sup> as well as a lower DWI lesion rate in patients scanned in the subacute phase.<sup>4</sup> Furthermore, occurrence of stroke before DWI excluded patients from the analysis, something expected especially in DWI-positive patients, given their worse prognosis.<sup>1</sup> This may also alter the prognostic value of DWI in this population.

We think that providing data additionally stratified by delay from TIA to DWI would be informative given that a large proportion of TIA patients receives their imaging >24 hours after symptom onset.

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1. Giles MF, Albers GW, Amarenco P, et al. Early stroke risk and ABCD2 score performance in tissue- vs time-defined TIA: a multicenter study. *Neurology* 2011;77:1222–1228.
2. Lavalley PC, Meseguer E, Abboud H, et al. A transient ischaemic attack clinic with round-the-clock access (SOS-TIA): feasibility and effects. *Lancet Neurol* 2007;6:953–960.
3. Shah SH, Saver JL, Kidwell CS, et al. Abstracts from the 2007 International Stroke Conference. *Stroke* 2007;38:463.
4. Schulz UG, Briley D, Meagher T, et al. Diffusion-weighted MRI in 300 patients presenting late with subacute transient ischemic attack or minor stroke. *Stroke* 2004;35:2459–2465.

#### INTERICTAL SCALP FAST OSCILLATIONS AS A MARKER OF THE SEIZURE ONSET ZONE

**Daniel M. Goldenholz, Masud Seyal, Lisa M. Bateman, Sacramento, CA:** Andrade-Valenca et al.<sup>1</sup> propose a promising method for localizing the seizure onset zone (SOZ) in scalp EEG recordings. The methods are accessible for implementation in most EEG laboratories. Critically, when the SOZ is ill-defined on scalp recordings, ripples may help guide intracranial electrode placement; in the future they may sometimes circumvent the need for such electrodes. Because certain filter parameters can some-

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