



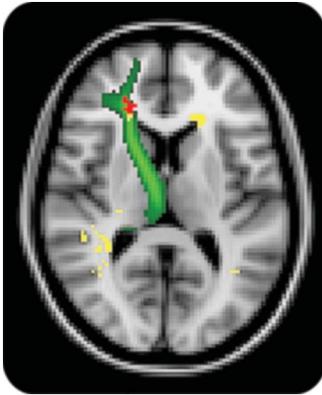
## In Focus

Spotlight on the January 15 Issue

**Robert A. Gross, MD, PhD, FAAN**  
Editor-in-Chief, *Neurology*<sup>®</sup>



### Location of brain lesions predicts conversion of clinically isolated syndromes to multiple sclerosis



Clinical and MRI data at onset and clinical follow-up at 1 year were collected for 1,165 patients with clinically isolated syndromes. Involvement of specific white matter tracts traversed by fibers involved in motor function and near the corpus callosum was associated with a higher risk of clinical conversion to multiple sclerosis.

See p. 234; Editorial, p. 230

### Clinically feasible MTR is sensitive to cortical demyelination in MS

This study sets the stage for detection of presently undetectable cortical demyelination, which may exceed white matter demyelination in patients with MS. Clinically feasible magnetization transfer ratio (MTR) imaging performed in situ postmortem followed by histopathology revealed that cortical regions with demyelination had lower mean normalized cortical MTR compared to normally myelinated cortex.

See p. 246

### Longitudinal seizure outcome and prognostic predictors after hemispherectomy in 170 children

This study explored the post-hemispherectomy longitudinal seizure outcome and predictors in 170 children. Rates of seizure freedom were 76% at 1 year and 63% at 5 years and beyond. Those who failed surgery had seizures within 6 months of the surgery. Hemispherectomy produced long-term seizure freedom, and this study will assist in candidate selection, presurgical counseling, and early identification of surgical failures.

See p. 253

*From editorialists Wiebe & Berg: "Medical and surgical morbidity also needs to be an integral part of the outcome predictions of large hemispheric disconnections for epilepsy."*

See p. 232

### New NBIA subtype: Genetic, clinical, pathologic, and radiographic features of MPAN

The authors identified a new form of neurodegeneration with brain iron accumulation (NBIA) confirmed by gene sequencing. This clinical phenotype was associated with mutations in *C19orf12*, suggesting that *C19orf12* may be a key susceptibility factor in Parkinson disease and other  $\alpha$ -synucleinopathies.

See p. 268

### The spectrum of nonmotor symptoms in early Parkinson disease

This study examined the frequency of nonmotor symptoms in 159 patients with early Parkinson disease and 99 controls using the Nonmotor Symptom Questionnaire. Nonmotor symptoms were common, reflecting the multisystem nature of the disorder and how they may be detrimental to patients' functional status and sense of well being.

See p. 276

### Effect of study partner on the conduct of Alzheimer disease clinical trials

This study characterized patients and caregivers who participated in 6 Alzheimer disease clinical trials. Most participants (67%) enrolled with a spouse; 26% enrolled with an adult child caregiver. Since most patients with Alzheimer disease lack a spouse, improved efforts to recruit these patients may expedite trial enrollment and increase the external validity of results.

See p. 282

### Recovery of the T-cell repertoire in CIDP by IV immunoglobulins

The authors identified that IVIg normalizes alterations in the T-cell repertoire in patients with CIDP. Their data suggest CIDP is associated with changes in the repertoire of cytotoxic T lymphocytes, with IVIg reversing clonal expansion within the population of T lymphocytes in a chronic autoimmune-driven disease.

See p. 296

**NB:** "Harry Lee Parker and paroxysmal dysarthria and ataxia," see p. 311. To check out other *Historical Neurology* articles, point your browser to [www.neurology.org](http://www.neurology.org).

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