



## In Focus

### Spotlight on the September 8 Issue

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#### Notable in *Neurology*

This issue features an article assessing the beneficial effect of ursodeoxycholic acid on mitochondrial dysfunction in *LRRK2*<sup>G2019S</sup> carriers and in vivo models and another identifying the natural history of succinic semialdehyde dehydrogenase deficiency through adulthood. Another article focuses on the pathogenic effects of antibodies on gut and brain neurons in anti-DPPX encephalitis.

#### ARTICLES

##### **Putaminal serotonergic innervation: Monitoring dyskinesia risk in Parkinson disease**

The authors acquired 2 PET scans and 3T MRI from 30 patients with Parkinson disease without dementia or depression divided into 3 matched groups. Relative serotonergic innervation of the putamen and pallidum increased with clinical Parkinson disease progression, suggesting that the serotonin/dopamine transporter ratio may indicate risk for levodopa-induced dyskinesia.

See p. 853

From editorialists Huot & Hutchison: "Hypothetically, this threshold may represent the tipping point at which dopamine released by 5-HT fibers is quantitatively greater than dopamine released by the remaining dopaminergic fibers, so the dopamine release becomes nonphysiologic and fluctuates widely in concentration."

See p. 840

##### **Dose-dependent teratogenicity of valproate in mono- and polytherapy: An observational study**

The authors assessed the risk of major congenital malformations in association with maternal use of valproic acid in monotherapy or adjunctive therapy and its relationship with dose. Risk of major malformations was dose dependent and similar after exposure to valproate in monotherapy or in combination with other antiepileptic drugs.

See p. 866

##### **Early prediction of long-term upper limb spasticity after stroke: Part of the SALGOT study**

The authors identified 117 patients who had experienced a stroke for the first time with documented arm paresis on day 3 poststroke. Upper limb spasticity was assessed with the modified Ashworth Scale. Reduced sensorimotor function was an important predictor for both any and severe spasticity, and spasticity was predicted with high sensitivity and specificity 10 days poststroke.

See p. 873; Comment, p. 878

##### **The unruptured intracranial aneurysm treatment score: A multidisciplinary consensus**



A multidisciplinary group of 69 worldwide leaders in management and research of unruptured intracranial aneurysms (UIAs) developed and validated the UIA treatment score model. This model may serve as a comprehensive mechanism for managing an individual patient with a UIA until

more empirical data are available.

See p. 881

From editorialists Bijlenga & Staf: "The UIATS is a major step forward and merits swift validation in independent follow-up studies. The format may expand over time and progressively include prospective outcome data as soon as they become available. More gardening is certainly needed, but at least the neighbors agree on how to plant their seeds."

See p. 844

NB: "Improving clinical cognitive testing: Report of the AAN Behavioral Neurology Section Workgroup," p. 910. To check out other Contemporary Issues articles, point your browser to [Neurology.org](http://Neurology.org). At the end of the issue, check out the Video NeuroImage discussing a microscope for subtle movements in clinical neurology. This week also includes a Humanities poem titled "Autism."

Podcasts can be accessed at [Neurology.org](http://Neurology.org)

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