In Focus
Spotlight on the November 3 Issue

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Notable in Neurology
This issue features an article using serial diffusion tensor imaging to show that cerebral tubers are neither static nor discrete and another article discussing the clinical and genetic analyses of 110 patients with paroxysmal kinesigenic dyskinesia. Another featured article focuses on the risk factors of postictal generalized EEG suppression in generalized convulsive seizures.

ARTICLES

Survival in synucleinopathies: A prospective cohort study
This study compared survival in synucleinopathies involving orthostatic hypotension (OH), including Parkinson disease (PD) and multiple system atrophy (MSA). The risk of death was greater in MSA-PD than in PD with OH and in PD with OH than in PD without OH.

In MSA or PD, OH may pose a disproportionate public health burden.

See p. 1554

A prospective single-blind study of Gamma Knife thalamotomy for tremor
This study with blinded assessments showed that Gamma Knife thalamotomy improved tremor to a similar extent as other neurosurgical procedures. Factors such as efficacy, safety, and cost-effectiveness suggest a need for reappraisal of Gamma Knife thalamotomy in the treatment of intractable tremors.

See p. 1562

Cerebral small vessel disease and incident parkinsonism: The RUN DMC study
Cerebral small vessel disease (SVD) was associated with incident parkinsonism after 5 years of follow-up in independently living elderly individuals. Cerebral SVD is a potentially modifiable risk factor for incident parkinsonism; however, future studies are needed to investigate whether treatment of SVD can prevent the development of parkinsonism.

See p. 1569

From editorialists Rundek & Luca: “…individuals with SVD and white matter hyperintensities should be aggressively treated for their risk factors (e.g., hypertension, lipid, and glucose dysregulation) to prevent future vascular damage, cognitive decline, gait dysfunction, and perhaps the development of Parkinson disease.”

See p. 1532

New-onset refractory status epilepticus: Etiology, clinical features, and outcome
In almost 40% of 130 patients with new-onset refractory status epilepticus, status epilepticus was due to autoimmune or paraneoplastic encephalitis; 50% of cases remained cryptogenic. Predictors of poor outcome included duration of status epilepticus, use of anesthetics, and medical complications. Most survivors remained on antiepileptic drugs.

See p. 1604

NB: “Neurology objective structured clinical examination reliability using generalizability theory,” p. 1623. To check out other Contemporary Issues: Innovations in Education articles, point your browser to Neurology.org. At the end of the issue, check out the NeuroImage discussing the evolution of brain lesions in a patient with TREX1 cerebroretinal vasculopathy. This week also includes a Clinical/Scientific Note titled “Extensive brain demyelinating lesions under natalizumab: The role of anti-natalizumab antibodies.”

Podcasts can be accessed at Neurology.org
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