In Focus

Spotlight on the May 3 Issue

Robert A. Gross, MD, PhD, FAAN
Editor-in-Chief, *Neurology*®

Notable in *Neurology*

This issue features an article assessing whether migraine was associated with increased systemic right-to-left shunts or whether right-to-left shunts increased prevalence of brain infarcts and recurrence of migraine attacks and another article determining efficacy and safety of rituximab treatment as an immunotherapy treatment for autoimmune limbic encephalitis. A featured article focuses on investigating the association of seizures and fluoroquinolones and providing an estimation of the absolute risk.

ARTICLES

Brain stimulation and constraint for perinatal stroke hemiparesis: The PLASTIC CHAMPS Trial

The authors demonstrated additive benefits of constraint-induced movement therapy (CIMT) and contralesional repetitive transcranial magnetic stimulation (rTMS) in enhancing long-term functional gains from an intensive, goal-directed motor learning camp in school-aged children with hemiparetic cerebral palsy. Noninvasive neuromodulation of motor function appeared to be possible in children with cerebral palsy.

See p. 1659

From editorialists Staudt & Gordon: "In the end, we are confident that rTMS will eventually become yet another new tool in our "toolbox" for treating congenital hemiparesis. Not unlike CIMT and bimanual therapy, we will still have to find its specific contributions..."

See p. 1652

Ventral tegmental area deep brain stimulation for refractory chronic cluster headache

Surgical therapies should be considered in patients with medically refractory chronic cluster headache. In this study, ventral tegmental area deep brain stimulation was safe and effective at reducing overall headache characteristics, suggesting a benefit when other therapies have failed or are unavailable.

See p. 1676

The relevance of VGKC positivity in the absence of LGI1 and Caspr2 antibodies

One-half of the VGKC-positive patients lacked LGI1 and Caspr2 antibodies. The clinical relevance of this VGKC positivity was explored by matching Caspr2- and LGI1-negative VGKC-positive patients to VGKC-negative

patients to assess the evidence for autoimmune origin. VGKC positivity without LGI1 and Caspr2 antibodies was not a marker for autoimmune inflammation.

See p. 1692

From editorialists Graus & Gorman: "Based on the above data, we propose that the VGKC radioimmunoassay antibody test be replaced by the more specific tests for LGI1 and Caspr2. The longer we delay in making this switch, the larger the number of patients at risk of being misdiagnosed, of undergoing needless cancer screening, or placed on unnecessary immunotherapy."

See p. 1657

Lamotrigine use in pregnancy and risk of orofacial cleft and other congenital anomalies

The authors tested previous signals for risk of orofacial cleft, clubfoot, and other congenital anomalies with exposure to lamotrigine. Their results showed that the risk of orofacial cleft was not substantially raised, nor was there strong independent evidence of risk for clubfoot.

See p. 1716

NB: "Spontaneous resolution of a giant intracranial arachnoid cyst," see p. e199. To check out other Resident & Fellow Teaching NeurolImages, point your browser to Neurology.org and click on the link to the Resident & Fellow Section. At the end of the issue, check out the NeurolImages discussing arterial spin labeling showing pre-epileptic tuber hyperperfusion in tuberous sclerosis complex and pupillary sign of aberrant regeneration of the third nerve. This week also includes a Resident & Fellow Pearls & Oy-sters article titled "Looking up the anatomy of looking up."

Podcasts can be accessed at Neurology.org

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