



## In Focus

### Spotlight on the May 24 Issue

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#### Notable in Neurology

This issue features an article examining the prevalence and clinical relevance of deep tiny flow voids in patients with steno-occlusive middle cerebral artery disease and another analyzing the molecular mechanism of mutant HTRA1-dependent cerebral small vessel disease in heterozygous individuals. A featured article focuses on the influence of preexisting disabilities, age and stroke service level on standardized IV thrombolysis rates in acute ischemic stroke.

#### ARTICLES

##### **A reappraisal of mortality after epilepsy surgery**

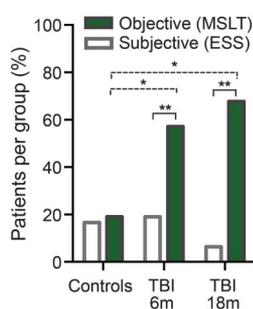
This study demonstrates that epilepsy surgery reduces mortality when patients become seizure-free or when seizure severity is ameliorated. Long-term mortality was assessed in more than 1,100 patients using survival analysis. Physicians should consider epilepsy surgery early, as soon as seizures are drug-resistant, to reduce epilepsy-associated mortality.

See p. 1938

From editorialists Jette & Engel Jr.: "It is our responsibility to ensure that patients who continue to have disabling seizures, despite 2 appropriate trials of antiseizure medication, are referred to a full-service epilepsy center, one that not only offers surgery, but also other specialized diagnostic and therapeutic approaches that could abolish disabling seizures."

See p. 1932

##### **Sleep-wake disorders persist 18 months after traumatic brain injury but remain underrecognized**



This study showed that sleep-wake disturbances persisted 18 months after traumatic brain injury but remained underrecognized by both patients and physicians. Posttraumatic sleep-wake disturbances are highly prevalent after traumatic brain injury of any severity but are difficult to diagnose because many affected patients are unaware of their disorder.

See p. 1945

From editorialists Edlow & Lammers: "Ultimately, more mechanistic and epidemiologic data are needed before clinical guidelines about the management of posttraumatic sleep-wake disturbances can be changed. Nevertheless, Imbach et al. make a compelling case that posttraumatic sleep-wake disorders may represent a silent epidemic."

See p. 1934

##### **Pathophysiologic differences in cerebral autoregulation after subarachnoid hemorrhage**

Assessment of cerebral autoregulatory capacity may be critical for identifying patients at high risk for neurologic morbidity. Vascular pathophysiology may contribute to cerebrovascular dysfunction and predict delayed ischemia after subarachnoid hemorrhage. Cerebrovascular function plays a key role in neurologic outcomes after subarachnoid hemorrhage, and its early assessment opens the door for personalized management strategies.

See p. 1950; Editorial, p. 1936

##### **Brain reserve against physical disability progression over 5 years in multiple sclerosis**

We need predictors of physical disability in persons with multiple sclerosis. Larger maximal lifetime brain growth (estimated with intracranial volume) predicted less disability progression over 5 years in patients with multiple sclerosis. These findings extend the concept of brain reserve from cognitive decline and dementia to the domain of physical disability.

See p. 2006

NB: "Neuro-ophthalmology," see p. e222. To check out other Resident & Fellow Emerging Subspecialties in Neurology submissions, point your browser to [Neurology.org](http://Neurology.org) and click on the link to the Resident & Fellow Section. At the end of the issue, check out the Resident & Fellow Clinical Reasoning article discussing pneumocephalus and pneumorrhachis in a 67-year-old man. This week also includes a Humanities story titled "Remembering."

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

# Neurology®

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