In Focus

Spotlight on the August 16 Issue

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Notable in *Neurology*

This issue features an article that determines whether large but nonstenotic carotid artery atherosclerotic plaque predominantly occurs ipsilateral rather than contralateral to cryptogenic stroke and another one that assesses the sensitivity and specificity of the Awaji and revised El Escorial diagnostic criteria in amyotrophic lateral sclerosis. A featured article explores longitudinal changes in brain activity in patients with Parkinson disease, multiple system atrophy, and progressive supranuclear palsy using task-based functional MRI.

ARTICLES

The effect of anesthetic management during intra-arterial therapy for acute stroke in MR CLEAN ▲

Currently, centers treat stroke patients intra-arterially with or without general anesthesia. Both strategies have clear benefits, but until now, it remains unclear what strategy is best in terms of clinical outcome. The current analysis of the MR CLEAN data shows that general anesthesia was associated with a poorer clinical outcome.

See p. 656

From editorialists Crosby & Muir: "...acute stroke patients are typically elderly or frail, have substantial comorbidities, or are incapable of cooperating due to their deficit, raising legitimate concerns about periprocedural safety. As such, GA offers a more stable setting and may simply be a surrogate for patients at higher risk of poor outcome."

See p. 648

Should the symptomatic region be included in dissemination in space in MRI criteria for MS? ▲

The authors examined 30 patients with clinically isolated syndrome with brainstem and spinal cord syndromes who had MRI scans and were followed for the development of multiple sclerosis. Including lesions in the symptomatic region in dissemination in space increased the sensitivity of MRI criteria and may help inform future revisions of the diagnostic criteria for multiple sclerosis.

See p. 680

From editorialists Miller & Pelletier: "Particular caution in assessing spinal cord MRI might be advisable for clinicians assessing patients with purely sensory symptoms in view of the susceptibility of a variety of imaging artifacts and the frequency of suboptimal studies in the community."

See p. 652

Cognitive effects of estradiol after menopause: A randomized trial of the timing hypothesis ▲

Postmenopausal women are concerned about estrogen effects on cognition. In this trial, estradiol initiated within 6 years of menopause did not affect verbal memory, executive functions, or global cognition differently from therapy begun 10+ years after menopause. Postmenopausal women of any age should not expect estrogen therapy to enhance cognition.

See p. 699

Excess mortality and hospitalized morbidity in newly treated epilepsy patients 📖

Little is known about new morbidities in patients with new-onset epilepsy. The authors examined 7,461 newly treated epilepsy patients, who had higher risk of developing stroke, ischemic heart disease, and cancer. Treatment with enzyme-inducing antiepileptic drugs was associated with increased morbidity. Investigations are needed to understand the mechanisms underpinning increased morbidity.

See p. 718

NB: "Rydel-Seiffer fork revisited: Beyond a simple case of black and white," see p. 738. To check out other Clinical/Scientific Notes, point your browser to Neurology.org. At the end of the issue, check out the NeuroImages article discussing the vessel wall MRI of an inflamed aneurysm with atherosclerosis in a patient with ischemic stroke and another on central canal enhancement and the trident sign in spinal cord sarcoidosis. This week also includes a Resident & Fellow Section Child Neurology article titled "Diagnosis and treatment of Tourette syndrome."

Podcasts can be accessed at Neurology.org

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Neurology 2016;87;647

DOI 10.1212/WNL.0000000000002996

This information is current as of August 15, 2016

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