In Focus

Spotlight on the August 30 Issue

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Notable in *Neurology*

This issue features an article determining whether diabetes mellitus is a risk factor for spontaneous intracerebral hemorrhage and another investigating the effects of hormone therapy on brain structure in recently postmenopausal women. A featured article analyzes the clinical presentation and outcomes of surgically treated focal cortical dysplasia in children.

ARTICLES

Predictive value of ABCD2 and ABCD3-I scores in TIA and minor stroke in the stroke unit setting

Established scores predicted risk of recurrent stroke after TIA and minor stroke for patients treated on stroke units. Initial clinical presentation with hemiparesis, results of imaging studies, and symptom duration over 24 hours were the most important items. Age, diabetes, initial blood pressure, and dual TIA did not independently predict stroke recurrence.

See p. 861

From editorialist Annemarei Ranta: Future TIA risk score assessments of already validated scores will ideally consist of randomized controlled trials assessing the effect of scores on actual patient outcomes. We need to move beyond inferring potential influence on patient

outcomes based on repeated observational studies whether it is to prove or disprove the utility of a given score.

See p. 856

Seizures in dominantly inherited Alzheimer disease

Using Cox and Andersen-Gill models, the authors examined 132 patients with autosomal dominant early-onset Alzheimer disease associated with various mutations. They found that half the mutation carriers had seizures after about 8 years of follow-up, with different rates among the mutation types. Clinicians should be alert to seizure occurrence, especially in cases of amyloid- β protein precursor duplication and rapid cognitive decline, in which seizure risk was highest.

See p. 912

Lower microstructural integrity of brain white matter is related to higher mortality

Damage to cerebral white matter, even at a subclinical stage, is related to higher risk of mortality. Using diffusion MRI, the authors showed that community-dwelling individuals with lower microstructural integrity of cerebral white matter had shorter survival. White matter hyperintensities on MRI are only the tip of the iceberg and might imply further microstructural damage.

See p. 927

Sensitivity of quantitative EEG for seizure identification in the intensive care unit

The authors found that a panel of quantitative EEG (QEEG) measures provided reasonable sensitivity for seizure identification, while shortening reviewing time. Focal, slow-evolving, and slow-frequency seizures were challenging to detect using QEEG, while rhythmic and periodic patterns commonly caused false detections. The prevalence of false detections on QEEG suggests it is best used for focused analyses of conventional EEG.

See p. 935

NB: "Metronidazole-induced encephalopathy," see p. e89. To check out other Resident & Fellow Mystery Case submissions, 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 *NeuroImage* exploring postpartum sciatic neuropathy and another on the early onset of propriospinal-like myoclonus in a child following a vertebral fracture. This week also includes a Clinical/Scientific Note titled "Eosinophilic gastroenteritis in a woman with multiple sclerosis on dimethyl fumarate."

Neurology[®]

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Neurology 2016;87;855

DOI 10.1212/WNL.0000000000003041

This information is current as of August 29, 2016

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