In Focus
Spotlight on the June 13 issue

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Notable in Neurology
This issue features an article detailing the ability of the Alberta Stroke Program Early Computed Tomography Score to detect infarction at different onset-to-CT time in acute anterior circulation stroke and another demonstrating that thalamic hubness can serve as a potential biomarker of surgical outcome in patients with temporal lobe epilepsy. A featured article describes a study that determined that CSF phosphorylated neurofilament heavy chain concentrations have added value as diagnostic biomarkers for amyotrophic lateral sclerosis.

ARTICLES

MR perfusion lesions after TIA or minor stroke are associated with new infarction at 7 days
In this study, magnetic resonance perfusion-weighted imaging (PWI) detected acute ischemic injury among half of patients experiencing a TIA. One-third of lesions were associated with a new infarction on follow-up MRI at 7 days. Recurrent brain infarction after TIA may partially result from the progression of initial acute ischemic injury detected on PWI.

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Racial disparities in neurologic health care access and utilization in the United States
Analyses of the 2006–2013 Medical Expenditure Panel Survey revealed that black and Hispanic Americans received less outpatient neurologic care than non-Hispanic white Americans. Minorities with neurologic illness totaled more emergency department visits, more hospital stays, and higher hospital expenditures. Unequal access to outpatient neurologic care results in unnecessary medical and financial costs.

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Clinical marker for Alzheimer disease pathology in logopenic primary progressive aphasia
Logopenic progressive aphasia is a difficult to diagnose nonamnestic variant with Alzheimer disease (AD) pathology; autopsy-validated clinical features could help identify the condition. The authors related regional burden of neuropathology to detailed clinical language and imaging features. Clinical–pathologic correlations help identify nonamnestic conditions with AD pathology that are eligible for disease-modifying treatment.

See p. 2276

Benefits, pitfalls, and future design of population-based registers in neurodegenerative disease
Population-based registers are useful, but subject to bias. This review identifies hidden biases, including the conflation of incident and prevalent cases, and information creep in registers of long duration. The authors determine that data generated at the beginning of registers, and most recently, are at greatest risk of hidden bias.

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