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.

See p. 2254

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.

See p. 2268

Clinical marker for Alzheimer disease pathology in logopenic primary progressive aphasia

Logopenic progressive aphasia is a difficult to diagnose nonamnesic 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 non-amnesic conditions with AD pathology that are eligible for disease-modifying treatment.

See p. 2276

From editorialists Knopman and Nestor: "The observations of Giannini et al. remind us that careful clinical examination cannot be ignored. Any clinical criteria that can be used for screening prior to imaging will increase certainty that a specific disease is the cause of an individual patient's condition."

See p. 2244

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.

See p. 2321

NB: "Education Research: Positive effect of scheduled faculty modeling on clerkship student bedside skills exposure and learning," p. e236. To check out other Resident & Fellow Education Research articles, 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 Clinical/Scientific Note discussing Zika virus infection-associated acute transient polyneuritis. This week also includes a Reflections poem titled "Square patches of light remember you."

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