In Focus

Spotlight on the July 18 issue

Robert A. Gross, MD, PhD, FAAN
Editor-in-Chief, *Neurology*®

Notable in *Neurology*

This issue features an article that elucidates the association of insulin resistance with impaired cerebrovascular reactivity, and another that determines MOG-Ab-positive children with relapsing acquired demyelinating syndromes show notable and distinctive clinical and MRI features. A featured article shows that IV dihydroergotamine treatment may be associated with an increased risk of catheter-associated venous thrombosis.

ARTICLES

The evolving genetic risk for sporadic ALS

The contribution of genetic factors in sporadic amyotrophic lateral sclerosis (SALS) pathogenesis is not clear, with current estimates varying greatly. By incorporating the latest next-generation sequencing approaches, the authors found amyotrophic lateral

sclerosis-associated loci contribute to approximately 17% of SALS cases. This non-negligible contribution has important clinical implications, particularly in an era of genetic-focused treatments.

See p. 226

From editorialist Andersen: "Pulst et al. used a panel of validated pathogenicity-prediction computer models to exclude a third of the observed variants in the selected 33 ALS genes. This approach is the real novelty of the present study: all earlier studies of genetic variants in SALS have simply compared the frequency of observed variants in patients with a matched control population."

See p. 220

Diagnosis of DWI-negative acute ischemic stroke: A meta-analysis

Diffusion-weighted imaging (DWI), commonly used to diagnose acute ischemic stroke, can be incorrect. The authors performed a meta-analysis of 3,236 patients and found that the pooled prevalence of DWI-negative stroke was 6.8%. Patients with posterior circulation ischemia were 5 times more likely to have a negative DWI scan. Stroke remains a clinical diagnosis.

See p. 256

Epilepsy-associated long-term mortality after aneurysmal subarachnoid hemorrhage

This study demonstrates that the prognosis of patients with epilepsy after a post saccular intracranial aneurysm-subarachnoid hemorrhage (sIA-SAH) differs from that of recovering sIA-SAH patients without epilepsy. Predictors for mortality in 1-year survivors included having epilepsy after sIA-SAH. Treatment and counseling of patients with post sIA-SAH epilepsy could improve outcomes.

See p. 263

From editorialists Harroud and Crepeau: "The current study adds to the strong body of knowledge clearly establishing that epilepsy is an important contributor to mortality across different etiologies and populations."

See p. 222

Hospital safety among neurologic patients: A population-based cohort study of adverse events

In this study, an estimated 11 per 100 neurologic admissions were associated with an adverse event that varied by neurologic condition. Infections and respiratory-related complications were the most common events. This information argues for increased clinician vigilance of these adverse events, thus improving in-hospital quality of care for neurologic patients.

See p. 284

NB: "International Issues: Teleneurology in humanitarian crises: Lessons from the Médecins Sans Frontières experience," p. e16. To check out other Resident & Fellow Section International Issues, 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 reporting a case of somatosensory aberrant regeneration in a cranial nerve with evidence that V2 partially innervates the inferior cornea. This week also includes a NeuroImage titled "Multinodular vacuolating and neuronal tumor of the cerebrum."

Podcasts can be accessed at Neurology.org

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