Abstracts

Articles appearing in the December 2017 issue

King-Devick test identifies real-time concussion and asymptomatic concussion in youth athletes

Background Sports concussion has an annual incidence of approximately 3.8 million. Over half go unreported and a substantial number may be asymptomatic. A rapid, cost-effective, and reliable tool that facilitates diagnosis of concussion is needed. The King-Devick (K-D) test is a vision-based tool of rapid number naming for assessment of concussion. In this study, we evaluated the utility of the K-D test in real time for identification of symptomatic concussion in youth athletes and examined whether similar impairment (subclinical concussion) exists in youth athletes without an obvious head injury or symptoms.

Methods Youth hockey players underwent K-D testing preseason, postseason, and immediately after suspected concussion. Additional testing was performed in a subgroup of nonconcussed athletes immediately before and after a game to determine effects of fatigue on K-D scores.

Results Among 141 players tested, 20 had clinically diagnosed concussion. All 20 had immediate post-concussion K-D times >5 seconds from baseline (average 7.3 seconds) and all but 2 had worse postseason scores (46.4 seconds vs 52.4 seconds, $p < 0.05$, Wilcoxon signed rank test). Nonconcussed athletes saw minimal improvement postseason (43.9 vs 42.1 seconds, $p < 0.05$) and 51 nonconcussed players assessed before and after a game revealed no significant time change as a result of fatigue.

Conclusions Rapid number naming using the K-D test accurately identifies real-time, symptomatic concussion in youth athletes. Scores in concussed players may remain abnormal over time. Athletes should undergo preseason and postseason K-D testing, with additional evaluation real time to inform the assessment of suspected concussion.

Classification of evidence This study provides Class III evidence that the K-D test accurately identifies real-time concussions in youth athletes.

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Recommendations for the detection and diagnosis of Niemann-Pick disease type C: An update

Purpose of review Niemann-Pick disease type C (NP-C) is a neurovisceral disorder that may be more prevalent than earlier estimates. The diagnosis of NP-C is often delayed; a key aim for clinical practice is to reduce this delay. Recently, substantial progress has been made in the field of NP-C screening and diagnosis, justifying an update to the existing recommendations for clinical practice.

Recent findings New biomarker profiling and genetic analysis technologies are included as first-line diagnostic tests for NP-C. Most diagnoses can now be confirmed by combination of biomarker and genetic analyses. Filipin staining may facilitate diagnosis in uncertain cases. Recommendations are provided for psychiatrists, neuro-ophthalmologists, and radiologists, and on screening within specific at-risk patient cohorts. The NP-C diagnostic algorithm has been updated and simplified.

Summary This publication provides expert recommendations for clinicians who may see patients presenting with the signs and symptoms of NP-C, including general practitioners, pediatricians, neurologists, and psychiatrists.

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Practice Current

Our latest survey features a hot topic for all practicing neurologists worldwide—When do you suspect autoimmune encephalitis (AE) and what is the role of antibody testing? There has been growing interest in stressing the importance of clinically grounded guidelines for diagnosis of AE and antibody testing may not be available in diverse settings with varying resources. We welcome readers to join the discussion.

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Neurology[®]

What's happening in *Neurology*[®] *Clinical Practice*
Neurology 2018;90;271
DOI 10.1212/WNL.0000000000004940

This information is current as of February 5, 2018

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