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A summary of recently published articles in the *Neurology*[®] Resident & Fellow Section

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November 6, 2018 issue

This week's issue starts off with a Clinical Reasoning behind the differential diagnosis and evaluation of myoclonus. The Pearls & Oy-sters discusses a case where both horizontal and vertical nystagmus occur together. The Teaching NeuroImage describes imaging in a hereditary neuropathy and the Teaching Video NeuroImage presents the case of a child with temporal lobe epilepsy and vomiting.

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Editor's Blog

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Clinical Reasoning Book Free Download

NPub.org/crb

Global and Community Health Subsection

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Clinical Reasoning: A 22-year-old man presenting with headache and right leg jerks

This case describes a young man who presented with headache and myoclonus. The patient had a tumultuous clinical course, and after receiving an exhaustive medical workup, he was found to have epilepsy partialis continua.

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Pearls & Oy-sters: Windmill nystagmus in paraneoplastic cerebellar degeneration

This case report describes windmill nystagmus in a patient with paraneoplastic cerebellar degeneration (PCD) associated with small cell lung carcinoma. This expands the clinical features of PCD and causes of windmill nystagmus by highlighting this characteristic nystagmus in a patient without visual loss.

[Page e1831](#)

Teaching NeuroImages: Morphology of lumbosacral dorsal root ganglia and plexus in hereditary transthyretin amyloidosis

A 66-year-old man presented with a 5-year history of length-dependent neuropathy in the lower limbs and was diagnosed with hereditary transthyretin Val30Met amyloidosis. 3D magnetic resonance neurography showed marked enlargement of the dorsal root ganglia and the lumbosacral plexus.

[Page e1834](#)

Teaching Video NeuroImages: Ictal vomiting in a child

This video case report describes the rare seizure semiology of ictal vomiting, typically seen in association with temporal lobe epilepsy.

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November 13, 2018 issue

The Child Neurology case describes a rare neurodegenerative disease with a specific treatment. Next, the steps and evaluation of a comatose patient are presented with specific clinical and imaging findings as described in the Clinical Reasoning case. There are 2 Teaching NeuroImages that present the clinical and imaging findings from different causes of stroke.

Child Neurology: Brown-Vialetto-Van Laere syndrome: Dramatic visual recovery after delayed riboflavin therapy

This case report of Brown-Vialetto-Van Laere syndrome in a 6-year-old girl demonstrates dramatic visual recovery and neurologic improvement after delayed initiation of riboflavin supplementation.

[Page 938](#)

Clinical Reasoning: A 35-year-old woman with diplopia, ataxia, and altered mental status

A patient in a prolonged comatose state was ultimately diagnosed with a severe presentation of Bickerstaff brainstem encephalitis.

[Page e1942](#)

Teaching NeuroImages: Lightning strikes twice: Complex bilateral corpus callosum infarction after paradoxical embolism

This case shows images of a rare anterior cerebral artery (ACA) territory infarction, caused by paradoxical embolism of a bihemispheric ACA A2 branch.

[Page e1947](#)

Teaching NeuroImages: Adolescent Wallenberg syndrome with overlooked signs: Ipsipulsion and ipsilateral facial palsy

A 14-year-old boy presented with vomiting, slurred speech, and leaning rightward. Examination showed dysarthria, right-sided miosis, ptosis, and gaze preference, decreased sensation over the right V2/V3 region and left shin, right lower facial palsy, rightward tongue deviation, and right-sided dysmetria. Neuroimaging revealed brainstem stroke with vertebral artery dissection.

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November 20, 2018 issue

The Opinion and Special Articles subsection publishes on current issues in neurology education and training. This article deals with the practitioner's approach to managing patients with epilepsy utilizing the latest available technologies. With the expanding understanding and research into the area of sports-related concussion, the Emerging Subspecialties in Neurology is particularly timely. The Teaching NeuroImages case presents imaging findings in a type of encephalitis that may be contracted from mosquito bites in Asia and the Western Pacific regions. Finally, the Teaching Video NeuroImages includes video EEG during paroxysms associated with cerebral amyloid angiopathy.

Opinion and Special Articles: Self-management in epilepsy: Web-based seizure tracking applications

What is the best way to engage patients with epilepsy? Patients and practitioners may have different answers to this question, but both would agree that having accurate information is of utmost importance. A number of free epilepsy mobile tools are available for use by patients and providers. Here, we review 3 widely used applications.

[Page e2027](#)

Emerging Subspecialties in Neurology: Sports neurology training and certification: An overview in 2018

The pathway to learning about sports neurology is still in evolution both at the medical school and residency level. Those interested in this topic need to take more personal responsibility for their learning and exposure than those interested in more established areas of neurology. This review will be helpful to those interested in pursuing a potential career in sports neurology.

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Teaching NeuroImages: Japanese encephalitis

A 20-year-old woman presented with 3 days' history of fever and deteriorating consciousness. Physical examination showed positive Kerning sign. Brain MRI revealed hyperintensity involving bilateral thalami and substantia nigra.

[Page e2031](#)

Teaching Video NeuroImages: Cerebral amyloid angiopathy–related transient focal neurologic episodes: A video-EEG report

A 77-year-old man with a probable cerebral amyloid developed multiple sensory transient focal neurologic episodes (TFNE) of the left arm and face. Four TFNE were recorded on video-EEG. MRI showed a cortical subarachnoid hemorrhage in the right central sulcus.

[Page e2033](#)

November 27, 2018 issue

Congratulations to our readers who correctly identified the diagnosis in the latest Mystery Case. Management of pain is complicated and often multidisciplinary. The role of the neurologist and avenues for training in this field are discussed in the latest Emerging Subspecialties in Neurology. The Teaching Video NeuroImages demonstrates the examination of oculopalatal myoclonus and the Teaching NeuroImages emphasizes a recognizable pattern on magnetic resonance neuroimaging.

Mystery Case: Pontine tegmental cap dysplasia in a neonate

This case emphasizes the differential diagnosis of feeding difficulty in a neurologically affected neonate.

Page e2100

Emerging Subspecialties in Neurology: Pain medicine

Pain medicine is an exciting hands-on subspecialty available to neurology residents. Herein the authors provide a general overview of pain medicine as a neurologic subspecialty. Understanding factors involved in neurology residents' awareness of and barriers to pursuing pain medicine fellowships is deserving of future research.

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Teaching Video NeuroImages: Oculopalatal myoclonus: A possible consequence of brainstem injury

A 61-year-old man with previous left cerebellar infarct complained of double vision and dizziness several months postinfarct. Examination showed rotatory nystagmus in all directions of gaze, worse on left gaze. Oral examination showed palatal tremor.

Page e2104

Teaching NeuroImages: The heart sign in a patient with apparent locked-in syndrome

An 85-year-old man presented with 48 hours of recurrent vomiting and vertigo with rapidly progressive dysphagia and quadriplegia. MRI-magnetic resonance angiography showed a paramedian medullary infarct, known as the heart sign, hallmark of this rare posterior circulation stroke caused by occlusion of the anterior spinal artery.

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Share Your Artistic Expressions in *Neurology* 'Visions'

AAN members are urged to submit medically or scientifically related artistic images, such as photographs, photomicrographs, and paintings, to the "Visions" section of *Neurology*®. These images are creative in nature, rather than the medically instructive images published in the NeuroImages section. The image or series of up to six images may be black and white or color and must fit into one published journal page. Accompanying description should be 100 words or less; the title should be a maximum of 96 characters including spaces and punctuation.

Please access the Author Center at NPub.org/authors for full submission information.

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Access an article at Neurology.org/N and click on "COMMENT" beneath the article header. Responses will be posted within 3 business days.

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 - Read previously posted comments; redundant comments will not be posted
 - Your submission must be 200 words or less and have a maximum of five references; reference one must be the article on which you are commenting
 - You can include a maximum of five authors (including yourself)
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Resident & Fellow Rounds

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Neurology 2018;91;1022-1024

DOI 10.1212/WNL.0000000000006598

This information is current as of November 26, 2018

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