

Disputes & Debates: Editors' Choice

Steven Galetta, MD, FAAN, Section Editor

Editors' note: The neurologic exam: Is it extinct?

In "The neurologic exam: Is it extinct?" Dr. Aghajan shares her thoughts about the neurologic examination and its value. At the end of her essay, she comes to the conclusion that the neurologic examination goes beyond localizing the lesion: there is a therapeutic value in a doctor's touch and the creation of a partnership between the patient and the doctor during the examination. Commenting on the article, Dr. Garg suggests the term "reverse neurology" to illustrate a trend of initial neuroimaging evaluation followed by history taking and clinical examination, if deemed necessary. He shares his experience with a patient where proper history and examination would have avoided unnecessary testing and treatment. Dr. Kawoosa also comments on the article, discussing incidental findings in neuroimaging that can misguide the physician in the absence of adequate clinical evaluation. Finally Dr. Masdeu, a neurologist with 44 years of experience, and who edited 2 neuroimaging volumes, comments on how he still finds the history and the physical examination essential to orient ordering of ancillary procedures and to interpret their results.

Chafic Karam, MD, and Steven Galetta, MD
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Reader response: The neurologic exam: Is it extinct?

Ravindra Kumar Garg (Lucknow, India)
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I read with interest the essay by Dr. Aghajan¹; I agree, but I call it "reverse neurology." Often neuroimaging is evaluated first and then, if needed, history-taking and clinical examination is contemplated. Reverse neurology is increasingly rampant in India. I recall a young female patient who presented with paraparesis with urinary retention of 8-hour duration. The doctor on emergency duty got an MRI of the thoracic region, which was reported normal. Later, many other investigations, including CSF examination, were found normal. Considering a possible diagnosis of transverse myelitis, the patient was administered IV methylprednisolone. There was no improvement, so residents were asked to re-evaluate. Neurologic examination was normal and plantar reflex was downgoing. A relative of the patient disclosed the patient's history of sexual abuse by another relative. The patient had conversion reaction. Neurologic deficits, seizures, and pain that cannot be explained by a systemic disease are frequently referred to as conversion reaction.^{2,3} A genuine neurologic disorder, but misdiagnosis is common. The only remedy for such errors lies in proper clinical examination. Diagnostic techniques only play a supportive role.

1. Aghajan Y. The neurologic exam: is it extinct? *Neurology* 2018;90:89.
2. Allin M, Streeruwitz A, Curtis V. Progress in understanding conversion disorder. *Neuropsychiatr Dis Treat* 2005;1:205–209.
3. Stone J, Smyth R, Carson A, et al. Systematic review of misdiagnosis of conversion symptoms and "hysteria". *BMJ* 2005;331:989.

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Reader response: The neurologic exam: Is it extinct?

Atif Rasool Kawoosa (Soura, India)

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I read with interest the essay by Dr. Aghajan.¹ As the “Teslas” go up in numbers and find their way into clinical practice, we expect and realize that we image more than we want to see and end up with false-positives. One of my neurology guides once remarked that an MRI technician can make an otherwise normal MRI look incurable; so-called “incidental findings,” which may be irrelevant to the patient’s problems, may end up adding a few problems. This is happening in day-to-day neurology practice. We should always go to the laboratory with a question that arises from clinical examination. Neurology diagnoses, exceptional to most other medical fields, rests on clinical evaluation.

1. Aghajan Y. The neurologic exam: is it extinct? *Neurology* 2018;90:89.

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Reader response: The neurologic exam: Is it extinct?

Joseph C. Masdeu (Houston, TX)

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Is the neurologic examination becoming extinct?¹ Possibly. There are not many formal teaching conferences dedicated exclusively to this topic in neurology residency training programs. Books describe examinations that would take hours to perform. To be useful, an examination has to be brief but sensitive to neurologic disease. Its interpretation has to be based in an adequate knowledge of neuroanatomy,² which makes our specialty somewhat daunting but also enjoyable. Having recently edited 2 neuroimaging volumes,³ I cannot be accused of lack of interest in ancillary diagnostic techniques. However, even more than when I began to practice clinical neurology 44 years ago, before the CT and MRI era, I find the history and the physical examination essential to orient my ordering of ancillary procedures and to interpret their results.

1. Aghajan Y. The neurologic exam: is it extinct? *Neurology* 2018;90:89.
2. Brazis P, Masdeu JC, Biller J. Localization in Clinical Neurology, 7th ed. Philadelphia: Wolters Kluwer; 2016.
3. Masdeu JC, Gonzalez RG, editors. Neuroimaging, Volumes 135 and 136. Handbook of Clinical Neurology. San Diego: Elsevier; 2016.

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CORRECTION

Vascular disease and cerebral amyloid deposition

Neurology® 2018;91:333. doi:10.1212/WNL.0000000000005703

In the editorial “Vascular disease and cerebral amyloid deposition” by O.L. Lopez and P. Maillard,¹ one of the authors’ degrees is incorrect. Dr. Maillard holds a PhD rather than an MD as originally published. The authors regret the error.

Reference

1. Lopez OL, Maillard P. Vascular disease and cerebral amyloid deposition. *Neurology* 2018;90:635–636.

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Vascular disease and cerebral amyloid deposition

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