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## Notable in *Neurology* this week

This issue features an article that evaluates 4 proposed components of a multidimensional test battery as study outcome measures for disability in multiple sclerosis; another investigates the safety and efficacy of induced hypertension in patients with acute ischemic stroke. The featured Clinical Implications of Neuroscience Research article examines functional organization of the insular cortex and its clinical manifestations.

## Articles

### Alcohol withdrawal is associated with poorer outcome in acute ischemic stroke

There is an increasing trend in the number of patients with stroke with alcohol withdrawal. This analysis shows that patients with acute ischemic stroke and comorbid alcohol withdrawal had substantially worse outcomes: higher mortality, longer hospitalizations, and higher odds of complications. Early identification and appropriate management of alcohol withdrawal may improve outcomes.

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### Family history increases the risk of late seizures after stroke

Not all patients with stroke with similar lesions develop late poststroke seizures (LPS). After linking patient registers across generations, the results suggest that having a first-degree relative with epilepsy increased LPS risk. This supports a small but important role for individual predisposition, like genetic vulnerability, in LPS pathogenesis.

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### Stereotactic radiosurgery for cerebral cavernous malformations: A systematic review

Stereotactic radiosurgery is a controversial treatment for cerebral cavernous malformations. In a systematic review and meta-analysis of published cohorts, most studies were at high risk of bias. Outcomes after stereotactic radiosurgery were similar to conservative management. A randomized trial of stereotactic radiosurgery vs conservative management is needed.

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*From editorialists Flemming & Lanzino: "Until further data evolve, [stereotactic radiosurgery] should be limited to highly selected patients in centers with recognized expertise."*

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## MORE ONLINE

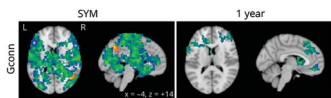
### 🎧 Editor's Summary

Audio summary of highlighted articles.

[NPub.org/edsum](https://www.neurology.org/edsum)

*Continued*

## Mapping brain recovery after concussion: From acute injury to 1 year after medical clearance



This article provides new insights into long-term brain recovery after concussion. Using advanced MRI, the authors tracked brain physiology of concussed athletes (i.e., white matter, blood flow, connectivity) from early injury to 1 year

after return to play. Brain recovery is complex and lasts well beyond return to play.

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NB: “Neurology: Challenges, opportunities, and the way forward,” p. 911. To check out other Presidential Messages, point your browser to [Neurology.org/N](http://Neurology.org/N). At the end of the issue, check out the Resident & Fellow Clinical Reasoning article discussing the process to diagnosis of a 56-year-old man presenting with progressive proximal weakness and bone pain. This week also includes a Resident & Fellow Teaching Video NeuroImage titled “Cephalic tetanus: Not every facial weakness is Bell palsy.”

### NEW EPISODE



November 19, 2019

## Symptom burden among individuals with Parkinson disease: A national survey (see the February 2020 issue of *Neurology*<sup>®</sup> Clinical Practice)

1. Symptom burden among individuals with Parkinson disease: A national survey (*Neurology: Clinical Practice*)
2. What's Trending: Neurosyphilis

In the first segment, Dr. Jeffrey Ratliff talks with Dr. Christopher Tarolli about his *Neurology: Clinical Practice* paper on symptom burden among individuals with Parkinson disease. In the second part of the podcast, Dr. David Lapidus talks with Dr. Allan Ropper about his NEJM paper on neurosyphilis, which can be read here: <https://www.nejm.org/doi/full/10.1056/nejmra1906228>.

Disclosures can be found at [Neurology.org](http://Neurology.org).

**No CME this week:** Interviews based on articles from *Neurology: Clinical Practice*, *Neurology*<sup>®</sup> *Genetics*, and *Neurology*<sup>®</sup> *Neuroimmunology & Neuroinflammation* are excluded from the CME program.

# Neurology®

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