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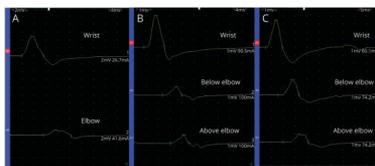


A summary of recently published articles in the *Neurology*[®] Resident & Fellow Section

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November 5, 2019 issue

This issue starts with a Clinical Reasoning case that describes a 65-year-old man with asymmetrical weakness and paresthesia. There are 2 Teaching NeuroImages cases in this issue. The first shows substantia nigra T2

hyperintensities in a man with Leber hereditary optic neuropathy, while the second describes corkscrew medullary veins in active neurosarcoidosis.

Clinical Reasoning: A 65-year-old man with asymmetrical weakness and paresthesia

A 65-year-old man with well-controlled diabetes presented with 3 months of progressive left-side predominant weakness accompanied by painless paresthesias of his bilateral upper and lower extremities.

Page 856

Teaching NeuroImages: Substantia nigra T2 hyperintensities in a man with Leber hereditary optic neuropathy

A 29-year-old alcoholic man presented with sudden progressive central visual loss in the right eye. The unusual gray matter hyperintensities in this case favored a metabolic rather than demyelinating etiology.

Page e1830

Teaching NeuroImages: Corkscrew medullary veins in active neurosarcoidosis

A 47-year-old man with history of biopsy-proven sarcoidosis presented with 6 months of cognitive decline and incontinence. Neuroimaging was consistent with active neurosarcoidosis and notable for asymmetrical dilation and “corkscrew” appearance of the right medullary veins.

Page e1832

November 12, 2019 issue

This issue starts with a Pearls & Oysters article about supraorbital neuralgia in lepromatous leprosy masquerading as short-lasting unilateral neuralgiform headache with cranial autonomic symptoms. The issue also includes a Teaching NeuroImages case that discusses ¹⁸F-FDG-PET

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analysis in 3 different stages from 1 patient with leucine-rich glioma-inactivated 1 autoimmune encephalitis. Another Teaching NeuroImage describes Rete-like middle cerebral artery.

Pearls & Oysters: Supraorbital neuralgia in lepromatous leprosy masquerading as SUNA

A 24-year-old man presented with right forehead pain for 1 year. The pain frequently extended upwards to involve the right frontal and parietal scalp region. It was dull, continuous, and aching type with intermittent short-lasting spurts of bursting headache in the same territory.

Page 902

Teaching NeuroImages: ¹⁸F-FDG-PET/SPM analysis in 3 different stages from a patient with LGI-1 AE

In this study, we determined the clinical metabolic characteristics of ¹⁸F-fluoro-2-deoxy-D-glucose PET in patients who were diagnosed with leucine-rich glioma-inactivated 1 autoimmune encephalitis.

Page e1917

Teaching NeuroImages: Rete-like middle cerebral artery

We describe a congenital vascular condition that is very rarely observed in the general population and the main imaging features that distinguish it. This case also illustrates how patients presenting with these imaging findings are often misdiagnosed and managed incorrectly.

Page e1919

November 19, 2019 issue

The Clinical Reasoning article in this issue presents a case of progressive proximal weakness in a 56-year-old man with bone pain. This issue also includes a Teaching NeuroImage illustrating Frey syndrome. The Teaching Video NeuroImage featured this issue discusses cephalic tetanus: not every facial weakness is Bell palsy.

Clinical Reasoning: Progressive proximal weakness in a 56-year-old man with bone pain

This is a presentation of a patient with inclusion body myositis, Paget disease of bone, and frontotemporal dementia, a rare multisystem disease that is highly variable in its presentation.

Page 939

Teaching NeuroImage: Frey syndrome

This is a brief and instructive case that illustrates diagnosis and management of this condition. A 42-year-old woman presented with left facial sweating whenever she ate. Symptoms started 6 months after surgery for a benign left parotid tumor.

Page e1993

Teaching Video NeuroImages: Cephalic tetanus: Not every facial weakness is Bell palsy

A 54-year-old Brazilian woman with unknown immunization status presented with unilateral facial weakness and trismus 1 week after facial trauma.

Page e1995

November 26, 2019 issue

The Pearls & Oysters case in this issue presents a case of IV and mechanical thrombolysis for ischemic stroke secondary to cardiac myxoma. This issue also features 2 Teaching NeuroImages. The first discusses autoimmune glial fibrillary acidic protein meningoencephalomyelitis. The second describes when MRI is a clue in episodic ataxia.

Pearls & Oysters: IV and mechanical thrombolysis for ischemic stroke secondary to cardiac myxoma

We illustrate the case of a 49-year-old man who presented with sudden-onset aphasia and right-sided weakness who was found to have an acute left middle cerebral artery infarct secondary to a cardiac myxoma embolism. The purpose of this case is to increase awareness of this condition and illustrate the safety of treatment with tissue-type plasminogen activator, thrombectomy, and early myxoma resection.

Page 975

Teaching NeuroImages: Autoimmune glial fibrillary acidic protein meningoencephalomyelitis

In this article, the authors show distinctive MRI findings of glial fibrillary acidic protein-immunoglobulin G-positive autoimmune meningoencephalomyelitis, which is highly corticosteroid-responsive.

Page e2076

Teaching NeuroImages: When MRI is a clue in episodic ataxia

A 3-year-old girl presented with episodic ataxia for the last 1 month. It lasted for 1–2 days continuously after a febrile illness. MRI was suggestive of a neurometabolic disorder.

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Neurology[®]

Resident & Fellow Rounds
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Neurology 2019;93;973-974
DOI 10.1212/WNL.00000000000008547

This information is current as of November 25, 2019

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