WHAT'S HAPPENING IN

Neurology® Clinical Practice

Neurology.org/CP

Abstracts

Ataxic-hypotonic cerebral palsy in a cerebral palsy registry: Insights into a distinct subtype

Objective To determine whether initial presurgical evaluation of deep brain stimulation (DBS) candidacy with video telemedicine (VTEL) can reliably predict surgical candidacy (patients who will eventually undergo DBS surgery) and decrease resource utilization when compared with an in-person evaluation.

Methods In this retrospective, cohort analysis, all out-of-state referrals to the San Francisco Veterans Affairs from 2008 to 2013 for DBS therapy were reviewed and their surgical outcomes were assessed until 2017. Patients were designated as good, borderline, or poor surgical candidates after initial evaluation, and their rates of undergoing DBS were recorded. An assessment of patient travel costs was performed.

Results There were 60 out-of-state DBS referrals identified out of the 148 initial presurgical DBS evaluations completed for surgical treatment of dystonia, essential tremor, or Parkinson disease; 24 patients underwent in-person consultation, and 36 patients underwent evaluation via VTEL. There was no difference between the rates of undergoing surgical treatment with DBS based on surgical candidacy for patients in the in-person and VTEL cohorts. Patients who underwent initial presurgical screening via VTEL saved time and money.

Conclusion VTEL can be used to facilitate presurgical screening for DBS and saves costs.

NPub.org/NCP/9520a

Treatment and outcome of childhood cerebral sinovenous thrombosis

Background To test our hypothesis that anticoagulation is associated with better neurologic outcomes in childhood cerebral sinovenous thrombosis (CSVT), we analyzed treatment and outcomes in a population of 410 children from the International Pediatric Stroke Study (IPSS).

Methods We included patients enrolled in the IPSS registry with a diagnosis of CSVT at age >28 days with radiologic confirmation, in isolation or with concomitant arterial ischemic stroke. The primary outcome was the neurologic status at discharge. We defined unfavorable outcome as severe neurologic impairment or death at discharge. The Pediatric Stroke Outcome Measure was used for long-term outcome in those with follow-up. Predictors of anticoagulation use and outcome were analyzed by logistic regression.

Results Most children (95%) had identifiable risk factors, and 82% received anticoagulation. Shift analysis demonstrated better outcomes at discharge in children who were anticoagulated, and this persisted with longer-term outcomes. In multivariable analysis, anticoagulation was significantly associated with favorable outcomes (adjusted odds ratio [aOR] unfavorable 0.32, $p = 0.007$), whereas infarct was associated with unfavorable outcome (aOR unfavorable 6.71, $p < 0.001$). The trauma/intracranial surgery was associated with a lower odds of anticoagulation use (aOR 0.14, $p < 0.001$).

Conclusion Within the IPSS registry, children with risk factors of trauma or intracranial surgery were less likely to receive anticoagulation for CSVT. Anticoagulation was associated with a lower odds of severe neurologic impairment or death at hospital discharge, but this finding is limited and needs further confirmation in randomized, controlled, prospective studies.

NPub.org/NCP/9520b

Practice Buzz

Practice Buzz: Giving Voice to Neurology Professionals Worldwide was launched in June 2020 to accommodate multiple, time-sensitive topics using a flexible, agile digital platform not tied to print publication. The worldwide surveys focuses on targeted questions for healthcare providers in neurology ranging from hot topics in clinical practice to contemporary issues in work/life balance and blind spots in topics of inclusion, equity, and diversity.

neurology.org/practicebuzz/landing