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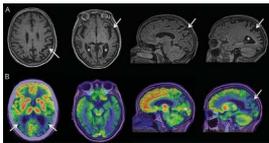
A summary of recently published articles in the *Neurology*[®] Resident & Fellow Section

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March 2, 2021, Issue



This issue reviews several important topics for residents, fellows, and neurologists, including diagnostic dilemmas when inflammatory myopathy turns out to be genetic and when genetic epilepsy becomes progressive. Two Teaching NeuroImage submissions teach about rare imaging findings including herpes simplex virus migration

along the trigeminal nerve in the pons and posterior cortical atrophy resulting in Balint syndrome (see featured image).

Teaching Video NeuroImages: Posterior Cortical Atrophy Presenting With Balint Syndrome

Posterior cortical atrophy is a rare neurodegenerative variant that may present as Balint syndrome with chronic, progressive visuospatial deficits, inability to read, and motor dyspraxia.

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Child Neurology: A Case of *FHL1*-Related Disease Presenting as Inflammatory Myopathy

Severe myopathy in children may be genetic even in children who are presumed to have an inflammatory myopathy. Neurologists should revisit the differential diagnosis in cases of progressive myopathic weakness and *FHL1*-related myopathy should be considered.

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Pearls & Oysters: When Genetic Generalized Epilepsy Becomes Progressive

Progressive myoclonic epilepsy should be considered in adolescent patients with refractory generalized seizures. Lafora disease should be included on the differential diagnosis as management and prognosis differ from other genetic epilepsies like juvenile absence or myoclonic epilepsy.

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Teaching NeuroImages: The Trigeminal Pontine Sign: Centripetal Migration of Herpes Virus to the Central Nervous System

Pontine trigeminal T2-hyperintense lesions may occur in patients with herpesvirus migration along the intrapontine trigeminal fibers. This NeuroImage highlights that herpes simplex virus must be differentiated from demyelinating brainstem lesions like multiple sclerosis.

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MORE ONLINE

Editor's Blog

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Resident & Fellow Child Neurology Book

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Latest Resident & Fellow Section e-Pearls

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March 9, 2021, Issue

This issue features articles covering a range of novel topics for trainees and neurologists. The Teaching NeuroImage and Video NeuroImage teach how to recognize CLOVES syndrome (congenital lipomatous overgrowth with vascular, epidermal, skeletal, and spinal abnormalities) on imaging and choreoathetosis on examination. The Pearls & Oysters and Training in Neurology provide new innovations highlighting the value of CSF testing for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in a patient with cancer and the value of Neuro Day to combat neurophobia.

Teaching NeuroImages: CLOVES Syndrome

CLOVES syndrome involves congenital lipomatous overgrowth with vascular, epidermal, skeletal, and spinal abnormalities. This NeuroImage showcases recognizable characteristics of the disorder.
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Pearls & Oysters: SARS-CoV-2 Infection of the CNS in a Patient With Meningeosis Carcinomatosa

Neurologists and trainees may consider PCR testing for SARS-CoV-2 RNA from both respiratory and CSF specimens when treating patients with neurologic symptoms thought to be secondary to coronavirus disease 2019 (COVID-19). The case of this patient with carcinomatous meningitis highlights the value of CSF testing.
Page 496

Training in Neurology: Neuro Day: An Innovative Curriculum Connecting Medical Students With Patients

Neuro Day may help combat neurophobia and encourage medical students to consider careers in neurology. This program helped introduce first-year medical students to clinical neurology by dedicating a full day to hands-on interaction with patients, exposure to the neurologic examination, and access to neurology mentorship.
Page e1482

Teaching Video NeuroImages: Choreoathetosis Due to Radiation-Induced Brachial Plexopathy

Radiation-induced brachial plexopathy should be considered on the differential diagnosis for patients with choreoathetosis. Readers will appreciate the involuntary movements of the hand in the Teaching Video that is characteristic of this presentation.
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March 16, 2021, Issue

This issue features two articles highlighting the need to consider and develop thorough differential diagnoses including

how to approach headache in a postpartum patient and clinical pearls for diagnosing congenital myasthenic syndrome. The 2 Teaching NeuroImages highlight imaging clues that should point toward 2 rare conditions, Erdheim-Chester disease and Gómez-López-Hernández syndrome.

Teaching NeuroImages: Brain and Skin Involvement in Erdheim-Chester Disease

Both brain and skin involvement can be seen in patients with Erdheim-Chester disease. The MRI and pathology images extend the phenotype of this condition. Neurologists and trainees should be aware as treatment options are available.
Page e1590

Clinical Reasoning: A 36-Year-Old Woman Presenting With Headache Postpartum

Postpartum headache has a broad differential diagnosis. This case teaches how to approach the coexistence of multiple vascular pathologies: subarachnoid hemorrhage (SAH), reversible cerebral vasoconstriction syndrome, posterior reversible encephalopathy syndrome, spinal aneurysm with SAH, and adhesive arachnoiditis.
Page e1585

Pearls & Oysters: The Myasthenic Double Humps

Congenital myasthenic syndrome is an important differential diagnosis to consider in patients with fixed and fatigable weakness. The pearls in this case include recognizing “double humps” or repetitive compound muscle action potentials on nerve conduction studies in these patients.
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Teaching NeuroImages: Trigeminal Ganglia Hypoplasia as Imaging Clue for the Diagnosis of Gómez-López-Hernández Syndrome

Gómez-López-Hernández syndrome is a rare neurocutaneous condition characterized by ataxia, alopecia, trigeminal anesthesia, rhomboencephalosynapsis, and brachyturriccephaly. Trigeminal ganglia hypoplasia is a clue that is showcased in this Teaching Image.
Page e1593

March 23, 2021, Issue

This issue starts with a call for comprehensive palliative care education by teaching neurology trainees in serious illness conversations. The Pearls & Oysters article reminds readers that vital sign fluctuations could be a clue to a diagnosis of nonconvulsive status epilepticus in the intensive care unit. The Teaching Images present the classic imaging features of cytotoxic lesion of the corpus callosum and eye movement syndromes in a patient with brainstem stroke.

Teaching NeuroImages: Cytotoxic Lesion of the Corpus Callosum Secondary to Influenza A

Cytotoxic lesions of corpus callosum may occur in a number of conditions. This article highlights the imaging features in a patient with influenza.

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Opinion & Special Articles: Competency in Serious Illness Communication for Neurology Residents

In this article, Rim et al. make the case for standardizing neurology resident training in serious illness communication as a part of palliative care training. They describe how communication skills training can occur not only at the end of life but throughout the disease trajectory.

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Pearls & Oysters: Cyclic Seizures and Heart Rate Variability

Episodic tachycardia in a critically ill patient could herald cycle seizure activity and be a clue to the diagnosis of non-convulsive status epilepticus. This article highlights pearls and red flags for approaching episodic tachycardia in the neurocritical care unit.

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Teaching Video NeuroImages: From 9 to 8-and-a-Half Syndrome After tPA: The Rebirth of Fellini

“Nine syndrome” may present with acute impaired eye movements but preserved left eye abduction, right peripheral facial weakness, and left hemiparesis and hemihypesthesia. In this case, after tissue plasminogen activator, the patient’s left hemiparesis and hemihypesthesia resolved, leaving her with the highly rare “8-and-a-half-syndrome.”

Page e1699

March 30, 2021, Issue

Morning report is a staple of learning in most residency programs. This issue covers a number of conditions commonly

encountered at residency conferences. The case-based articles cover topics of reversible cerebral vasoconstriction syndrome, secondary parkinsonism, and adult-onset neuronal inclusion disease. The Training in Neurology article presents results of a closed loop review of resident diagnostic accuracy in the morning report setting.

Teaching NeuroImages: Parkinsonism Secondary to a Metastatic Lesion Involving the Substantia Nigra

Parkinsonism is rarely the presenting symptom complex in patients with metastatic small cell lung carcinoma to the brain. This Teaching NeuroImage shows the imaging features of a large metastatic midbrain lesion in the substantia nigra.

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Pearls & Oysters: A Journey Through Reversible Cerebral Vasoconstriction Syndrome: Sex, Drugs, and Headaches

Intracerebral hemorrhage in a patient with thunderclap headache should prompt early evaluation for a diagnosis of reversible cerebral vasoconstriction syndrome. In these patients, obtaining a detailed patient history may uncover classic triggers of this syndrome.

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Teaching Video NeuroImages: A Triad of Tremor, Ataxia, and Cognitive Impairment

Adult-onset neuronal intranuclear inclusion disease may be suggested by characteristic MRI findings and confirmed by skin biopsy showing eosinophilic intranuclear inclusions.

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Training in Neurology: Diagnostic Accuracy Among Neurology Residents: The “Close the Loop” Project

A closed-loop audit of resident morning report compared neurology residents’ initial and final diagnoses, showing that residents may overlook non-neurologic etiologies of case presentations. This article shows how close-the-loop methodology can facilitate educational discussion and foster a culture of diagnostic humility in other programs.

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Resident & Fellow Rounds
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