In Focus

Spotlight on the July 20 Issue

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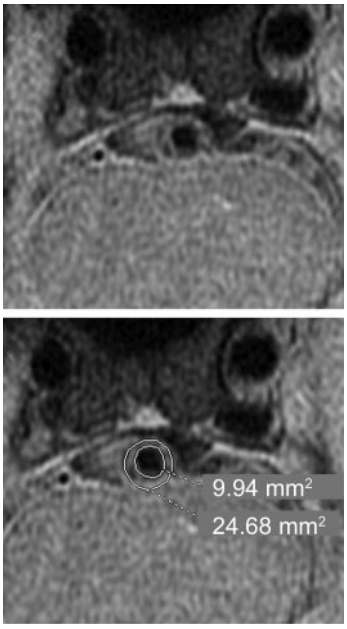
Astrocytic damage is far more severe than demyelination in NMO: A clinical CSF biomarker study

The authors measured the levels of glial fibrillary acidic protein, S100B, myelin basic protein, and neurofilament in CSF obtained from patients with NMO, multiple sclerosis, acute disseminated encephalomyelitis ischemia, meningitis, and other neurologic controls. Astrocytic damage, as measured by elevated CSF-glial fibrillary acidic protein, was the clinically relevant, primary pathologic process in NMO, but far less severe in demyelination.

See p. 208; Editorial, p. 200

Rapid disease course in African Americans with multiple sclerosis



Using Multiple Sclerosis Severity Score as a yardstick of disease progression, the authors showed that African American patients in the New York State MS Consortium have twice the risk for reaching any disability milestone compared to white Americans. African ancestry should be considered a risk factor for a more rapidly disabling disease.

See p. 217

Correlates of posttraumatic epilepsy 35 years following combat brain injury

This paper examined the long-term predictors of posttraumatic epilepsy following traumatic brain injury. The prevalence of seizures 35 years after traumatic brain injury in 199 veterans was 43.7%, similar to 20 years earlier; however, 12.6% reported onset of posttraumatic epilepsy more than 14 years after injury.

See p. 224; Editorial, p. 202

Comparing predictors of conversion and decline in mild cognitive impairment

The authors performed a comparison of the prognostic ability of several variables in 200 cognitively normal older subjects, 400 subjects with mild cognitive impairment, and 200 subjects with early-onset AD. Baseline FDG-PET and episodic memory measures predicted conversion to AD, whereas p-tau181p/Aβ1–42 and, marginally, FDG-PET, predicted longitudinal cognitive decline.

See p. 230; Editorial, p. 204

Late recovery after traumatic, anoxic, or hemorrhagic long-lasting vegetative state
Long-term outcomes of chronic minimally conscious and vegetative states

These 2 studies followed 101 patients in either long-lasting vegetative state or minimally conscious state. The first paper showed recovered responsiveness (20%) and then consciousness (12%) more than 1 year post-onset. In contrast, the second paper showed that a third of patients in minimally conscious state improved more than 1 year after coma onset.

See p. 239 & p. 246; Editorial, p. 206

HISTORICAL NEUROLOGY

The "torpillage" neurologists of World War I: Electric therapy to send hysterics back to the front

These therapeutic methods opened the door to discussions about the patient's right to refuse treatment and prompted the evolution of medical conceptions about the subsequent authentication of posttraumatic stress disorder in 20th-century military conflicts.

See. p. 279

RESIDENT & FELLOW SECTION

Teaching Neuro*Images*: Double cortex: "Two" is too many

A 6-year-old girl presented with seizures and mental retardation, testing positive for doublecortin gene mutation. Doublecortin is important for neuronal migration; in affected females, neurons migrate to the subplate region, forming band heterotopia, while unaffected neurons migrate to form the cerebral cortex.

See p. e8

Podcasts can be accessed at www.neurology.org

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