



## In Focus

### Spotlight on the April 5 Issue

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**Historical Abstracts:** This issue, with the distinctive silver cover, inaugurates a celebratory series, a collection of historical abstracts. Chosen by the

editorial team, these abstracts highlight important articles in the journal's history, with short annotations by the editors.

#### Neurofilament heavy chain in CSF correlates with relapses and disability in multiple sclerosis

Neurodegeneration is now accepted as a pathologic hallmark of multiple sclerosis (MS). Samples examined from 87 patients with definite MS and 63 patients with a clinically isolated syndrome found that biomarkers for neurodegeneration may facilitate the search for new potentially neuroprotective treatment and could be used to inform individual treatment decisions in MS.

See p. 1206; Editorial, p. 1200

#### Neuromyelitis optica unique area postrema lesions

Immunohistochemical analysis revealed the presence of inflammatory, nondestructive area postrema lesions in neuromyelitis optica (NMO), but not in patients with multiple sclerosis (MS). These lesions, with retained GFAP immunoreactivity despite aquaporin-4 loss, likely represent the pathologic substrate distinguishing NMO from MS and may explain the intractable but reversible nausea and vomiting in NMO.

See p. 1229; Editorial, p. 1202

#### Defining hematoma expansion in ICH

The amount of hematoma expansion necessary to produce poor outcomes following intracerebral hemorrhage (ICH) is unclear. This study analyzed 531 patients with ICH. Given that only a minority of patients may have clinically relevant hematoma expansion, hemostatic ICH trials may need to enroll a larger number of patients.

See p. 1238

*From editorialists Seemant Chaturvedi and Steven M. Greenberg: Until we can make accurate predictions about which patients will have outcomes determined by HE, however, clinicians might be best sticking with another time-tested dictum: "Treat the patient, not the scan."*

See p. 1204

**NB: NeuroImage:** "Orbital emphysema after nose blowing," see p. 1274. To check out other NeuroImages, point your browser to <http://www.neurology.org>. Join the Editors and Staff on Sunday, April 10, to celebrate Neurology's 60th Anniversary! We will be serving cake at the Celebration for Research during the 2011 AAN Annual Meeting in Hawaii.

#### Cardiac involvement in juvenile neuronal ceroid lipofuscinosis (Batten disease)

This paper described progressive cardiac involvement with repolarization disturbances, ventricular hypertrophy, and reduction in sinus node automaticity in 29 children and adolescents with genetically verified juvenile neuronal ceroid lipofuscinosis (JNCL). The findings recommend that surveillance for heart involvement in JNCL and other neuronal ceroid lipofuscinosis subtypes should be intensified.

See p. 1245

#### VGKC antibodies in pediatric encephalitis presenting with status epilepticus

The authors found VGKC antibodies in 10 children with unexplained encephalitis associated with seizures of temporal lobe localization. The presence of serum VGKC antibodies in these patients with new-onset seizures may be a useful marker of immune-mediated epilepsy and supports the use of steroids or IV immunoglobulin.

See p. 1252

#### Methylphenidate for gait impairment in PD

Methylphenidate has been a therapeutic option for gait impairment in Parkinson disease based on 3 prior open-label studies. This randomized clinical trial compared patients with gait impairment receiving methylphenidate or placebo and found that methylphenidate did not enhance gait function. Other therapeutic targets, particularly attention, may deserve further studies.

See p. 1256

#### Executive dysfunction is a negative prognostic indicator in patients with ALS without dementia

The authors investigated the effect of cognitive impairment on survival in 139 population-based incident cases of amyotrophic lateral sclerosis. Executive dysfunction, but not impairment in other cognitive domains, predicted shorter survival time. These findings have important implications for the design of future observational studies and clinical trials.

See p. 1263

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