



# In Focus

## Spotlight on the July 9 Issue

**Robert A. Gross, MD, PhD, FAAN**  
Editor-in-Chief, *Neurology*<sup>®</sup>



### Surveillance neuroimaging and neurologic examinations affect care for intracerebral hemorrhage

Monitoring 239 patients using a protocol of hourly neurologic exams and serial neuroimaging detected unanticipated worsening requiring emergent surgical interventions (ventriculostomy or craniotomy) in more than 10% of admitted cases. Surveillance neuroimaging and neurologic exams meaningfully influence the care of patients with intracerebral hemorrhage.

See p. 107; Editorial, p. 102

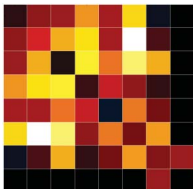
### Atrial fibrillation and cognitive decline: A longitudinal cohort study

The authors followed 5,150 participants for a mean of 7 years, of whom 552 (10.7%) developed incident atrial fibrillation. In the absence of clinical stroke, participants with incident atrial fibrillation reached thresholds of cognitive impairment or dementia earlier than those with no history of atrial fibrillation.

See p. 119

### Brain network connectivity assessed using graph theory in frontotemporal dementia

Graph theoretical analysis was applied to resting state functional MRI data from 18 patients with probable behavioral variant of frontotemporal dementia (bvFTD) and 50 controls. Global and local functional networks were altered in bvFTD, suggesting a loss of efficiency in information exchange between both distant and close brain areas.



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*From editorialists Jones & Seeley: "Because parcellation strategies can markedly affect graph theoretical metrics, studies based on existing (relatively coarse) parcellations may provide different answers than will be uncovered once a consensus functional parcellation scheme emerges."*

See p. 104

### Etiology of hippocampal sclerosis: Evidence for a predisposing familial morphologic anomaly

Mean hippocampal volume was smaller in 32 asymptomatic relatives of patients with hippocampal sclerosis than 32 controls, with smaller hippocampi in 3 relatives with a positive family history of epilepsy. Small asymmetric hippocampi in healthy relatives represent a variant that may predispose the formation of temporal lobe epilepsy with hippocampal sclerosis.

See p. 144

### Pretreatment EEG in childhood absence epilepsy: Associations with attention and treatment outcome

This paper suggests that the duration of absence seizures, as recorded on pretreatment EEG, serves as a biomarker for both treatment response and risk for inattention. Longer seizures ( $\geq 20$  seconds) responded more favorably to treatment, but were also more likely to be associated with inattention.

See p. 150

### T-cell response against varicella-zoster virus in fingolimod-treated MS patients

The authors examined the effect of fingolimod on activation markers, IFN- $\gamma$  production, and viral reactivation in patients with MS. Patients treated with fingolimod show a slightly reduced antiviral T-cell response, accompanied by a subclinical reactivation of varicella-zoster virus or Epstein-Barr virus in the saliva of 20% of these patients.

See p. 174

### International Classification of Diseases (ICD-11) and neurologic disorders: The future

The *International Classification of Diseases, 11th Revision (ICD-11)* brings clinical coding to the 21st century with the World Health Organization's definitions as the benchmark. It is designed to facilitate reporting from the most disadvantaged to the most scientifically privileged practices, resulting in accurate statistics from across the world.

See p. 182

### VIEWS & REVIEWS

#### Mortality in patients with multiple sclerosis

Data from numerous large cohort registries confirmed that life expectancy in the MS population is reduced by 7 to 14 years compared with the general population, with at least 50% dying from causes directly related to MS. Nevertheless, survival of patients with MS patients has improved compared with a generation ago.

See p. 184

*NB: "Menkes kinky hair syndrome," see p. e12. To check out other Resident & Fellow Teaching Neurolmages, point your browser to [www.neurology.org](http://www.neurology.org) and click on the link to the Resident & Fellow Section.*

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