



## In Focus

Spotlight on the August 13 Issue

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### An index to identify stroke-related vs incidental patent foramen ovale in cryptogenic stroke 📄

In persons with cryptogenic stroke at younger ages, the absence of vascular risk factors and the presence of a superficial infarct on neuroimaging were consistently associated with patent foramen ovale (PFO). Careful patient selection for percutaneous closure for stroke prevention requires consideration of whether the stroke has a PFO-related mechanism.

See p. 619

*From editorialists Messé & Kernan: "Optimal prevention of recurrence in patients with cryptogenic stroke and PFO remains uncertain. Thus, the story remains the same: refer and encourage eligible patients to participate in ongoing PFO closure studies."*

See p. 610

### Prevalence and mechanisms of cortical superficial siderosis in cerebral amyloid angiopathy 📄

This study of 209 patients found cortical superficial siderosis was highly characteristic of cerebral amyloid angiopathy, sometimes independent from lobar hemorrhage. Cortical superficial siderosis is a promising diagnostic marker and expands the clinical imaging spectrum of cerebral amyloid angiopathy.

See p. 626

### Central pain modulation after subthalamic nucleus stimulation: A crossover randomized trial

The authors evaluated pain thresholds and motor symptoms under 3 acute conditions in 19 patients with Parkinson disease. Pain alleviation after subthalamic nucleus deep brain stimulation is unlikely to be a consequence of stimulation-induced improvement of motor symptoms and could be attributable to a direct effect on central pain perception.

See p. 633

### Contribution of cortical lesion subtypes at 7T MRI to physical and cognitive performance in MS

The authors correlated 7T and conventional MRI metrics of brain damage with measures of physical disability and neuropsychological function in 34 patients with MS. Leukocortical and subpial lesion subtypes at 7T MRI were potential cortical biomarkers of neurologic status in MS, and were more sensitive than estimates of cortical atrophy.

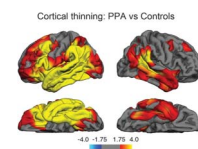
See p. 641

### Very low levels of education and cognitive reserve: A clinicopathologic study 📖

A few years of formal education was associated with better cognition in old age, independent of demographics, socioeconomic status, and common neuropathologies. Investing in elementary education in low-literacy populations may have an additional advantage of reducing cognitive impairment in later life.

See p. 650

### Naming vs knowing faces in primary progressive aphasia: A tale of 2 hemispheres 📄



The authors examined the anatomical correlates of naming vs recognizing faces in 30 patients with primary progressive aphasia (PPA), compared to 27 controls. In the PPA group, face

naming impairments were associated with atrophy restricted to the left anterior temporal lobe, while face recognition impairments were associated with bitemporal atrophy.

See p. 658

### Intellectual disability and bleeding diathesis due to deficient CMP-sialic acid transport

Intellectual disability, epilepsy, and ataxia may be caused by deficient glycosylation due to mutations in *SLC35A1*, resulting in reduced incorporation of sialic acids in protein and lipid glycan structures important for normal CNS development and function. A serum test may be sufficient for screening and diagnosis.

See p. 681

*NB: "An unexpected complication of IV thrombolysis for acute ischemic stroke," see p. e42. To check out other Resident & Fellow Mystery Case submissions, 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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