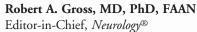


# In Focus Spotlight on the May 27 Issue





## Peripheral hypoxia in restless legs syndrome (Willis-Ekbom disease) | Peripheral hypoxia in restless legs syndrome (Willis-Ekbom disease) | Peripheral hypoxia in restless legs syndrome (Willis-Ekbom disease) | Peripheral hypoxia in restless legs syndrome (Willis-Ekbom disease) | Peripheral hypoxia in restless legs syndrome (Willis-Ekbom disease) | Peripheral hypoxia in restless legs syndrome (Willis-Ekbom disease) | Peripheral hypoxia in restless legs syndrome (Willis-Ekbom disease) | Peripheral hypoxia in restless legs syndrome (Willis-Ekbom disease) | Peripheral hypoxia in restless legs syndrome (Willis-Ekbom disease) | Peripheral hypoxia in restless legs syndrome (Willis-Ekbom disease) | Peripheral hypoxia in restless legs syndrome (Willis-Ekbom disease) | Peripheral hypoxia in restless legs syndrome (Willis-Ekbom disease) | Peripheral hypoxia in restless legs syndrome (Willis-Ekbom disease) | Peripheral hypoxia in restless legs syndrome (Willis-Ekbom disease) | Peripheral hypoxia in restless legs syndrome (Willis-Ekbom disease) | Peripheral hypoxia in restless legs syndrome (Willis-Ekbom disease) | Peripheral hypoxia in restless legs syndrome (Willis-Ekbom disease) | Peripheral hypoxia in restless legs syndrome (Willis-Ekbom disease) | Peripheral hypoxia in restless legs syndrome (Willis-Ekbom disease) | Peripheral hypoxia in restless legs syndrome (Willis-Ekbom disease) | Peripheral hypoxia in restless legs syndrome (Willis-Ekbom disease) | Peripheral hypoxia in restless legs syndrome (Willis-Ekbom disease) | Peripheral hypoxia in restless legs syndrome (Willis-Ekbom disease) | Peripheral hypoxia in restless legs syndrome (Willis-Ekbom disease) | Peripheral hypoxia in restless legs syndrome (Willis-Ekbom disease) | Peripheral hypoxia in restless legs syndrome (Willis-Ekbom disease) | Peripheral hypoxia in restless legs syndrome (Willis-Ekbom disease) | Peripheral hypoxia in restless legs syndrome (Willis-Ekbom disease) | Peripheral hypoxia in restless legs syndrome (Willis-Ekbom disease) | Peripheral hyp

Restless legs syndrome (RLS) severity was assessed with a standard questionnaire, and suggested immobilization tests were performed twice in 15 patients with RLS and 14 controls. Strong correlation between peripheral hypoxia and RLS severity suggests a close pathophysiologic link.

See p. 1856

From editorialists St. Louis & Ulfberg: "Taken together, these findings support a strong association of peripheral tissue hypoxia with RLS/WED symptoms and symptom severity, expanding our knowledge of potential peripheral leg vascular mechanisms..."

See p. 1850

# Effects of insulin resistance on white matter microstructure in middle-aged and older adults





Diffusion tensor imaging in 127 cognitively healthy adults showed that greater insulin resistance (as indexed by the homeostasis model assessment of insulin

resistance score) was associated with alterations in white matter integrity. These cross-sectional findings may guide future work toward optimal management of insulin resistance with regard to neural health in older adults.

See p. 1862

# Effects of cannabis on cognition in patients with MS: A psychometric and MRI study **\( \bigsige \)**

Neuropsychological testing and fMRI were used to show greater cognitive deficits and inefficient brain activation during working memory tasks in 20 patients with MS who smoked cannabis vs 19 noncannabis users with MS. Cannabis use in patients with MS may further compromise cerebral compensatory mechanisms and cognitive function.

See p. 1879

## Retinal architecture and mfERG: Optic nerve head component response characteristics in MS

Multifocal electroretinogram-generated optic nerve head component (ONHC) responses signify integrity of the retinal ganglion cell. The authors evaluated the relationship between ONHC responses and low-contrast visual acuity, visual evoked potentials, and retinal nerve fiber layer thickness. ONHC responses may contribute to the development of therapeutic strategies, especially in MS.

See p. 1888

# Association of pial venous reflux with hemorrhage or edema in dural arteriovenous fistula

The authors evaluated the association of hemorrhage or edema with the occurrence of pial venous reflux or cortical venous reflux in 222 patients with dural arteriovenous fistula. Angiographic findings of pial venous reflux were more associated with hemorrhage or edema than cortical venous reflex.

See p. 1897

## Influenza vaccination and cardiovascular risk in patients with recent TIA and stroke

Using data from 2 cohort studies and one randomized trial of patients with recent stroke or TIA, and the propensity score adjustment method to limit bias, the authors found that influenza vaccination had no preventive effect on the risk of major vascular event. Influenza vaccination was also not associated with reduced outcome events in patients with recent atherothrombotic ischemic stroke.

See p. 1905

#### **VIEWS & REVIEWS**

# Reconciling the clinical practice guidelines on Bell palsy from the AAO-HNSF and the AAN $\ \square$

This commentary addresses the similarities and differences in the final guidelines on Bell palsy by the AAN and the AAO-HNSF, with both agreeing regarding the use of steroids and antiviral medications. Both groups recognize the need to improve their guideline development processes for additional clarity and transparency.

See p. 1927

NB: "Injuries of neural tracts in the Papez circuit following anterior thalamic infarction," see p. e178. To check out other Resident & Fellow Mystery Cases, point your browser to Neurology.org and click on the link to the Resident & Fellow Section.

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