In Focus

Spotlight on the April 14 Issue

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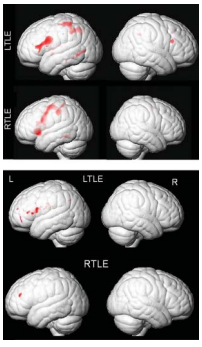
Notable in *Neurology*

This issue features articles on nocturnal frontal lobe epilepsy with paroxysmal arousals due to CHRNA2 loss of function and on refining the phenotype variability and identifying factors that explain the clinical severity of the symptoms observed in Unverricht-Lundborg disease. Other featured articles focus on the recurrence of reversible cerebral vasoconstriction syndrome and on the long-term effects of fingolimod in multiple sclerosis.

ARTICLES

Memory fMRI predicts verbal memory decline after anterior temporal lobe resection OPEN



The authors performed an fMRI word memory encoding paradigm and an out-of-scanner recognition assessment in 50 patients with temporal lobe epilepsy (23 left) and 26 controls. Verbal memory decline may be predicted with an fMRI memory task that may avert some risks of neurosurgery.

See p. 1512

From editorialists Trenerry & Meador: "Their new findings need and deserve replication along with comparison to other methods for prediction of memory outcome in subgroups of patients defined by pertinent characteristics (e.g., MRI-negative)."

See p. 1508

Spatial cluster analysis of population amyotrophic lateral sclerosis risk in Ireland

The authors performed spatial cluster analysis of incidence risk in 1,684 patients with amyotrophic lateral sclerosis. SaTScan revealed 2 areas with low risk of amyotrophic lateral sclerosis. An audit of case ascertainment failed to explain these findings; however, genetic or environmental factors seem to be a rational explanation.

See p. 1537; Comment, p. 1543

Cluster randomized controlled trial of TIA electronic decision support in primary care ▲

This trial found that primary care–based TIA and stroke electronic decision support tools resulted in improved guideline adherence, fewer recurrent vascular events, and lower treatment costs. Better stroke care may be achieved through new models of care using such methods.

See p. 1545

From editorialists Canavero & Gerraty: "The tool has been appropriately named a decision support *tool. It was not designed to be a substitute for clinical evaluation and doctors' knowledge, but to help GPs rapidly consult current evidence, make a quick risk stratification, and avoid adverse outcomes for their patients."*

See p. 1510

Olfactory impairment and traumatic brain injury in blast-injured combat troops: A cohort study OPEN ▲

Reduced odorant identification performance predicted abnormal neuroimaging in blast-injured US military troops. Olfactory testing may serve as a marker for preclinical detection of intracranial trauma and inform the decision process for ordering neuroimaging in patients with suspected closed head trauma. Olfactory testing may also provide a sensory-based assessment of posttraumatic memory impairment.

See p. 1559

NB: "Epilepsy in developing countries: Perspectives from India," see p. 1592. To check out other Global Perspectives, point your browser to Neurology.org. At the end of the issue, check out the Views & Reviews discussing the clinical and electrographic findings in epileptic vertigo and dizziness. This week also includes a Humanities article titled "Better you than me."

Podcasts can be accessed at Neurology.org

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