



## In Focus

### Spotlight on the July 21 Issue

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#### Notable in *Neurology*

This issue features an article on the effects of *NEFL* Glu396Lys mutation on neurofilament expression in cutaneous nerve fibers of patients with CMT2E and another on identifying paraneoplastic neurologic disorders in small cell lung carcinoma. A review article focuses on improving early clinical trial phase identification of promising therapeutics.

#### ARTICLES

##### **Sudden cardiac arrest in people with epilepsy in the community: Circumstances and risk factors**

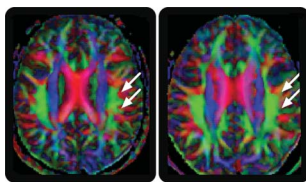
This study sought to identify risk factors in people with epilepsy by comparing cases with epilepsy and sudden cardiac arrest to controls with sudden cardiac arrest without epilepsy and controls with epilepsy without sudden cardiac arrest. Cardiovascular disease rather than epilepsy characteristics was the main determinant of sudden cardiac arrest in epilepsy.

**See p. 212**

*From editorialists Jehi & Schuele: "Either we neurologists continue to focus exclusively on preventing and treating seizures, or we pay more attention to cardiovascular risk factors in people with epilepsy to reduce the rate of sudden death in this population. Either or both: the choice is ours."*

**See p. 208**

##### **Clinical and imaging assessment of acute combat mild traumatic brain injury in Afghanistan**



This study evaluated 95 US military service members with mild traumatic brain injury and 101 healthy controls, using symptom questionnaires, neurocognitive testing, and diffusion tensor imaging. These findings solidify the multilayered injury concept and challenge the designation "mild" in mild traumatic brain injury in the military.

**See p. 219; Comment, p. 226**

##### **Effect of comorbidity on mortality in multiple sclerosis** OPEN

The authors examined the association between comorbidity and mortality in multiple sclerosis using population-based administrative data. Several comorbidities, including diabetes, ischemic heart disease, depression, and chronic lung disease, were associated with increased mortality risk. Optimizing the management of comorbidities may be a means of improving survival.

**See p. 240**

##### **Unraveling the neuroimaging predictors for motor dysfunction in long-standing multiple sclerosis**

Neuroimaging measures at the whole-brain, cervical, and corticospinal tract level, together with motor function, were analyzed in 195 patients with multiple sclerosis and 54 controls. Motor dysfunction in multiple sclerosis has a complex substrate that cannot be ascribed to a single neuroimaging finding, but is the consequence of infratentorial, spinal cord, and corticospinal tract damage.

**See p. 248**

*NB: "Neuroanatomical foundations of naming impairments across different neurologic conditions," see p. 284. To check out other Views & Reviews, point your browser to [Neurology.org](http://Neurology.org). At the end of the issue, check out the NeuroImages discussing reversible cursive agraphia and susceptibility-weighted imaging in Todd paralysis. This week also includes a Resident & Fellow Section Clinical Reasoning article titled "An unusual diagnostic triad."*

Podcasts can be accessed at [Neurology.org](http://Neurology.org)

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