

# In Focus Spotlight on the June 6 issue

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#### Notable in Neurology

This issue features an article that evaluates the burden of deep and lobar lacunes in intracerebral hemorrhage due to cerebral amyloid angiopathy and hypertensive small vessel disease, and another that investigates the involvement of human leukocyte antigen loci in aromatic antiepileptic drug-induced cutaneous adverse reactions. A featured article examines placebo and nocebo responses in restless legs syndrome.

#### **ARTICLES**

### Poststroke epilepsy in long-term survivors of primary intracerebral hemorrhage

In a long-term follow-up study, the authors sought to identify the incidence and predisposing factors for developing poststroke epilepsy after primary intracerebral hemorrhage. Subcortical hematoma location and early seizures increased the risk of poststroke epilepsy after primary intracerebral hemorrhage in long-term survivors, while hypertension reduced risk.

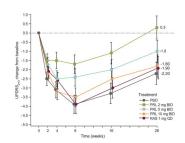
See p. 2169

### Prospective association between $\beta_2$ -microglobulin levels and ischemic stroke risk among women $\square$

The authors analyzed the association between  $\beta_2\text{-microglobulin}$  and ischemic stroke in women. Elevated  $\beta_2\text{-microglobulin}$  levels were associated with higher risk of subsequent ischemic stroke in women without chronic kidney disease. Elevated  $\beta_2\text{-microglobulin}$  levels may be a marker of increased stroke risk among women.

See p. 2176

## Randomized trial of preladenant, given as monotherapy, in patients with early Parkinson disease $\blacktriangle$



In a phase 3 trial, the authors evaluated the adenosine 2a receptor antagonist preladenant as monotherapy for the treatment of Parkinson disease. No evidence supporting the efficacy of preladenant as monotherapy was observed. A lack of efficacy of the

active control rasagiline made a definitive interpretation of the results difficult.

See p. 2198

### Effects of MCI subtype and reversion on progression to dementia in a community sample

This article underscores the importance of mild cognitive impairment (MCI) subtype specificity and longitudinal follow-up in determining risk of dementia in patients with MCI. In 4 biennial assessments of a prospective cohort, reversion from MCI was common, but risk of progression to dementia was only lower for those who reverted from amnestic MCI.

See p. 2225

NB: "Pathologic confirmation of retinal ganglion cell loss in multiple system atrophy," p. 2233. To check out other Clinical/Scientific Notes, point your browser to Neurology.org. At the end of the issue, check out the Neurolmage discussing the combination of microscopic findings and B-mode ultrasound in cervical artery dissection. This week also includes a Resident & Fellow Pearls & Oy-sters titled "Symptomatic cerebral vasospasm on conventional angiography following temporal lobe epilepsy surgery."



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