


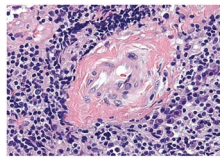
John J. Millichap, MD, Editor
Roy E. Strowd III, MD, Deputy Editor



A summary of recently published articles in the *Neurology*[®] Resident & Fellow Section

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November 21, 2017, Issue

This issue features a case of new-onset freezing gait, an important and not uncommon presentation in the neurology outpatient clinic. The Teaching NeuroImage depicts a rare cause of hypertrophic pachymeningitis, ANCA-positive granulomatosis with polyangiitis.

Clinical Reasoning: An 82-year-old man with worsening gait

This case describes a man with freezing of gait, cerebellar ataxia, and leg stiffness. The case reviews the differential diagnosis of new-onset freezing gait and cerebellar ataxia. This common complaint of gait disorder is reviewed and management of this patient is presented.

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Teaching NeuroImages: Myeloperoxidase–anti-neutrophil cytoplasmic antibody–positive hypertrophic pachymeningitis

A woman in her 40s presents with painless monocular vision loss and is found to have optic perineuritis and dural thickening. Comprehensive laboratory testing, MRI of the brain, and dural biopsy reveal a diagnosis of myeloperoxidase–antineutrophil cytoplasmic antibody–positive hypertrophic pachymeningitis, a phenotypic variant of granulomatosis with polyangiitis.

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November 28, 2017, Issue

This issue features a Mystery Case of new-onset transverse myelopathy in a 61-year-old patient. The Teaching NeuroImage takes us into the world of neurotoxicology and depicts the brain imaging findings in a patient with acute methanol toxicity.

Mystery Case: A 61-year-old woman with lower extremity paralysis and sensory loss

This is a case presentation of a 61-year-old woman with acute onset lower extremity weakness and sensory loss, with imaging and examination consistent with transverse myelopathy. A rich discussion of the differential diagnosis and approach to transverse myelopathy follows. Interpretation of key data ultimately leads to an uncommon and important diagnosis.

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Teaching NeuroImages: Brain imaging findings in acute methanol toxicity

In this highlighted image, the case of a 35-year-old man who presented to the hospital in status epilepticus from methanol intoxication is presented. CT and MRI of the brain revealed bilateral basal ganglia hemorrhage and diffuse white matter necrosis—rare but classic findings of methanol toxicity. Despite aggressive intervention, the patient died shortly after admission.

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December 5, 2017, Issue

This issue features 2 intriguing Teaching NeuroImages. The first illustrates a nonpathologic variant, giant perivascular spaces, in a patient with atypical parkinsonism. The Teaching Video NeuroImage depicts a young girl with epilepsy partialis continua due to the increasingly recognized *POLG*-related disorders. Finally, a case of primary angiitis of the CNS masquerades as acute disseminated encephalomyelitis and prompts a discussion of this rare stroke syndrome in children.

Child Neurology: Primary angiitis of the CNS

This article highlights features of primary angiitis of the CNS in children by presenting a presumed acute disseminated encephalomyelitis case later diagnosed as CNS vasculitis. This article encourages trainees to consider CNS vasculitis as a differential diagnosis in a child with suspected demyelinating disease.

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Teaching NeuroImages: A rare case of giant perivascular spaces in the midbrain manifesting as atypical parkinsonism

A patient with giant enlargements of the perivascular spaces in the midbrain is discussed. The location and size of these spaces are described for this rare finding. The authors highlight that the case illustrates the power of brain plasticity. Despite midbrain destruction, a slow evolution of the lesion allowed for successful adaptation.

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Teaching Video NeuroImages: Epilepsia partialis continua in an adolescent with preexisting focal epilepsy

A teenage girl with an 8-year history of focal epilepsy, moderate intellectual disability, and behavioral problems who developed epilepsy partialis continua as a late symptom is provided. In addition to a new subtle MRI finding, elevated CSF protein was a clue that this could be a *POLG*-related disorder, demonstrating an atypical phenotype of *POLG*.

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December 12, 2017, Issue

This issue features several cases and a Residency Training article regarding an integrated diversity curriculum. The Teaching NeuroImage highlights the importance of careful neuromuscular examination. Clinical reasoning is needed when presented with a patient with diabetes mellitus and a constellation of nonspecific symptoms. Finally, the Teaching Video NeuroImage this week takes the reader from the diagnosis to definitive surgical treatment.

Clinical Reasoning: Monocular vision loss, ophthalmoplegia, and strokes in a 61-year-old man with diabetes mellitus

The rhino-orbital-cerebral form of mucormycosis is characterized by angioinvasion and tissue necrosis involving the

sinuses, the orbits, and the brain. Initial symptoms are often nonspecific and include fever, lethargy, headache, facial pain, and blurry vision. Early diagnosis and treatment with a combination of antimicrobial therapy and surgery improves outcome.

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Opinion and Special Articles: Neurology education at US osteopathic medical schools

Osteopathic medical schools will soon train 25% of all medical school graduates in the United States; however, only 6% of osteopathic schools have required neurology clerkships. Neurologists can help train future generations by encouraging schools to adopt the American Academy of Neurology's published guidelines for a core clerkship curriculum.

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Residency Training: The need for an integrated diversity curriculum for neurology residency

Cultural humility is essential to providing equitable care, but most neurology residencies do not integrate training into their formal curriculum. This manuscript describes the implementation of such a curriculum, covering topics vital to the local community such as implicit bias and diversity in language, religion, sexual orientation, gender identity, and socioeconomic status.

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Teaching NeuroImages: A protruding asymmetrical belly

Asymmetrical weakness of abdominal muscles is rare, but can be a presenting symptom of a neuromuscular disorder. A 52-year-old woman whose sole complaint was discomfort during running activities due to a protruding belly was diagnosed with facioscapulohumeral dystrophy following abdominal CT, muscle MRI, muscle biopsy showing inflammatory myopathy, and DNA analysis.

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Teaching Video NeuroImages: Trigeminal neuralgia due to compression by the superior cerebellar artery

In select patients with trigeminal neuralgia intractable to medical management, microvascular decompression can provide safe and long-term pain relief. This case describes a patient with electric-like symptoms due to superior cerebellar artery compression of the trigeminal nerve. Neuroimaging and intraoperative video recording of the microvascular decompression are displayed.

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John J. Millichap and Roy E. Strowd III
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