

Robert A. Gross, MD, PhD, FAAN, Editor-in-Chief, *Neurology*[®]



Notable in *Neurology* this week

This issue features an article that determines that at least 2 sleep-onset REM periods are valid and reliable markers for a pediatric narcolepsy type 1 diagnosis; another investigates whether plasma neurofilament light chain levels are associated with motor and cognitive progression in Parkinson disease. Featured special articles update practice guidelines for acute treatment of migraine in children and adolescents and for pharmacologic preventive treatment for pediatric migraine.

Articles

Sex-specific relationship of cardiometabolic syndrome with lower cortical thickness

Women with cardiometabolic risk factors are more vulnerable to cortical atrophy than men. When analyzing the relationship between cardiometabolic risk factors and cortical thickness, hypertension, diabetes mellitus, obesity, and low education level were associated in women; in men, being underweight was associated with lower cortical thickness. Sex-specific prevention strategies may be needed to protect against accelerated brain aging.

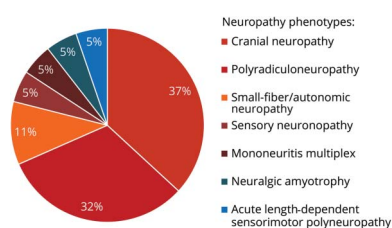
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Dual energy CT after stroke thrombectomy alters assessment of hemorrhagic complications

Hyperattenuating CT findings are common after stroke thrombectomy. Dual energy CT (DECT) differentiates between blood and extravasated contrast staining. Fewer patients were deemed to have intracranial hemorrhage after thrombectomy using DECT for a 24-hour follow-up scan, compared to plain CT. This may be relevant for management and timing of secondary prevention initiation.

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Varied phenotypes and management of immune checkpoint inhibitor-associated neuropathies



This large multicenter case series provides clinically relevant insights into diagnosis, treatment, and long-term outcomes of toxic neuropathies from immune checkpoint inhibitors (ICIs). ICI-related neuropathy phenotypes are variable; cranial neuropathies and non-length-dependent polyradiculoneuropathies are most common. Data support current consensus

guidelines recommending ICI discontinuation and corticosteroids.

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MORE ONLINE

🎧 Editor's Summary

Audio summary of highlighted articles.

[NPub.org/edsum](https://www.neurology.org/edsum)

Continued

Community-informed connectomics to the thalamocortical system in generalized epilepsy

The authors report atypical thalamocortical network organization in generalized epilepsy, which is related to future drug response. Intrinsic brain function was probed at macroscale using resting-state fMRI; connectomics methods were utilized to show imbalances in thalamocortical networks. Network imbalances were present in newly diagnosed patients, suggesting a preexisting anomaly of genetic or neurodevelopmental origin.

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NB: "Child Neurology: Spastic paraparesis and dystonia with a novel ADCY5 mutation," p. 510. To check out other Resident & Fellow Child Neurology articles, point your browser to Neurology.org/N and click on the link to the Resident & Fellow Section. At the end of the issue, check out the Resident & Fellow Teaching NeuroImage that illustrates an abnormal sleep-onset REM period EEG finding due to sleep deprivation. This week also includes a Resident & Fellow Teaching Video NeuroImage titled "Characteristic head jerks in congenital oculomotor apraxia due to Joubert syndrome."

NEW EPISODE



September 10, 2019

CME Opportunity:

Listen to this week's *Neurology* Podcast and earn 0.5 AMA PRA Category 1 CME Credits™ by answering the multiple-choice questions in the online Podcast quiz.

Varied phenotypes and management of immune checkpoint inhibitor-associated neuropathies (see p. 481)

1. Varied phenotypes and management of immune checkpoint inhibitor-associated neuropathies
2. What's Trending: Clinical Metagenomic Sequencing for Diagnosis of Meningitis and Encephalitis

In the first segment, Dr. Noah Kolb talks with Dr. Amanda Guidon about her paper on varied phenotypes and management of immune checkpoint inhibitor-associated neuropathies. In the second part of the podcast, Dr. Stacey Clardy focuses her discussion with Dr. Mike R. Wilson on clinical metagenomic sequencing for diagnosis of meningitis and encephalitis. Read the full NEJM article here: <https://www.nejm.org/doi/full/10.1056/NEJMoa1803396>.

Disclosures can be found at Neurology.org.

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Robert A. Gross
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