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Notable in *Neurology* this week

This issue features an article that validates a disease-specific severity index for adults with autosomal recessive spastic ataxia of Charlevoix-Saguenay; another investigates the spatiotemporal evolution and predictive properties of intramedullary damage and midsagittal tissue bridges in thoracic spinal cord injury. A featured Special Article determines quality measures for mild cognitive impairment to drive quality improvement in practice.

Articles

MRI-based thrombolytic therapy in patients with acute ischemic stroke presenting with a low NIHSS

Treatment of stroke patients with minor neurologic deficits is controversial and the recently reported PRISMS trial found an increased risk of bleeding without clear benefit. In this article, the authors report that MRI can be used to identify a population of patients with low NIHSS in whom thrombolytic therapy is safe.

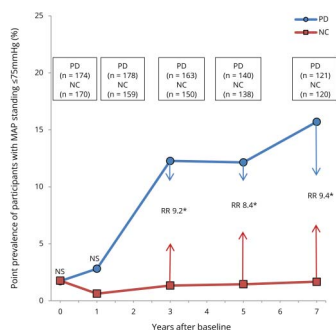
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Amyloid and cerebrovascular burden divergently influence brain functional network changes over time

β -Amyloid deposition and cerebrovascular disease commonly coexist in patients with cognitive impairment. The authors studied the effects of baseline Alzheimer disease and cerebrovascular disease markers on functional connectivity. A divergent effect was seen on functional connectivity changes in predementia, reflecting an underlying pathology that may be used to track early changes in disease.

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Orthostatic hypotension in Parkinson disease: A 7-year prospective population-based study



Orthostatic hypotension (OH) may complicate the course and treatment of Parkinson disease (PD). While more than 65% of patients with PD experienced OH within 7 years of diagnosis, OH was severely undertreated in this population-based study. Clinicians should more actively seek and manage OH in early PD.

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MORE ONLINE

🎧 Editor's Summary

Audio summary of highlighted articles.

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

Continued

Pediatric postoperative cerebellar cognitive affective syndrome follows outflow pathway lesions

An explanation for severe cognitive–affective symptoms that sometimes follow pediatric cerebellar tumor resection has been elusive; this study provides mechanistic insight. Causal lesions localize to the deep nuclei of the medial cerebellum and disrupt projections to the thalamic mediodorsal nucleus. Improved anatomical understanding may inform prognosis and the surgical approach.

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From editorialist Schmahmann: “This is a classic structure-function correlation study that uses contemporary methodology to advance the understanding of cerebellar structures and cerebrocerebellar circuits subserving the cerebellar contribution to cognition and emotion.”

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NB: “Leonardo da Vinci (1452–1519) and the legacy of a ‘Renaissance neurologist’: 500 Years after,” p. 717. To check out other NeuroImage articles, point your browser to Neurology.org/N. At the end of the issue, check out the Clinical/Scientific Note discussing the history and long-term effects of variant protein reduction in non-V30M ATTR amyloidosis. This week also includes the AAN Consortium of Neurology Residents & Fellows Essay Contest winner—a Resident & Fellow Section article titled “Right Brain: Art and the restoration of identity in dementia.”

NEW EPISODE



Neurology[®]

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October 15, 2019

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Orthostatic hypotension in Parkinson disease: A 7-year prospective population-based study (see p. 698)

1. Orthostatic hypotension in Parkinson disease: A 7-year prospective population-based study
2. What’s Trending: Nobel Prize winner interview with Dr. Stanley B. Prusiner

In the first segment, Dr. Jeffrey Ratliff talks with Dr. Ylva Hiorth about her paper on a 7-year prospective population-based study on orthostatic hypotension in Parkinson disease. In the second part of the podcast, Dr. Jason Crowell talks with Nobel Prize winner Dr. Stanley B. Prusiner.

Disclosures can be found at Neurology.org.

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Spotlight on the October 15 issue

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