In Focus

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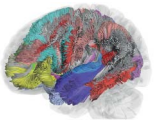
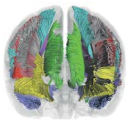
Notable in *Neurology* this week

This issue features an article that determines that spoken language influences the phenotype and clinical presentation of primary progressive aphasia variants; another investigates the possible use of a software-based tool in diagnosing muscular dystrophies. A featured Views & Reviews article examines Alzheimer disease subtypes that may underlie heterogeneity.

Articles

Early deviation from normal structural connectivity: A novel intrinsic severity score for mild TBI

Outcomes after traumatic brain injuries are difficult to understand due to the heterogeneity of the injury. Using multivariate statistics, heterogeneity was accounted for mathematically and a measure of severity was derived that correlates with cognitive outcomes. This approach permits study of outcomes and treatment effects after traumatic brain injury, despite its heterogeneity.

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Management and outcome of primary CNS lymphoma in the modern era: An LOC network study

In a nationwide population-based study, the authors analyzed the characteristics of 1,002 patients with primary CNS lymphomas diagnosed between 2011 and 2016. Despite a severe prognosis, mainly in elderly patients, management of the disease has improved greatly, notably with a broad use of high-dose methotrexate and the development of high-dose chemotherapy with autograft.

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Increased mental health care use by mothers of children with multiple sclerosis

The authors examined health care use in mothers of children with multiple sclerosis (MS-mothers). MS-mothers more frequently had a mood or anxiety disorder before, during, and after their child's diagnosis than did mothers of children without MS, and used more health services. Pediatric providers should consider the mental health of MS-mothers.

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Antiepileptic drugs are not independently associated with cognitive dysfunction

Antiepileptic drugs (AEDs) do not meaningfully contribute to cognitive dysfunction in patients with complex disease. This large study provides real-life data that seizure frequency, age, and psychiatric comorbidities are associated with cognitive dysfunction, whereas AEDs are not. Optimizing AEDs to prevent seizures is unlikely to affect cognitive function.

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Continued

From editorialists Hermann and Loring: "The critical question becomes whether a brief composite index, not examined by domain and in which processing speed was not evaluated, is simply insensitive to medication or disease effects."
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NB: "Child Neurology: Arterial ischemic stroke in a 12-year-old patient with cardiac myxomas," p. e1103. To check out other Resident & Fellow Section 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 Section Clinical Reasoning article discussing the path to and final diagnosis of a patient initially presenting with gastroenteritis, but progressing to stupor and quadriparesis. This week also includes a Resident & Fellow Section Clinical Reasoning article titled "A 16-year-old boy with progressive cognitive decline and gait impairment."

NEW EPISODE

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March 10, 2020

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Antiepileptic drugs are not independently associated with cognitive dysfunction (see p. 428)

1. Antiepileptic drugs are not independently associated with cognitive dysfunction
2. What's Trending: Pan-viral serology implicates enteroviruses in acute flaccid myelitis

In the first segment, Dr. Halley Alexander talks with Dr. Emma Foster about her paper discussing how antiepileptic drugs are not independently associated with cognitive dysfunction. In the second part of the podcast, Dr. David Lapides speaks with Dr. Michael Wilson and Dr. Ryan Schubert on their article in *Nature Medicine*, "Pan-viral serology implicates enteroviruses in acute flaccid myelitis." The article is available online at: https://www.nature.com/articles/s41591-019-0613-1.

Disclosures can be found at Neurology.org.

Spotlight on the March 10 issue

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