## In Focus

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## Notable in Neurology this week

This issue features an article that determines that the distribution of  $\alpha$ -synuclein and tau pathology is associated with the phenotypic expression of dementia with Lewy bodies; another describes a goals-of-care decision aid that meets accepted international guidelines for use by surrogates of critically ill patients with traumatic brain injury. A featured Views & Reviews article assesses the potential effects of prevalent comorbidities and incidence of new neurologic events in patients hospitalized with COVID-19.

## **Articles**

## Steroid-sparing maintenance immunotherapy for MOG-IgG associated disorder

This multicenter retrospective study compared the efficacy of various steroid-sparing maintenance immunotherapies for myelin oligodendrocyte glycoprotein immunoglobulin G (MOG-IgG) associated disorder and found that rituximab, mycophenolate mofetil, azathioprine, and IV immunoglobulin (IVIg) reduced relapses. IVIg led to the largest reduction in relapses; larger prospective studies are required to confirm this finding.

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From editorialists Waters and Palace: "This adds to the discordant literature on treatment of patients with MOG antibodies and highlights a paucity of evidence to guide clinical decisions."

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## Endovascular treatment in older adults with acute ischemic stroke in the MR CLEAN Registry

A post hoc analysis of data from the MR CLEAN Registry showed that outcome after endovascular thrombectomy was worse in older than younger patients, but that the relative effect of successful reperfusion was more pronounced in older patients. This information can help clinicians decide whether endovascular thrombectomy is warranted in their older patients with stroke.

## Page 61

From editorialists Sposato and Lorenzano: "The rapidly growing elderly population with one of the highest risks of embolic strokes with LVO underscores the need for RCTs specifically evaluating the efficacy and safety of MT in this age segment."

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# Longitudinal structural and metabolic changes in frontotemporal dementia

This study demonstrates the sensitivity of structural MRI and <sup>18</sup>F-fludeoxyglucose PET for monitoring disease progression in the 3 main frontotemporal dementia (FTD) syndromes: behavioral variant FTD, nonfluent/agrammatic variant primary progressive aphasia (PPA), and semantic variant PPA. Both imaging modalities showed comparable patterns and extent of longitudinal change, and would likely perform comparably as outcome measures in clinical trials. Page 62

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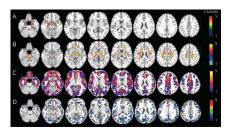
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NPub.org/COVID19

## In Focus

# Sex-driven modifiers of Alzheimer risk: A multimodality brain imaging study



Women tend to develop Alzheimer disease (AD)-related brain changes earlier than men, which may explain why they have a higher AD prevalence. The authors used neuroimaging to investigate AD sex differences and related risk factors. Hormonal factors associated with menopause predicted AD-related brain changes in women, suggesting that the optimal window for interventions is in midlife.

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NB: "Global & Community Health: Bringing neurologists into shelters for better patient care: Neurons on Wheels," p. 91. To check out other Resident & Fellow Section Global & Community Health 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 NeuroImage discussing long survival of a patient with sporadic Creutzfeldt-Jakob disease, and another illustrating the average features of myasthenia gravis: ptosis and generalized facial weakness around the eyes and mouth. This week also includes a Humanities in Neurology piece titled "Potential and devotion."

### **NEW EPISODE**



July 14, 2020

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# Steroid-sparing maintenance immunotherapy for MOG-IgG associated disorder (see p. 59)

- 1. Steroid-sparing maintenance immunotherapy for MOG-IgG associated disorder
- 2. What's Trending: Movement disorder emergencies, part 1

In the first segment, Dr. Stacey Clardy talks with Dr. John Chen about his paper discussing maintenance therapy for MOG-IgG disorder. In the second part of the podcast, you'll hear the first of a 2-part conversation between Dr. Jeffrey Ratliff and Dr. Jason Crowell on movement disorder emergencies.

Disclosures can be found at Neurology.org.



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