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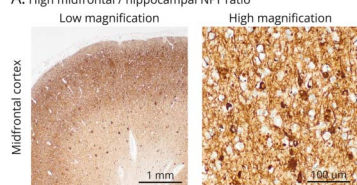
## Notable in *Neurology* This Week

This issue features an article that analyzes the trends in epilepsy center services in the United States; another evaluates the association between metabolomic profiles and incident stroke. A featured Review examines the burden of pulmonary arteriovenous malformations on ischemic stroke.

## Research Articles

### Association of Neurofibrillary Tangle Distribution With Age at Onset–Related Clinical Heterogeneity in Alzheimer Disease: An Autopsy Study

A. High midfrontal / hippocampal NFT ratio

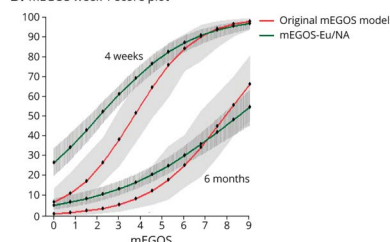


Sporadic Alzheimer disease (AD) with early age at onset may have atypical clinical and cognitive features leading to misattribution of etiology. Clinicopathologic analyses showed that atypical clinical presentations are mediated by disproportionately high neocortical/hippocampal tau burden rather than concomitant non-AD neuropathology.

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### Predicting Outcome in Guillain-Barré Syndrome: International Validation of the Modified Erasmus GBS Outcome Score

B. mEGOS week 1 score plot



This study validated a model to predict recovery of walking unaided at 4 weeks and 6 months in patients with Guillain-Barré syndrome (GBS). The Dutch modified Erasmus GBS Outcome Score (mEGOS) was validated and recalibrated for use in an international cohort. mEGOS can be used to inform patients with GBS and design treatment trials.

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### Association of the Verbal Component of the GCS With Mortality in Patients With Encephalopathy Who Are Not Undergoing Mechanical Ventilation

The authors used data from an African-based study of patients with encephalopathy with Glasgow Coma Scale (GCS) score <10 who were not on mechanical ventilation to evaluate the contribution of the GCS verbal component to its total score in mortality prediction. The verbal component made no significant contribution in predicting mortality in this population.

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*Continued*

## Humoral- and T-Cell-Specific Immune Responses to SARS-CoV-2 mRNA Vaccination in Patients With MS Using Different Disease-Modifying Therapies

Disease-modifying therapies (DMTs) used to treat multiple sclerosis (MS) might reduce the immune-specific response to COVID-19 vaccines. COVID-19 vaccines induce humoral or cell-mediated specific immunity to different extents based on the DMTs used in most treated patients with MS. These data carry relevant implications for promoting vaccinations in patients with MS.  
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*From editorialists Graves and Killestein: "The encouraging overall message of the article is that most patients with MS on diverse types of medications have a detectable response to the vaccines and should pursue full courses of vaccination."*  
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NB: "Carl Wilhelm Sem-Jacobsen: Aerospace Neurophysiology and Deep Brain Stimulation Pioneer," p. 199. To check out other Historical Neurology articles, point your browser to [Neurology.org/N](https://www.neurology.org/N). At the end of the issue, check out the NeuroImage discussing the autopsy findings of a woman diagnosed with atezolizumab-induced encephalitis and another on regressive Parkinson syndrome after Lyme neuroborreliosis. This week also includes a Resident & Fellow Section Clinical Reasoning article titled "A 64-Year-Old Man With History of Meningitis Presenting With Proximal Weakness of the Arms."

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## Spotlight on the February 1 Issue

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