

José G. Merino, MD, MPhil, Editor-in-Chief, *Neurology*

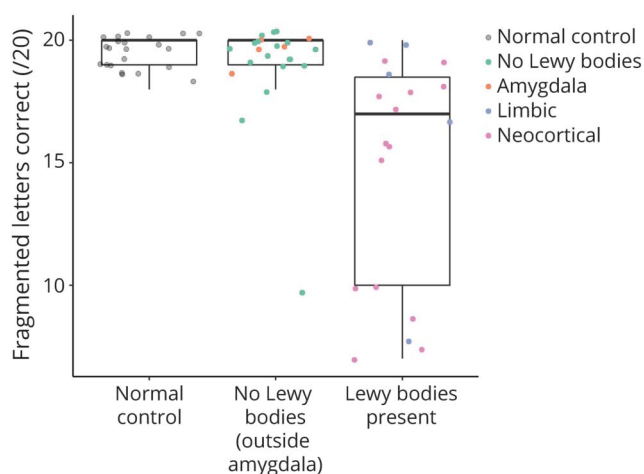


## Notable in *Neurology* This Week

This issue features an article that investigates opiate-prescribing trends for women with idiopathic intracranial hypertension; another determines gender differences in headache care among US veterans in the Veterans Health Administration. A featured Research Article examines the structure and challenges of pediatric neurologic care delivery in North American academic programs.

## Research Articles

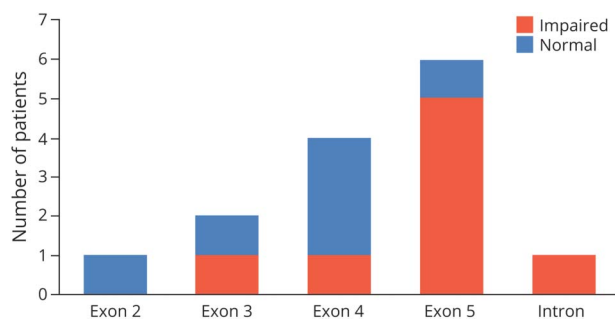
### Perception of Fragmented Letters by Patients With Pathologically Confirmed Dementia With Lewy Bodies or Alzheimer Disease



In this study, the ability to identify visually degraded letters distinguished patients with mild dementia due to autopsy-confirmed Lewy body disease (LBD) and those with Alzheimer disease (AD) with 73% sensitivity and 87% specificity. It was also negatively correlated with neocortical LBD pathology density. This visuo-perceptual task may aid in differential diagnosis of AD and dementia with Lewy bodies.

[Page 790](#)

### Behavioral and Cognitive Phenotypes of Patients With Amyotrophic Lateral Sclerosis Carrying *SOD1* Variants



This study found neuropsychological changes in about 60% of patients with amyotrophic lateral sclerosis (ALS). Patients harboring *SOD1* variants, mainly in exon 5, were more likely to have behavioral rather than cognitive impairment. Behavioral involvement, which is independent from patients' age and disease stage, can affect clinical trial outcomes and disease management.

[Page 792](#)

*Continued*

## Association of Blood Biomarkers of Inflammation With Penumbra Consumption After Mechanical Thrombectomy in Patients With Acute Ischemic Stroke

This paper addresses the role of inflammation in the ischemic penumbra. Using sequential assessment of blood biomarkers and MRI, the authors found that high levels of soluble form suppression of tumorigenicity 2 were associated with a high lesion growth within the penumbra. These findings could contribute to the development of immunomodulatory therapies to salvage the penumbra.

Page 793

## Early Readmissions After Hospitalization for Posterior Reversible Encephalopathy Syndrome

In this large, retrospective cohort study, nearly one-third of patients hospitalized because of posterior reversible encephalopathy syndrome (PRES) were readmitted within 90 days of discharge and about one-third of these readmissions were due to PRES-related or neurologic etiologies. A significant proportion of patients with PRES may be at risk of symptom recurrence or other neurologic sequelae after hospital discharge.

Page 794

*NB: "Frequency of New or Enlarging Lesions on MRI Outside of Clinical Attacks in Patients With MOG-Antibody-Associated Disease," p. 795. To check out other Clinical/Scientific Notes, point your browser to [Neurology.org](https://www.neurology.org). At the end of the issue, check out a Resident & Fellow Section Clinical Reasoning article discussing a woman with transient visual disturbances, and another on a 12-month-old boy with *Baylisascaris procyonis*. This week also includes a Resident & Fellow Section Pearls & Oysters article titled "Genetic Epilepsy: An Important Cause of Neonatal Seizures in Infants With Complex Congenital Heart Disease."*

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## Spotlight on the November 1 Issue

José G. Merino

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