



# In Focus

Spotlight on the January 14 Issue

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## Daily intermittent hypoxia enhances walking after chronic spinal cord injury: A randomized trial

In 19 persons with chronic incomplete spinal cord injury (SCI), daily modest levels of acute intermittent hypoxia, with or without walking practice, improved walking speed and endurance. Low-dose daily acute intermittent hypoxia may be an effective component of SCI treatment.

See p. 104

*From editorialists Plow & Fehlings: "To expedite clinical acceptance of promising new approaches such as the one presented here, a comprehensive evaluation of evidence that includes case studies, focus groups, and program evaluations may be meaningful."*

See p. 98

## Anti-neutral glycolipid antibodies in encephalomyeloradiculoneuropathy

The authors examined 4 patients with encephalomyeloradiculoneuropathy (EMRN). New techniques identified autoantibodies against neutral glycolipids in patients' sera obtained during the acute phase but not in the recovery phase or in controls. The resolution of radiologic and neurologic abnormalities and altered autoantibody titers against neutral glycolipids after immunotherapy suggest that EMRN is caused by an immune-mediated mechanism.

See p. 114

## International electives in neurology training: A survey of US and Canadian program directors

Experience in global neurology could greatly enrich neurology training. The authors surveyed US and Canadian residency program leadership on the depth and breadth of global health electives, finding that few residents participated. Improved access to and establishment of requirements for global health electives should be prioritized in neurology training programs.

See p. 119; Editorial, p. 100

## Ficolin-3-mediated lectin complement pathway activation in patients with subarachnoid hemorrhage

Plasma concentration of ficolin-3 and of ficolin-3-mediated functional lectin complement pathway (LCP) activity was measured, along with that of other LCP initiators, C3 activation products, and soluble C5b-9 terminal complex, in 39 patients with subarachnoid hemorrhage (SAH) and 20 controls. These results support the idea that ficolin-3-mediated functional LCP activity may control injury progression in SAH.

See p. 126

## Neuropsychiatric changes precede classic motor symptoms in ALS and do not affect survival

The study cohort consisted of 219 patients with amyotrophic lateral sclerosis (ALS), with neuropsychiatric symptoms measured using the Motor Neuron Disease Behavioural Scale. The Rasch analysis demonstrated that these symptoms appear before classic motor symptoms, corroborating the notion that ALS and frontotemporal dementia lie on a continuum.

See p. 149

## Motor cortex stimulation does not improve dystonia secondary to a focal basal ganglia lesion



The authors assessed the efficacy of epidural motor cortex stimulation on dystonia, spasticity, pain, and quality of life in 5 patients with dystonia secondary to focal basal ganglia lesions. Bipolar epidural motor cortex

stimulation failed to improve any clinical feature in these secondary dystonias.

See p. 156

## Disparities in deep brain stimulation surgery among insured elders with Parkinson disease

Multivariable logistic regression models examined the association between demographic, clinical, socioeconomic, and physician factors and deep brain stimulation (DBS) therapy in more than 657,000 Medicare beneficiaries with Parkinson disease (PD). Future investigations of the demographic differences of DBS, ease of DBS attainment, and actual/opportunity DBS costs are needed to inform policies to reduce DBS disparities and improve PD quality of care.

See p. 163

**NB:** "An unusual case of varicella-zoster virus cerebellitis and vasculopathy," see p. e14. To check out other Resident & Fellow Pearls & Oysters, point your browser to [www.neurology.org](http://www.neurology.org) and click on the link to the Resident & Fellow Section.

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*Neurology* 2014;82:97

DOI 10.1212/WNL.0000000000000007

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