WHAT'S HAPPENING IN

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Abstracts

Articles appearing in the June 2019 issue

Are some ophthalmoplegias migrainous in origin?

The 3rd edition of the International Classification of Headache Disorders replaced the term ophthalmoplegic migraine (OM) with Recurrent Painful Ophthalmoplegic Neuropathy (RPON) based on the presence of contrast enhancement of the involved cranial nerves on Gadolinium-enhanced magnetic resonance imaging. We review our experience and publications concerning ophthalmoplegia, migraine, and RPON. Majority of cases of acute ophthalmoplegia are associated with severe migrainous headaches. A positive history of migraine, increased severity of migraine headaches before the onset of ophthalmoplegia, and the close temporal association between migraine attacks and ophthalmoplegia all suggest an important role played by migraine in the causation of ophthalmoplegia. Enhancement of the involved cranial nerves may be due to the neuro-inflammatory cascade associated with migraine. OM should be considered along with RPON in differential diagnoses of painful ophthalmoplegic syndromes.

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Acute middle cerebral artery stroke in a patient with a patent middle cerebral artery

Purpose of review Knowledge of cerebrovascular anatomical variants is vital for clinicians working with patients presenting with signs and symptoms of cerebral infarction, particularly in the era of endovascular clot retrieval.

Recent findings We provide an overview of a cerebrovascular anatomical variation and detail a patient presenting with cerebral infarction secondary to occlusion of their anomalous vessel who underwent successful endovascular clot retrieval with excellent functional outcome. We also include technical descriptions.

Summary Given the clinical importance of the areas supplied by the accessory middle cerebral artery, knowledge of this vessel is not only important for diagnosis but also for neurosurgical or endovascular management of patients with this variant.

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CDC's guideline on pediatric mild traumatic brain injury: recommendations for neurologists

Purpose of review In September 2018, the Centers for Disease Control and Prevention (CDC) published an evidence-based guideline on the diagnosis and management of mild traumatic brain injury (mTBI) among children.

Recent findings Based on a systematic review of the evidence that covers research published over a 25-year span (1990–2015), the CDC Pediatric mTBI Guideline strives to optimize the care of pediatric patients with mTBI. The guideline was developed using a rigorous methodology developed by the American Academy of Neurology.

Summary Clinical practice recommendations in the CDC Pediatric mTBI Guideline can help guide neurologists with critical diagnostic and management decisions and to implement evidence-based strategies for the recovery of their young patients with this injury.

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Practice Current

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