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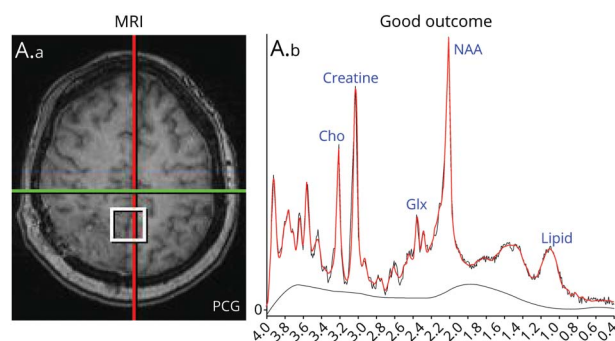


Notable in *Neurology* This Week

This issue features an article that evaluates long-term health care costs of surgery in children with drug-resistant epilepsy; another defines and determines predictability of poor cognitive outcome 1 year after mild traumatic brain injury. A featured Special Article provides a practice advisory update from the American Academy of Neurology for stroke prevention in patients with symptomatic intracranial atherosclerotic arterial stenosis.

Research Articles

Magnetic Resonance Spectroscopy of Hypoxic-Ischemic Encephalopathy After Cardiac Arrest



In this prospective study, 50 patients in a coma after cardiac arrest had an MRI, magnetic resonance spectroscopy, and EEG. Those who did not recover had a decrease in total N-acetylaspartate and an increase in lactate, with changes most prominent in the posterior cingulate gyrus.

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Regional Distribution of Brain Injury After Cardiac Arrest: Clinical and Electrographic Correlates

In this study enrolling 204 patients who had a cardiac arrest, regional patterns of anoxic brain injury were associated with persistent unconsciousness and EEG phenotypes. Disorders of consciousness were associated with injury to posterior brain regions. Patients with injury to the temporal lobe were less likely to have seizures.

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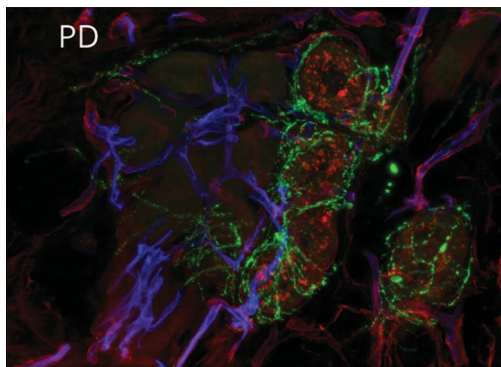
Disease-Modifying Antirheumatic Drugs and Risk of Parkinson Disease: Nested Case-Control Study of People With Rheumatoid Arthritis

This Finnish study included people with Parkinson disease (PD) who had been diagnosed with rheumatoid arthritis >3 years before the PD diagnosis. Use of disease-modifying antirheumatic drugs did not modify the risk of developing Parkinson disease, except for chloroquine/hydroxychloroquine.

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Continued

Postganglionic Sudomotor Assessment in Early Stage of Multiple System Atrophy and Parkinson Disease: Morpho-functional Study



In this study comparing 57 patients with Parkinson disease (PD) and 43 patients with multiple system atrophy parkinsonian type (MSA-P), the latter had more severe sudomotor impairment. The dynamic sweat test and quantification of cutaneous autonomic nerves are potential biomarkers to differentiate PD from MSA-P in early stages.

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NB: "Parietal Lobe Epilepsy in Disguise: Motor Attacks Induced by Proprioceptive Triggers," p. 509. To check out other Resident & Fellow Section Pearls & Oysters articles, point your browser to [Neurology.org/N](https://www.neurology.org/N) and click on the link to the Resident & Fellow Section. At the end of the issue, check out the NeuroImage discussing paraparesis presenting in a patient treated with pembrolizumab, and another on primary lateral sclerosis. This week also includes a Humanities in Neurology piece titled "Those Who Hear in Color."

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Spotlight on the March 22 Issue

José G. Merino

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