Highlights from this issue

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We want you to find *Practical Neurology* helpful; helpful in assessing and investigating patients, making diagnoses, managing patients and in understanding neurological disorders. We have articles in this edition to tackle each of these.

Starting with clinical assessment, Satish Khadilkar and colleagues provide a practical approach to patients with enlarged peripheral nerves (now often found on imaging as well as on clinical examination—***see page 105***). Sizheng Zhao *et al* highlight how an unusual symptom—itching in someone with myelopathy—suggests neuromyelitis optica as the likely cause (***see page 149***).

Investigations usually start with blood tests. Dimitri Renard provides a useful graphic to help us interpret serum creatine kinase levels in patients with muscle disease (***see page 121***). Balraj Dhesi and colleagues illustrate the progressive imaging findings of neurocysticercosis (***see page 135***) and Simon Bell *et al* remind us about the clinical and radiological features of cerebral amyloid angiopathy (***see page 124***). Kate Wiles and co-authors highlight reversible cerebral vasoconstriction syndrome as an important cause of post-partum headache (***see page 141***) and Celine Louapre *et al* encourage us to keep going when investigating unusual myelopathies (***see page 138***).

Making the diagnosis depends on drawing together the clinical syndrome and the investigation results. This can be particularly challenging with the new genetic tests and Jeannine Heckmann's team discuss just such a case on ***page 152***. You have the chance to have a go yourself in Robin Fox and colleagues' report of an unusual cause of seizures (though you do not get such a helpful title to prompt you in the clinic—***see page 145***). And with regards to management, Connie Wu and Anna Hohler (***see page 100***) discuss the clinical approach to an important and treatable problem in Parkinson's disease, namely, orthostatic hypotension.

It is almost a 100 years since the first description of Guillain–Barré syndrome and Ben Wakerley and Nobuhiro Yuki explore its spectrum of clinical phenotypes, extending as they do to Miller Fisher syndrome and beyond (***see page 90***). The pathophysiological substrate of these syndromes is being better understood and a shift in thinking allows a better understanding of how a severe 'axonal' neuropathy can still improve dramatically with intravenous immunoglobulin. Antonino Uncini explores these new ideas in his editorial to accompany this 'mimics and chameleons' paper (***see page 88***).

Hopefully, all will go smoothly but if it does not, lawyers may become involved and for the most part clinicians are ill-prepared for this. John Norris and Colin Mumford propose that medicolegal medicine should form part of the medical school curriculum (***see page 131***) to aid understanding, and maybe to avoid problems in the future.

In this edition, we are launching what we hope will be a useful series on clinical audit. This very important tool measures what we do (which often rather differs from what we think we do…) and allows us to improve our services for patients. Lots of units audit their practice on a wide range of subjects. Joe Anderson and Liam Carroll present an audit on first suspected seizures in adults (***see page 122***) and provide a link to their tried and tested audit proforma, so you can run this audit yourself if you wish. If you have similar audit proformas, please get in touch.

It was not so long ago, in the UK at least, that most neurology departments could fit into a taxi, or at most a transit van. Communication within the department was simple—a notice board or shared diary generally did the job. However, many neurology departments have now expanded such that they need to travel by coach and sometimes cannot fit into a single room. Thus, the need for communication within the department has increased and their communication needs have changed. One solution, arrived at on either side of the Atlantic—an example of convergent evolution perhaps—is a weekly departmental newsletter. Kate Brizzi and Michael Flower (with their colleagues) give us views from either side of the pond (***see page 119***). We would be interested in other solutions to this problem.

On top of all this, we have a neurological letter from Estonia courtesy of Kristiina Rannikmäe (***see page 127***), a report from Book Club (with online podcast) featuring the best-known work of the world's currently best-known neurologist (***see page 155***), a reopening of the debate on the appearance of James Parkinson (whose face remains unknown despite his accolade of being the best-known neurologist ever) (***see page 148***) and a view across the other journals from our very own A fo Ben (***see page 156***). Hopefully helpful and easily accessible—yet most of all practical.

'Quick, show me the Mona Lisa, I'm double parked.'

Pract Neurol: first published as 10.1136/practneurol-2015-001120 on 13 March 2015. Downloaded from http://pn.bmj.com/ on April 20, 2024 by guest. Protected by copyright.