CARPHOLOGY by A Fo Ben

Pract Neurol 2010; 10: 62

Surgical split on carpal tunnel syndrome

A multicentre randomised trial found patient reported functional measures improved whether surgery was performed or not for carpal tunnel syndrome (n = 116). Although surgery gave significantly greater improvement at 6 and 12 months compared with splinting (for 6 weeks minimum), the differences were modest (0.4 on a 1–5 point scale). MR imaging, performed in half of the cases, did not usefully predict the outcome. Carpal tunnel syndrome management remains uncertain. However, initial wrist splinting might seem justified, since 60% of the non-surgical patients were managing without surgery at 12 months.

Lancet 2009;**374**:1074–81.

Dostoyevsky mouse cured of epilepsy

A Fo Ben prefers human research as there aren't nearly so many mice in clinic as there once were; however, the Myshkin mouse (after the character from *The Idiot* who, like Dostoyevsky, had epilepsy) has a tale worth telling. It carries a mutation rendering the normally expressed Na^+, K^+ ATPase $\alpha 3$ isoform (expressed in neurons) inactive, and so develops seizures, preventable by delivering wild-type Na^+, K^+ ATPase via transgenesis. Human mutations in this pump cause rapid onset dystonia–parkinsonism and—with $\alpha 2$ affected—hemiplegic migraine.

PNAS www.pnas.org_cgi_doi_10.1073_pnas.0904817106

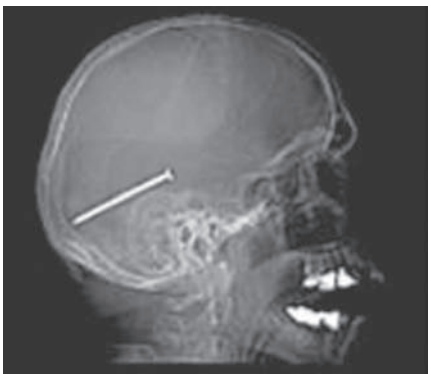
Exciting citing

Who cites your work? Previously only the *Web of Science* gave citation rates; a recent article compared this process with newer tools—*Scopus* and *Google Scholar*. Among 328 articles, the new databases each identified more citations than *Web of Science*. *Scopus* was better for non-English language citations and reviews; *Google Scholar* identified fewer papers with declared industry funding and group authored articles. The debate about indices to measure scientific impact is further complicated but please do not cite A Fo Ben on that.

JAMA 2009;**302**:1092–6.

Nail-gun narcolepsy

A 48-year-old man with obsessive–compulsive disorder (OCD) was found unconscious holding a nail-gun, a 6 inch nail having traversed his diencephalon to the occipital lobe. His OCD resolved but he developed narcolepsy, with marked hypersomnolence, highly fragmented sleep and short onset REM sleep latency. Although an extreme example, this reminds us that sleep disorders are common and treatable consequences of brain injury.



Reprinted from Mokhlesi and Khan. Nail-gun narcolepsy. *Lancet* 2009;**374**:238, with permission from Elsevier.

Family tree pruned

A key paper (cited over 200 times) has been retracted: the journal will not be drawn as to whether the errors were gross carelessness or frank fraud. Forensic re-examination by a geneticist and a neurologist showed exaggeration in two of the three pedigrees. For example, instead of the gene cosegregating in five affected family members (three with juvenile myoclonic epilepsy) in an autosomal dominant manner, in fact only the index case had epilepsy. In the second family, only two of the eight reported as affected had epilepsy: the 16 DNA specimens came from only 10 individuals. Epilepsy genetics was complicated enough already without this added burden.

Nat Genet 2009;**41**:1043.

Syncope at the wheel

Which people who faint should be allowed to continue to drive? A large American study showed an astonishing 10% (n = 3877) of patients with syncope had an attack while driving. Those with syncope while driving were more likely to be male ($p < 0.001$), younger ($p < 0.01$) and have a cardiovascular ($p < 0.01$) or stroke history ($p < 0.02$) than those who did not have an attack while driving. Thirty-seven per cent of syncope while driving was reflex (vasovagal) and 12% from cardiac arrhythmia. Nineteen per cent of those who fainted while driving had two or more subsequent attacks, half within 6 months of the first; but only 3% of attacks were while driving again. The study was limited by not knowing the licence status of the individuals, their body mass index or the hours driven per year.

Circulation 2009;**120**:928–34.

Sticking together helps keeps it together

Among 2000 Finnish people, those cohabiting with a partner in mid-life (mean age 50.4 years) showed half the risk (odds ratio 0.48, $p = 0.002$) of any cognitive impairment later in life compared with non-cohabitants (single, separated or widowed). The highest risk (odds ratio 7.67) was in those widowed before mid-life and still widowed in later life, compared with those living with a partner at both times ($p = 0.01$). We cannot choose our genes (apolipoprotein E e4 allele carriers were especially vulnerable to Alzheimer's disease) but we perhaps do think better when sharing our life with another.

BMJ 2009;**339**:99.

If you have any comments about these items, or any papers that you would like to suggest to A Fo Ben, please email the Editor-in-Chief.