



CrossMark

Highlights of the issue

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Simple solutions work. A plumber who unblocks a pipe can make the water run again. A neurointerventionist who pulls the clot from a blocked artery in time can restore brain perfusion and prevent irreversible ischaemic brain damage. Cardiologists paved the way by directly unblocking or stenting occluded arteries to save the heart from ischaemia. Developments in the technology have allowed its practical translation to the cerebral circulation. David Werring and colleagues review the techniques involved in mechanical thrombectomy and the evidence underpinning their use (*see page 252*). However, knowing that mechanical thrombectomy works is only part of the solution; how can this be delivered to patients? The logistical challenges are considerable and will differ between countries, depending on their geography, population demographics, siting of hospitals and numbers and distribution of neurointerventionalists. Andrew Clifton's editorial discusses the UK perspective (*see page 250*) in the sure knowledge that other countries will face similar difficulties.

Parkinson's disease has moved in recent years from being considered a predominantly motor syndrome to being recognised as having a far more pervasive impact on patients, particularly with changes in cognition and other non-motor manifestations. The effect of Parkinson's disease on communication is perhaps under-recognised. This ranges from facial immobility being misinterpreted by interlocutors as disapproval or depression to the difficulties posed by quiet hypokinetic speech. Nick Miller explores these important issues on page, 266; simply understanding the problem can help patients and their

families to use simple strategies to work around their difficulties.

An increasing number of patients with genetic neurological diseases now receive precise genetic diagnoses. A particular benefit from this knowledge is that they can now make informed choices in planning their own families. We have a range of techniques of varying complexity to protect the next generation; Mary Porteous reviews these for us (*see page 275*). The practical neurologist needs simply to know that these options are there and who can help their patients with these choices.

The viral hepatitis alphabet continues to expand. Hepatitis E, an RNA virus transmitted to man from pigs, seems to be an emerging cause of neurological disease. Despite being recognised in neurological disease only recently, it is associated with a particular pattern of brachial neuritis and to be a significant trigger for Guillain-Barré syndrome. Brendan Mclean and Harry Dalton give us an overview what we know so far (*see page 282*).

Our cases provide a mixture of the commonplace—the under-recognised postictal purpura (*see page 306*); the unusual though well recognised papilloedema occurring unilaterally (*see page 310*) or mimicked by drusen (*see page 302*)—and the downright rare (but treatable) PCDH-9-related epilepsy (*see page 314*) and venous hypertensive encephalopathy from a dural arteriovenous malformation (*see page 312*). There is a challenging Test Yourself from Eoin Mulroy *et al* (*see page 327*) of an apparently treatable muscular dystrophy.

Medical students coming up to finals are forever putting tuning forks in front of ears, behind ears and on

the top of their patients' heads. This activity stops abruptly with qualification, and tuning forks are rarely if ever used again. Perhaps these young doctors have got it right (for the assessment of hearing at least), certainly Iain McGurgan and David Nicholl think so in the latest neuro-mythology article (*see page 323*).

Sir William Gowers, who did much to codify the standard neurological assessment, died in 1915. Andrew Lees and colleagues describe their ultimately successful attempts to locate his final resting place, although 2 years too late for his centenary (*see page 321*).

Francesco Brigo also draws our attention to a free online calculator for seizure recurrence risk following antiepileptic drug withdrawal in people with epilepsy who are currently seizure free, based upon detailed meta-analysis evidence (*see page 332*).

We are delighted that the idea of Neurology Book Clubs is continuing to spread, with the Edinburgh Neurology Book Club tempting you to pick up a modern classic that explores neurosurgical practice and the handling of personal terminal illness (*see page 335*).

We would like to take this opportunity to say a huge thank all of our many reviewers. Referees for *Practical Neurology* do far more than referees for other journals as they assess papers and provide valuable advice to authors on how papers could be improved. We have listed them on page e1. If you recognise your colleagues in the list and enjoy the journal, please thank them again in person.

Competing interests None declared.