

## News on the journal Neurological Sciences in 2017

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As usually, we report in this survey the main advances in neurology and neurosciences, as reported in the articles published in *Neurological Sciences* in the 2017 volume and related to all the main topics of neurology.

**Cerebrovascular diseases** remain among the dominant topics for neurological research and practice. A growing interest is addressed to pathophysiology of stroke [1], and especially toward genetic causes [2–4]. Early rehabilitation is linked to a better recovery and more positive outcomes [5, 6]. Infections, aneurysms, dissections, venous thrombosis, and autoimmune diseases are rarer cause of stroke which may be underconsidered in the final diagnosis [7–11]. It has been established that standardization of stroke assessment and organization of stroke networks could be able to reduce mortality and dependency in stroke patients [12]. Intravenous thrombolysis remains the standard treatment for acute ischemic stroke within 4.5 h of symptom onset. Extra-ischemic brain hemorrhages after thrombolysis for ischemic stroke occur in less than 3% of treated patients, but they worsen prognosis [13] and the administration of thrombolytic therapy in elderly patients with dementia and acute ischemic stroke is still controversial [14].

**Multiple sclerosis (MS)** is another very common topic. Since it usually occurs in young adults with a female prevalence and obvious difficulty management during pregnancy and puerperium, the collaboration between neurologists, gynecologists, and psychologists for an interdisciplinary approach has been reported [15]. Conventional magnetic resonance imaging (MRI) remains a fundamental tool to diagnose and monitor MS and advanced MRI techniques are improving the understanding of the mechanisms underlying tissue injury, repair, and functional adaptation in MS [16].

Pharmacological development for MS is growing up in the last years. Rescue therapy with alemtuzumab in multiple sclerosis post-natalizumab puerperium reactivation has shown high efficacy [17]. Safety and tolerability of fingolimod has been better understood [18, 19]. Therapeutic potential of curcumin is a matter of debate [20]. Tetrahydrocannabinol-cannabidiol (THC/CBD) oromucosal spray has shown to be effective in improving overactive bladder symptoms in MS patients demonstrating a favorable impact on detrusor overactivity [21], and treatment with botulinum toxin type A (BoNT-A) for MS-related spasticity has beneficial effects but also high level of discontinuation [22]. Myeloablative autologous hematopoietic stem cell transplant (AHSCT) has proven to be safe and efficacious to control the aggressive forms of MS with better outcome in RR-MS [23].

**Alzheimer's disease (AD)** is the main cause of dementia, but rarer alternative diagnosis such as Creutzfeldt-Jakob disease and Whipple disease has to be considered [24, 25]. Also, dementia with Lewy body (LBD) is often misdiagnosed as AD [26, 27]. Association of arterial stiffness with cognition impairment in patients with Lewy body disorder has been evaluated and compared with AD findings [28].

Benzodiazepines (BZD) and cognitive impairment represent an interesting aspect of research, since patients with high-dose BZD intake show profound changes in cognitive function [29]. Several articles reported neuropsychological assessments to distinguish AD from normal aging and from other dementias (vascular dementia, frontotemporal dementia, LBD) [30–35]. Recently, eye-tracking has been proposed as an integrative tool for cognitive assessment [36]. Cognitive training, active music therapy, and neuroeducation are emerging issues in mild-moderate AD [37, 38].

**Parkinson's disease (PD)** is the most important field of research into movement disorders. The research of diagnostic and prognostic biomarkers is a field of high interest in PD [39–46]. Non-motor symptoms are now better recognized and treated [47–49]. Rasagiline has proved to be effective for dysexecutive syndrome [50]. Weight gain after subthalamic nucleus deep brain stimulation is a common side effect,

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probably influenced by diskinesias' reduction [51]. Transcranial direct current stimulation (tDCS) has proven to be an efficacious and safe treatment on fatigue reduction in Parkinson's disease [52]. Cognitive decline and psychiatric disorders can be present also in early stage of the disease [53–57]. Magnetic resonance measurements of brainstem structures have been reported to be useful in differentiating PD patients with not only progressive supranuclear palsy (PSP) but also from vascular parkinsonism [58]. Typical 3-Hz postural tremor seems to be predominant in MSA-C and can be useful in the differential diagnosis between MSA-P and MSA-C [59]. Combined visual and semi-quantitative assessments of <sup>123</sup>I-FP-CIT single-photon emission computed tomography (SPECT) show high sensitivity for the diagnosis of dopaminergic neurodegenerative diseases [60]. Quantitative tremor analysis can distinguish Parkinson's disease from dopamine receptor blocking agent-induced parkinsonism [61].

**Headache** is a widespread disorder and therefore it has a strong impact on quality of life [62, 63], also among children [64–67]. Migraine pathophysiology is not clearly understood, but it is commonly accepted that female hormones play a negative role [68, 69]. Calcitonin gene-related peptide (CGRP) may play an important role in cluster headache pathophysiology and could represent a potential therapeutic target [70, 71]. Migraine chronicization is a daunting complication and is probably also linked to structural, functional, and metabolic changes in the brain, especially involving the brainstem [72]. Infusion of methylprednisolone and diazepam should determine a consistent reduction in headache frequency and drug assumption during the detoxification for medication overuse headache [73]. Triptans remain highly effective for the treatment of acute migraine attacks [74], and intravenous mannitol for a high number of unresponsive migraine status [75]. Hypertension has been identified as one of the most important factors of chronic transformation of episodic migraine and increases the cerebrovascular and cardiovascular risk of migraine patients [76]. Telmisartan, a long-acting angiotensin II receptor blocker, has preventative benefits in non-responsive migraineurs [77]. OnabotulinumtoxinA, an effective treatment of chronic migraine, presents an increase of therapy efficacy and a progressive trend of "first-time response" [78]. Recent clinical experiences have demonstrated the safety, tolerability, and efficacy of non-invasive vagus nerve stimulation for the acute and prophylactic treatment of migraine also in adolescents [79–82]. Greater occipital nerve block may represent a therapeutic alternative in chronic migraine [83], while transcutaneous supraorbital neurostimulation is a promising technique [84]. Mindfulness or behavioral therapy is emerging as a helpful treatment for pain, also for chronic migraine [85, 86], while the role of nutraceuticals in migraine prophylaxis is debated [87]. Ketogenic diet is a promising therapy to counteract neuroinflammation in migraine [88]. Cognitive performances in

migraine patients show an impairment of executive functions, probably linked to the white matter lesions and the long history of drug abuse [89–91].

**Epilepsy** remains a field of high interest for neurologists, hard to treat in a not low percentage of cases, especially for secondary epilepsy [92–94]. Ketogenic diet may be effective but nutritional risks and potential impacts on biochemical nutritional status are possible [95]. Vigabatrin is associated with ocular disorders and evaluation of inner retinal layers with optic coherence tomography can have role in future monitoring of patients [96]. The role of phenytoin toward peripheral nerves is debated [97]. An early involvement of striatum/pallidus on MRI in super refractory status epilepticus has been recently associated with severe prognosis [98].

Research of pathogenic mechanism of **amyotrophic lateral sclerosis** (ALS) remains a point of principal interest, above all for the potential therapeutic target [99–101]. The association of multiple metals is probably involved in ALS degeneration [102]. Cognitive assessment for ALS patients is easily investigated with the Edinburgh Cognitive and Behavioural ALS Screen [103].

Atypical clinical **Myasthenia Gravis** (MG) patients may have been described [104]. Circulating follicular helper T (cTfh) cells are significantly higher in MG and may play a role in the immunopathogenesis and the production of anti-AChR Ab [105]. Tacrolimus is a valid option for the management of MG [106]. Coexistence of ALS and MG has been described and is associated with a bulbar onset and a worse prognosis [107]. Thymectomy represents an effective treatment for patients with non-thymomatous ocular myasthenia gravis [108].

**Familial amyloidotic polyneuropathy** is now easily diagnosed with genetic test and salivary gland biopsy [109–110]. High-dose intravenous immunoglobulin is a confirmed efficacious therapy for **multifocal motor neuropathy** [111]. Diagnosis of dysimmune peripheral neuropathies remains hard in some cases [112–115].

**Primary brain tumors** present a growing prevalence, especially among elderly people [116]. Expression of specific microRNA is related to pathological grading and prognosis of glioma [117, 118] and an evidence linking mobile phone use and risk of brain tumors has been found, especially in long-term users [119]. Extent of perilesional edema in brain metastasis from non-small cell lung cancer could be a predictive factor of response and brain progression after radiosurgery [120].

Many reports are dedicated to **rare neurologic diseases**, genetic disorders describing new developments on the molecular diagnosis [121–122], the clinical heterogeneity of the clinical spectrum [123–134], and the therapeutic opportunities [135–137].

In conclusion, during this year, Neurological Sciences has been full of interesting papers in many fields of neurological

research, confirming the good quality and actuality of the journal.

### Compliance with ethical standards

**Conflict of interest** The authors declare that they have no conflict of interest.

**Ethical approval** This article does not contain any studies with human participants or animals performed by the authors.

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