

They recommend that MRI is performed early in the disease course, to avoid misdiagnosis.

Rebecca Ireland

Original article Meissner B *et al.* (2005) Sporadic Creutzfeldt–Jakob disease: clinical and diagnostic characteristics of the rare VV1 type. *Neurology* 65: 1544–1550

Video-EEG monitoring in patients with atypical juvenile myoclonic epilepsy

A recent report has described the use of video-electroencephalography (video-EEG) in the management of patients with atypical juvenile myoclonic epilepsy (JME). The work highlights the importance of video-EEG in the correct evaluation of such patients, who might otherwise be misdiagnosed with focal epilepsy.

Usui and co-workers used video-EEG in the assessment of 26 JME patients aged 12–44 years. The patients were monitored for a mean period of 4.9 days, during which a total of 72 seizures were recorded. Each patient had at least one seizure. Twelve patients exhibited focal clinical features, and focal EEG findings were recorded in an additional two cases. In total, therefore, 14 (54%) of the JME patients showed focal features clinically, on EEG, or both. A diagnosis of both JME and focal epilepsy was made in three patients, two of whom had a family history of epilepsy.

The authors point out that the patients in their series differed from typical JME patients, in whom motor manifestations and EEG patterns are usually bilateral and symmetric. Before video-EEG monitoring, only four of the patients had been diagnosed with JME, and seizures were medically intractable in at least eight cases. Usui *et al.* conclude that the video-EEG approach is “invaluable in establishing a correct diagnosis and choosing effective antiepileptic drug therapy”.

Ruth Kirby

Original article Usui N *et al.* (2005) Focal semiologic and electroencephalographic features in patients with juvenile myoclonic epilepsy. *Epilepsia* 46: 1668–1676

Novel test for baroreceptor dysfunction in Parkinson's disease

A recent study in Germany investigated whether the analysis of beat-to-beat blood pressure in

patients with Parkinson's disease (PD) could be used to accurately assess their sympathetic neurocirculatory function. PD is frequently associated with disturbed neurocirculatory innervation, resulting in baroreceptor dysfunction, impaired blood pressure regulation and orthostatic hypotension. Diagnosis of the impairment is problematic, however, because patients experience difficulties in performing standard cardiovascular autonomic tests.

Haensch and colleagues analyzed recordings of resting finger arterial pressure made continuously and noninvasively in 40 PD patients and 80 controls for 10 min, before the participants carried out a series of cardiovascular autonomic tests such as the Valsalva maneuver and tilt-table testing.

In 55% of patients with PD and 16% of controls at least one premature ventricular contraction (PVC) occurred during the recording ($P < 0.001$). Of these, control subjects showed an increase in blood pressure in the first nine beats after the PVC, whereas the patients with PD had a blood pressure lower than baseline during postextrasystolic beats two to nine.

The authors suggest that the measurement of finger arterial pressure for assessing sympathetic neurocirculatory function in patients with PD is a highly sensitive test that does not require patient cooperation. They note, however, that the test requires a PVC to occur spontaneously, which appears to happen in only 55% of PD cases.

Christine Kyme

Original article Haensch C *et al.* (2005) Beat-to-beat blood pressure analysis after premature ventricular contraction indicates sensitive baroreceptor dysfunction in Parkinson's disease. *Mov Disord* [doi: 10.1002/mds.20744]

Presurgical assessment in epilepsy patients

A study has described the use of single pulse electrical stimulation (SPES) in the presurgical assessment of patients with medically refractory epilepsy. The technique, based on the identification of abnormal regions of nervous tissue using intracranial electrodes, could reduce the need for invasive electroencephalographic telemetry and might replace ictal recording in some cases.

Valentín and colleagues analyzed the results from 40 consecutive patients undergoing epilepsy surgery for the first time. All patients were assessed by SPES before surgery, using