

## IN BRIEF

## STROKE

Giving patients with acute ischemic stroke intravenous thrombolysis within 3 h of symptom onset provides most benefit to the patient. In practice, accomplishment of this target means that some patients who exhibit symptoms suggestive of acute ischemic stroke but are subsequently found not to have this disorder incorrectly receive this treatment. Chernyshev and colleagues have now demonstrated that intravenous thrombolysis is safe for patients with such stroke mimics or neuroimaging-negative cerebral ischemia.

**Original article** Chernyshev, O.Y. *et al.* Safety of tPA in stroke mimics and neuroimaging-negative cerebral ischemia. *Neurology* 74, 1340-1345 (2010)

## PARKINSON DISEASE

Pathological gambling is associated with Parkinson disease (PD) and can be an adverse effect of dopamine agonists, which are often prescribed to patients with this condition. In a double-blind, cross-over study, Thomas *et al.* demonstrated that a daily 200 mg dose of amantadine could markedly reduce pathological gambling behavior in patients with PD. Further study of the effects of amantadine in PD might provide insights into the pathogenesis of this condition.

**Original article** Thomas, A. *et al.* Pathological gambling in PD is reduced by amantadine. *Ann. Neurol.* doi:10.1002/ana.22029

## NEURO-ONCOLOGY

Low-grade glioma surgery with intraoperative electrical mapping is routinely performed in awake patients to minimize the risk of causing permanent neurological deficits. De Benedictis and colleagues have shown that this procedure substantially increases the extent of tumor resection in comparison with traditional procedures, in which surgery is performed on patients under general anesthesia. The results of this study should alleviate concerns that tumor removal might be suboptimal when surgery is performed on patients who are awake.

**Original article** De Benedictis, A. *et al.* Awake mapping optimizes the extent of resection for low-grade gliomas in eloquent areas. *Neurosurgery* doi:10.1227/01NEU.0000369514.74284.78

## MULTIPLE SCLEROSIS

In a population-based study, Marrie *et al.* have shown that vascular comorbidities that are present at diagnosis of multiple sclerosis (MS) or during disease progression increase the risk of ambulatory disability. In fact, risk of disability progression in MS increased with the number of vascular comorbidities reported in this study. Marked heterogeneity in disease severity and progression is evident in MS, and the presence of comorbidities might explain the prominent variation in patient outcomes.

**Original article** Marrie, R.A. *et al.* Vascular comorbidity is associated with more rapid disability progression in multiple sclerosis. *Neurology* 74, 1041-1047 (2010)