

EPILEPSY

Latency to first seizure after temporal lobectomy predicts long-term outcome

Buckingham, S. E. *et al. Epilepsia* 51, 1987–1993 (2010)

Temporal lobectomy as a treatment for temporal lobe epilepsy has a high success rate, although a substantial proportion of patients will experience at least one seizure after surgery. A new study shows that a long latency to the first postoperative seizure predicts a better long-term outcome than does a short latency, and the authors suggest that this information might guide patient counseling and clinical management.

STROKE

Prediction of malignant middle cerebral artery infarction by magnetic resonance imaging within 6 hours of symptom onset: a prospective multicenter observational study

Thomalla, G. *et al. Ann. Neurol.* 68, 435–445 (2010)

An MRI scan performed on admission to hospital can establish whether a patient with severe middle cerebral artery (MCA) stroke is likely to develop a space-occupying malignant MCA infarct, according to research published in *Annals of Neurology*. MRI findings could assist treatment decisions, such as whether or not to perform decompressive surgery.

MIGRAINE

Occipital nerve stimulation for the treatment of intractable chronic migraine headache: ONSTIM feasibility study

Saper, J. R. *et al. Cephalalgia* doi:10.1177/0333102410381142

A feasibility study indicates that occipital nerve stimulation shows promise as a treatment for medically intractable chronic migraine. Adjustable stimulation, in which the patient was able to control the level of stimulation according to need, produced a 3 month responder rate of 39%, compared with 6% for a control group who received a preset stimulation protocol.

MULTIPLE SCLEROSIS

Normal CSF ferritin levels in MS suggest against etiologic role of chronic venous insufficiency

Worthington, V. *et al. Neurology* 75, 1617–1622 (2010)

The idea that chronic cerebrospinal venous insufficiency (CCSVI) can cause multiple sclerosis (MS) has generated excitement and controversy in equal measure, and new findings argue against such an etiology. Axel Petzold and colleagues reasoned that if the CCSVI model is correct, an appreciable number of patients with MS should have pathological cerebrospinal fluid (CSF) ferritin levels. However, a cross-sectional and longitudinal study involving over 1,400 patients with MS and other neurological disorders found no evidence of raised CSF ferritin levels in the MS group.