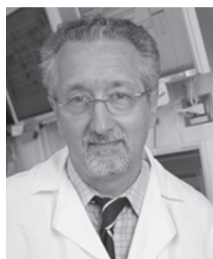


# Foreword



## Ruben I Kuzniecky

*Ruben I Kuzniecky is Professor and Vice Chair, Academic Affairs, and Director, Clinical Research Program, Department of Neurology, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, New York. He was the co-director and then director of epilepsy research at the NYU Langone Comprehensive Epilepsy Center between 2013–2017. He has authored over 300 books, chapters, and journal articles on a number of topics related to epilepsy, and has received epilepsy research grants from the National Institutes of Health and numerous foundations. His research focuses on brain imaging, malformations of brain development and epilepsy, and biomarkers of epilepsy. Professor Kuzniecky has been recognized for his efforts in the “Best Doctors in America” multiple times and with many honorary lectures around the world. He is also the founder of Lucha Contra La Epilepsia (LUCES), a foundation that provides epilepsy medications at no cost to poor families in Panama.*

Welcome to the spring edition of *US Neurology*. During the COVID-19 pandemic, which has had a substantial impact on patients with neurological disease, as well as providing significant challenges to healthcare providers, we hope our journal provides reason for optimism by highlighting recent conceptual and practical clinical advances.

We begin with an expert interview, in which William Gaillard, president of the American Epilepsy Society explains the reason for a new position statement on sudden unexplained death in epilepsy (SUDEP) counseling and discusses its importance. The explosion of new treatment options for migraine prevention has confounded therapeutic decision making. Rothrock, Turner and Brandes provide an overview of current options, as well as the optimal approach to rational prescribing and individualized therapy. Also on the subject of migraine, Wolf and Syrow describe the group visit model they have developed in Camden, NJ, for clinical care delivery in patients with chronic migraine.

Drugs used in the treatment of central nervous system disorders must combine rapid onset of action, consistent blood levels and ease of use. In a review article, Hoekman et al. discuss the utility and advantages of nasal drug delivery, and describe an innovative, drug/device delivery system that targets the upper nasal space. New onset epilepsy in an adult presents significant uncertainties. The ILAE (International League Against Epilepsy) has developed a new classification of epilepsy in those patients presenting with a single unprovoked seizure and a likelihood of recurrent seizure above 60%. Bank and I outline the criteria for diagnosing and managing adult patients with new onset epilepsy and discuss the appropriate selection of antiepileptic drugs. Until recently, treatments for relapse reduction in neuromyelitis optica spectrum disorder were not supported by clinical trial data. In a review, Brandstadter and Bar-Or discuss three targeted immunotherapies (eculizumab, inebilizumab and satralizumab), which have transformed the treatment landscape for this rare and severe neuroinflammatory disorder. Early identification of neurological conditions can facilitate prompt therapeutic intervention. Robert Knobler describes a useful clinical feature that can help identify the chronic neuropathic pain disorder, complex regional pain syndrome, type 1/reflex sympathetic dystrophy. Surgical site infections can have severe consequences in neurosurgical patients due to their proximity to the central nervous system. Graves et al. review the challenges, current practice and future developments in skin preparation prior to neurosurgery. In our final review article, Diener, Albers and Smalling discuss the benefits of patent foramen ovale closure in selected patients for reducing the risk of recurrent cryptogenic stroke, which accounts for one-quarter of cerebral ischemic events.

This issue features an original research study in which Alamdari et al. evaluate the incidence of perioperative radial neuropathy and potential techniques for preventing this complication. Finally, case reports are a valuable addition to scientific journals as they can raise awareness of uncommon diseases. Rad and Beydoun present a case of acute intermittent porphyria, which is often misdiagnosed as Guillain-Barré syndrome due to similar clinical manifestations.

*US Neurology* would like to thank all authors who contributed their expertise towards this edition. We are grateful to our Editorial Board for their constant support and guidance. Thanks also go to all organizations and society partners for their ongoing support. We hope that you find these articles useful and thought-provoking, and that you all stay safe and well during these difficult times. □