Bon Voyage to the New Journal "ICTUS"

Guest Editorial

Louis R. Caplan

Professor Neurology, Harvard University

Reception date of the manuscript: 25/Junio/2020
Acceptance date of the manuscript: 26/Junio/2020
Publication date: 01/Septiembre/2020
DOI: 10.5281/zenodo.4069552

I was delighted to hear of the decision to publish a new journal related to cerebrovascular disease. Mexican Neurology and Stroke have a very rich tradition. Mexican Neurologists were among the first to describe Dural sinus occlusions and to link their occurrence with pregnancy and the puerperium. They were among the first to alert the medical community to the vascular complications of neurocysticercosis. I am honored to contribute to the first volume and thought long and hard about what would be most appropriate.

I decided to publish here a new, previously unpublished and also not alluded to report that shares a recent observation that I made, but also unearths much that is still not known. This observation concerns two patients who had infarcts that involved the dorsolateral portion of the very caudal medulla and the very rostral region of the spinal cord below.

I saw the first patient discussed in this report in 2016. I was struck by the very severe unilateral proprioceptive loss involving one arm. The patient, who had lateral medullary infarction, literally had no idea where her arm was located. She had severe sensory ataxia. I had not seen this previously. More accurately stated, if I had encountered it before I did not note it or recognize the uniqueness and significance of this finding in a patient with the diagnosis of lateral medullary infarction. Yet I had seen during more than 50 years more than a hundred patients with lateral medullary infarction. I had also reviewed the literature widely and had not seen mention of a similar severe unilateral proprioceptive loss. And then several months later I was asked to consult on another patient with medullary infarction with equally severe unilateral proprioceptive loss.

Contact data: Louis R. Caplan, Beth Israel Deaconess Medical Center, Palmer 127, W Campus, 330 Brookline Ave, Boston 02215, MA., Phone number: , lcaplan@bidmc.harvard.edu

Being a collector like my mentor C Miller Fisher, I waited to add more cases. I asked a neuroradiological colleague, Dr. Chang to review the brain and vascular imaging and prepare figures that showed the lesions. During the subsequent 4 years, no patient appeared in the hospital or in my clinic with similar findings and my colleagues had seen none. I reviewed my notes on patients I had seen previously and found one patient, a 35 year old woman with a cervical vertebral artery dissection, who, at the onset of her symptoms, reported that her "right hand went numb and it did eventually get to a point where she could not even recognize that it was there." By the time I saw her, feeling had returned and she had no proprioceptive loss. Her infarct involved the rostral cervical spinal cord.

I chose this submission for 3 reasons:

1. There is always something new to be learned at the bedside of each patient seen in the hospital or in the clinic. I have centered my career on posterior circulation disease and have written two monographs on the subject. I have also read extensively all the available literature on lateral medullary infarction and have written extensively on the topic. Yet I in 50 years of neurology/stroke practice had never recognized such cases, nor had anyone else in the literature that I knew.

2. "Man sieht nur, was man weis. " Goethe. This quote has been translated to mean: What one knows, one sees and **We only see what we know**. I must have seen similar patients in the past but was not looking for or concerned with the issue of severe proprioceptive loss. Maybe because no one had alerted me to look for it before, or because I was focused on other findings and issues.

3. There is still much to be learned. These cases reveal a lack of knowledge about a) physiology- the handling of proprioceptive input to the upper spinal cord via tracts and

nuclei, and b) the vascular supply of the dorsolateral rostral spinal cord and caudal medulla at the medullo-spinal junction, and c) the vascular pathology that causes infarction at that border.