



Your Questions Answered

ARTERIOVENOUS MALFORMATION

Q My left side was paralyzed after an operation for arteriovenous malformation several years ago. After months of therapy, I was able to walk a few hundred feet without help, but my foot began arching and turning inward. Is there any way to relax or get rid of this?



DR. EDGAR KENTON ADVISES:

A You are to be commended on an excellent question and the hard work you have done in your therapy to start walking again after your paralysis.

Arteriovenous malformations (AVMs) arise from a collection of abnormal blood vessels at birth. They can develop in different parts of the body, including the brain. You are probably experiencing the neurological condition called dystonic posturing. From your description, it seems that the brain cells that once controlled the posture and muscle tone of your foot may have been disturbed during the surgery to remove your AVM, as sometimes happens.

Be sure to tell your neurologist of your difficulty. He or she may request more studies, such as MRIs and EEGs, and adjust your present medications, physical rehabilitation program, or diet. Your neurologist may also try to relax the posturing of your foot with medication. Of course, there is no standard treatment; therapies are tailored according to each patient's own medical history and examination results.

Edgar J. Kenton, M.D., directs the Stroke Prevention Intervention Research Program at the Morehouse School of Medicine in Atlanta, GA.

BODY MYOSITIS

Q One of my family members has been diagnosed with inclusion body myositis. Can you tell us something about this disease and how best to cope with it?



DR. STEVEN GREENBERG ADVISES:

A Inclusion body myositis is one of a group of diseases known as the inflammatory myopathies, which involve chronic muscle weakness and inflammation. Inclusion body myositis affects the ability to grip objects, walk, and sometimes swallow. The exact cause of the condition is unknown, but some researchers believe it's caused by an attack on muscles by the body's own immune system and a poorly understood deterioration of muscle.

Although the onset is gradual and the disease usually progresses slowly, we haven't yet identified any therapies that reliably halt it, and there is no standard treatment. However, patients and families often benefit from being under the care of attentive physicians who specialize in neuromuscular disorders. Your primary care physician can refer you to such an expert. Meanwhile, researchers are working hard to understand the nature of inclusion body myositis. In addition, learning about the disease usually gives people a greater sense of control. Information is available through books and several Web sites, including mine at s-ibm.org.

Steven A. Greenberg, M.D., is assistant professor of neurology at Harvard Medical School, Boston, MA.

HYDROCEPHALUS

Q What are the latest and best treatments for hydrocephalus?



**DR. HAROLD
REKATE
ADVISES:**

A People with hydrocephalus have an excessive accumulation of cerebrospinal fluid, which is the clear fluid surrounding the brain and spinal cord. When cerebrospinal fluid accumulates, it can cause an abnormal expansion of the spaces in the brain known as ventricles, and this dilation can cause harmful pressure on brain tissue. Symptoms usually include overly rapid head growth in babies, severe headaches with vomiting and irritability in children and young adults, and balance difficulties and memory loss in the elderly.

The good news is that over the past two decades advances in technology have, for the first time, allowed neurosurgeons to return the brain and spinal fluid to a normal state. Neurosurgeons can now use imaging technology, such as MRI, to pinpoint the site or sites of obstruction causing hydrocephalus.

It's possible to treat hydrocephalus through a technique called endoscopic third ventriculostomy: a tubular instrument called an endoscope is inserted into the third ventricle of the brain, allowing the surgeon to visualize the obstruction causing the hydrocephalus. The surgeon then makes a hole in the membrane of the ventricle to adjust the flow of the cerebrospinal fluid. While not without risk, the likelihood of severe damage from this procedure is very low.

Another option is the placement of a shunt system, consisting of a shunt (a flexible but sturdy tube), a catheter, and a valve. These instruments are used to redirect the flow of the cerebrospinal fluid to another part of the body where it is absorbed as part of the normal circulatory process. The use of programmable valves allows fine-tuning of the release of the cerebrospinal fluid and more precise control of intracranial pressure. These adjustable valves are sometimes paired with add-on devices that prevent overdrainage. For most people, these advances make it possible for them to go on to live long and productive lives.

Harold L. Rekate, M.D., is chair of pediatric neurosciences and director of pediatric and congenital neurosurgery at the Barrow Neurologic Institute in Phoenix, AZ.

STATINS AND MEMORY

Q My short-term memory has suffered seriously in the past 8 to 12 months. I've heard that statins—which I am currently taking—can affect memory, but my neurologist says otherwise. I have also heard that people with Alzheimer's who take statins have fewer problems than people who don't. So exactly how do statins affect memory?



**DRS. GAIL LI
AND
ERIC PETRIE
ADVISE:**

A There have been very few reports of statins (drugs used to lower cholesterol levels and prevent heart attacks) causing memory problems. Also, studies have shown that these drugs may actually reduce the risk of developing Alzheimer's disease. A brain autopsy study that we recently worked on, for example, found that neurofibrillary tangles—one of the distinctive abnormalities seen in the brains of people with Alzheimer's—were less common in the people who took a statin than in those who had never taken one. However, we do not yet have enough evidence to recommend the use of statins to treat or prevent Alzheimer's.

If you continue to experience memory problems, you may need a more careful neurological examination to check for other disorders that might be affecting your memory. If no other cause is identified, your neurologist could recommend that you stop taking statins for one to three months to see whether this makes a difference. If your memory improves while off statins, you may be one of those rare people with an unusual reaction to these drugs. Switching the type of statin you take may also have an effect.

Gail Li, M.D., Ph.D., and Eric Petrie, M.D., both teach psychiatry and behavioral sciences at the University of Washington in Seattle, WA. Dr. Li is also an investigator at the UW Alzheimer's Disease Research Center.

DO YOU HAVE A QUESTION TO ASK THE EXPERTS?
Send it to neurologynow@lwwny.com