

Editorial

Dear ANB-Reader,

The Editor-in-Chief has selected a wide variety of articles to keep you company this summer in the plane, on the beach, in the mountains, or under your favourite garden tree...

Two manuscripts in the field of multiple sclerosis warrant your attention. Filippi and Rocca review how MRI has improved our ability to diagnose MS and to predict its course, as well as how it is changing our understanding of the factors associated with the accumulation of irreversible disability in this disease. Combining different MR modalities, which are sensitive to different aspects of MS pathology and evaluate both brain and spinal cord, appears to be a promising way to improve further our understanding of the mechanisms accounting for the accumulation of irreversible disability in this disease. However, in order to apply the use of quantitative MRI to the monitoring of MS evolution in clinical trials, the precision and accuracy of quantitative MRI scans in detecting longitudinal, MS-related changes need to be defined. Tombul and colleagues investigated the correlation of disease activity and disability with heart rate variability (HRV) of cardiovascular autonomic dysfunction (CAD) demonstrated by 24-h Holter monitoring in patients with MS versus controls. Their results suggest that MS causes CAD manifesting as long-term HRV abnormalities. Firm correlations between the autonomic impairment and clinical parameters such as disability, duration of illness, number of relapses, could not be demonstrated and require further study.

In the case report series, I would like to highlight the interesting report by Tüzün and colleagues from Turkey in collaboration with Angela Vincent from the UK, which emphasizes the importance to timely recognize the relapsing and treatment-responsive paraneoplastic limbic encephalitis (PLE) patients since they may be confused with other steroid-responsive encephalopathies, particularly non-paraneoplastic syndromes such as Hashimoto's

encephalopathy, leading to delay in the detection of the underlying tumor. The staining pattern of the IgGs in the patient reported by Tüzün was distinct from previously identified neuropil antibodies associated with PLE, suggesting that there are many neuronal autoantigens associated with treatment-responsive encephalitis pending to be characterized. Further studies are required to identify these target antigens since they play important roles in selection of diagnostic procedures (e.g. tumour screening) and treatment decisions.

Jeurissen and Strauven report a young lady presenting with aseptic meningitis due to an infection with Japanese Encephalitis Virus after a trip to the Philippines. They provide a detailed description of the clinical work-up and illustrate the challenges represented by infections to the nervous system in a setting of increasing international mobility.

The image on the cover page of this issue of the ANB highlights the potential role of brain FDG-PET as a tool to diagnose paraneoplastic cerebellar degeneration, especially when brain MRI is normal, since cerebellar FDG-PET hypermetabolism can be observed as an early sign of the disease.

Last but not least, as you know, the editorial staff continuously tries to render the ANB more attractive to you as readers, but also as potential authors. Although our present publisher has provided services since many years, he cannot offer editorial assistance on accepted manuscripts, nor a high standard website, nor an international coverage, all of which are necessary to increase the quality and worldwide visibility of our journal. We have therefore decided to look out for an internationally well known publisher capable to help us to raise the international level of ANB. The change is planned for the end of 2011. Among several offers, the one proposed by *Springer* has the lead at this stage.

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