Case reports

Connecting the clinical dots

In *The Structure of Scientific Revolutions*, Thomas S. Kuhn observed:

> If science is the constellation of facts, theories, and methods collected in current texts, then scientists are the men who, successfully or not, have striven to contribute one or another element to that particular constellation. Scientific development becomes the piecemeal process by which these items have been added, singly and in combination, to the ever growing stockpile that constitutes scientific technique and knowledge.[1]

Perhaps the same could be said of medicine, physicians, and the importance of case reports in moving the practice of neurology forward. In this Special Cases issue, we present cases that provide glimpses into diagnosis, therapeutics, semiology, and pathophysiology of neurologic disease.

Kimura et al. (p. 390) describe a specific RT-PCR protocol with an enhanced sensitivity and specificity to identify enterovirus D68 in CSF, a methodology that may contribute to the development of a vaccine or treatment for acute flaccid paralysis. Saran et al. (p. 439) demonstrate the importance of recognizing signs of chronic diphenhydramine abuse to provide timely and effective treatment. Keogh et al. (p. 451) remind us that *PLP1* mutations should be considered in cases of possible spinal primary progressive multiple sclerosis. Mulroy et al. (p. 407) report brain sagging secondary to CSF hypovolemia in a patient presenting with chorea. Compter et al. (p. 418) report acute polyneuropathy as an immune-mediated side effect of BRAF inhibitors in a patient with metastatic melanoma.

We welcome reader feedback on this special issue and the case reports herein.

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REFERENCE

1. Kuhn TS. The Structure of Scientific Revolutions. Chicago: The University of Chicago Press; 1962.