Greetings, I am Dr. Karl Nath, the Editor-in-Chief of *Mayo Clinic Proceedings*, and I am happy to welcome you to the multimedia summary for the journal’s July, 2017 issue. This month there are 4 articles selected as either our Editor’s Choice or Highlights articles.

Our Editor's Choice is an Original Article authored by Dr Arnoley Abcejo and colleagues from the Department of Anesthesiology and Perioperative Medicine, and the Department of Neurology at Mayo Clinic in Rochester, Minnesota. The authors discuss the effects that anesthesia and surgery may have on patients with concussion. Concussion reflects mild traumatic brain injury and may be accompanied by other injuries with potential adverse effects on the brain, and these include hypotension, hypoxemia, anemia, and hyperglycemia.

The authors reviewed records from patients at Mayo Clinic who had experienced concussion between July, 2005, and June, 2015, and who had a surgical procedure within the year following concussion. Head trauma resulted from sports injuries, falls, automobile accidents, or assaults; in relation to the concussion, interventions were tracked as related or unrelated, and as elective, emergent, or neither elective nor emergent. The study noted that sports-related injuries occurred most often in younger patients, while falls occurred most often in older patients; a diagnosis of concussion was most likely to be made on the day of injury in automobile-related injuries.

In this patient population, 80% of the procedures were performed in patients involved in motor vehicle accidents, whereas only 20%, 25%, and 38% of the procedures were undertaken because of injuries associated with sports, falls, and assaults, respectively. Orthopedic and general surgical procedures accounted for 57% of all procedures requiring anesthesia.

The authors emphasize that acute brain injury may render the brain more susceptible to additional injury imposed by subsequent stressors such as, among others, diminished cerebral perfusion, hypoxia, and cerebral edema. The authors thus conclude that, whenever possible, exposure to anesthesia and/or undertaking surgical procedures should be delayed until concussive symptoms have resolved. This may be challenging as surgery and general anesthesia are most commonly required in the acute phase following an injury, a time when the brain may be most vulnerable to secondary injury.

Our first Highlight article in the July 2017 issue of the *Proceedings* is an Original Article authored by Dr Lauren Dalvin and colleagues from Departments of Ophthalmology, Mayo Clinic School of Medicine, Molecular Medicine, and the Rochester Epidemiology Project, at Mayo Clinic, in Rochester, Minnesota;
Olmsted Medical Center, also in Rochester, Minnesota; and the Health Sciences Research/Biomedical Statistics and Informatics section, at Mayo Clinic in Jacksonville, Florida. The authors examined the relationship between melanoma and Parkinson’s disease, and the extent to which either disease may associate with the other. The authors employed the Rochester Epidemiology Project medical records linkage system to identify patients with Parkinson’s disease and melanoma in Olmsted County, Minnesota. The cohort with Parkinson’s disease included those patients in whom this diagnosis was confirmed by a neurologist. Based on comparisons with age-matched and sex-matched controls, the authors demonstrate that patients with Parkinson’s disease have a significantly increased probability of having pre-existing melanoma; and that patients with melanoma have a significantly increased risk of developing Parkinson’s disease. Prior studies suggested that such an association may be reflect, in part, therapy with levodopa—a key treatment in Parkinson’s disease—as levodopa may increase melanin and melanoma cell growth in culture. However, in the current study by Dr. Dalvin et al, in patients with Parkinson’s disease in whom the diagnosis of melanoma was also made, such a diagnosis was reached prior to the diagnosis or treatment for Parkinson’s disease. This finding thus does not support the hypothesis that levodopa contributes to the association of these two diseases. Instead, the findings suggest that this linkage of these two diseases may reflect the presence of underlying environmental, genetic, immunologic, or other factors predisposing to both diseases. The authors recommend that consideration may be given to counseling patients with melanoma as regards the attendant risks for Parkinson’s disease, and that melanoma surveillance should be implemented in patients with Parkinson’s disease.

The second Highlight article in this month's issue is a Review article authored by Dr Joseph Feuerstein and Dr Adam Cheifetz from Beth Israel Deaconess Medical Center and Harvard Medical School, Boston, Massachusetts. Based on publications in PubMed through February first, 2017, the authors provide a comprehensive review of Crohn’s disease, a chronic inflammatory bowel condition that may affect any bowel segment along the entire length of the gastrointestinal tract. The presenting symptoms include diarrhea, abdominal pain, weight loss, nausea, vomiting, and, occasionally, fevers or chills. In the review, the authors describe the history, epidemiology, risk factors, phenotype, differential diagnosis, and treatment options. Drs Feuerstein and Cheifetz discuss how the diagnosis of Crohn’s disease is made, and the roles of clinical symptoms and signs, endoscopic findings, and radiologic findings in reaching such a diagnosis. Treatment is based on symptom severity and the underlying disease phenotype.
Biologic drugs, such as anti-tumor necrosis factor, anti-integrin, and interleukin-12-23 inhibitors, are among the most effective therapies.

The third Highlight in this month's issue is another contribution in the continuing Symposium on Neurosciences, and is authored by Dr James Meschia and colleagues from the Department of Neurology at Mayo Clinic in Jacksonville, Florida, and Rochester, Minnesota.

In their review, the authors identify and characterize carotid stenosis and its complications; discuss asymptomatic carotid stenosis and the current recommendations against screening for asymptomatic disease in the general population; and they explore the medical and surgical management of carotid stenosis. Medical management includes anti-platelet, anti-thrombotic, antihypertensive, and lipid-lowering therapies. The authors review the role cigarette smoking plays in increasing the risk of stroke, and they summarize interventions for other risk factors. For symptomatic patients, the authors address the benefit of carotid endarterectomy in patients with symptomatic moderate to high-grade stenosis, including in their discussion the effect of provider experience on outcomes, and the option of stenting as an option for patients at high risk for complications with endarterectomy. The authors conclude that decision-making regarding whether, and how, to revascularize patients is only part of the management of carotid stenosis, as a fundamental aspect of the latter involves reducing the adverse effects of medical risk factors, including hypertension, hyperlipidemia, and smoking cessation.

You can access these Highlights and Editor’s Choice articles free of charge during the entire month of July. Please visit our Mayo Clinic Proceedings website at www.mayoclinicproceedings.org, where you will find other free content such as our Path to Patient image quiz, Art at Mayo Clinic, Stamp Vignettes on Medical Science, and interesting Medical Images. Please also access the social media buttons at the top of the home page to follow us on Facebook, Twitter, and YouTube. Our website lists many news stories that are based on articles published in Mayo Clinic Proceedings. You can also check out our YouTube channel, where you will find videos of full author interviews, and our 60-second video article summaries. Please listen to our “Mayo Clinic Proceedings’ Fireside Chat” recording, which is available through iTunes as well as from our website home page. And as always, we greatly thank you for your interest in, and support of, Mayo Clinic Proceedings.
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