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- Preoperative Predictors of Poor Outcomes Following Lumbar Discectomy. A Study based on the National Finspine Registry
- Hemorrhagic Stroke in Atrial Fibrillation: Trends in Incidence, Case Fatality, and Prior Oral Anticoagulation
- CD4+ T-lymphocytes in human saccular intracranial aneurysm walls are associated with aneurysm rupture
- Neuroinflammation Markers in Tear Fluid of Mild Alzheimer's Disease
- Inflammation-induced lysosomal dysfunction in human iPSC-derived microglia is exacerbated by APOE 4/4 genotype
- Outcome measures after anterior cervical decompression and fusion surgery -non-respondents do not bias the results: A Finnish spine register (FinSpine) study
- Damage in thalamic projection to perilesional cortex as a prognostic biomarker for experimental post-traumatic epilepsy
- APOE stratified genome-wide association studies provide novel insights into the genetic etiology of Alzheimers's disease

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Kuopio University Hospital (KUH) in Finland is a leading center for neurosurgical care, providing both acute and elective services to the Eastern Finland region. The Department of Neurosurgery at KUH is integrated within the KUH NeuroCenter, which combines neurosurgery, neurology, neuroradiology, neurophysiology, and neurointensive care under one roof to ensure comprehensive and personalized treatment for patients with central nervous system disorders.

Key Services and Expertise:

Neurovascular Surgery: Specialists in microvascular neurosurgery and endovascular neuroradiology collaborate daily to evaluate and treat intracranial aneurysms and other vascular malformations.

Spinal Surgery: The department performs approximately 900 surgeries annually for patients suffering from radiating pain or weakness due to spinal nerve root or spinal cord entrapment.

Epilepsy Surgery: KUH is one of the national centers for epilepsy surgery in Finland, offering advanced diagnostics and surgical treatments for severe epilepsy cases.

Neuromodulation: The Pain Neuromodulation Research Group, led by Adjunct Professor Jukka Huttunen, focuses on treating chronic pain through neuromodulation techniques, combining clinical research with biomarker studies and machine learning. kuopio.neurocenterfinland.fi

Advanced Surgical Facilities: KUH's operating rooms are equipped with modern neurosurgical technologies, including neuroanesthesia, operation microscopes with intraoperative fluorescence diagnostics, neuronavigation systems, and intraoperative neurophysiological monitoring.

Research and Development:

KUH places a strong emphasis on clinical research and quality control. The department has implemented structured interventions to optimize outpatient clinic operations, leading to increased

efficiency and improved patient care. A study highlighted the benefits of adding a predictable neurosurgeon slot, resulting in a 7% increase in new patient visits.

Contact Information:

Address: Puijonlaaksontie 2, 70210 Kuopio, Finland

Phone: +358 44 717 6974

Email: finnhealth@pshyvinvointialue.fi

For more information, you can visit the KUH NeuroCenter's neurosurgery page or the FinnHealth neurosurgery section.

Neurosurgery of NeuroCenter, Kuopio University Hospital, Finland.

Ville E Korhonen

Virve Kärkkäinen

In a Prospective Observational Case-Control Study Kärkkäinen et al. aimed to identify neuroinflammation-related proteins in tear fluid (TF) as potential biomarkers for early-stage Alzheimer’s disease (AD). The novelty lies in using a non-invasive biofluid (TF) and applying high-resolution proteomics.

2. Strengths Non-invasive approach: Tear fluid collection via Schirmer strips offers a safe, patient-friendly method ideal for elderly populations.

Mass spectrometry-based proteomics: The use of label-free quantitative proteomics enhances the detection of subtle changes in protein expression without bias toward known candidates.

Clear case-control design: The inclusion of well-defined mild AD patients (CDR 0.5–1, MMSE 23.8 ± 2.8) and cognitively healthy controls (MMSE 28.9 ± 1.4) allows for meaningful comparisons.

Focus on neuroinflammation: Targeting neuroinflammatory pathways aligns with current hypotheses that inflammation plays a central role in early Alzheimer’s disease pathogenesis.

Identified candidate markers: The study reports 14 differentially expressed proteins, several of which (e.g., SERPINA3, ORM1, SPARCL1) have known links to inflammatory and neurodegenerative processes.

3. Limitations Small sample size: With only 19 AD cases and 34 controls, the study is underpowered for broad generalization or robust statistical correction for confounding variables.

Cross-sectional nature: Being observational and cross-sectional, it does not address causality or longitudinal stability of these biomarkers.

Lack of external validation: The findings are not validated in an independent cohort or in cerebrospinal fluid/plasma, limiting translational relevance.

Omission of confounding factors: Factors like dry eye syndrome, medications, systemic inflammation, or comorbidities were not extensively controlled for, which could significantly affect TF protein composition.

Overinterpretation risk: While the link between neuroinflammation and AD is established, asserting that these TF proteins are early biomarkers of AD is premature without longitudinal or mechanistic validation.

Lack of machine learning or biomarker signature development: Despite the proteomic data, no predictive models or ROC analyses were reported to evaluate diagnostic utility.

4. Contribution to the Field This study provides preliminary evidence that tear fluid proteins may reflect neuroinflammatory changes in early AD. It adds to a growing interest in peripheral biomarkers and supports the exploration of eye-brain connections in neurodegeneration.

5. Recommendations for Future Research Conduct longitudinal studies to assess temporal evolution of TF biomarkers in preclinical and prodromal AD.

Validate the identified proteins in larger, multicentric cohorts.

Correlate TF protein changes with CSF biomarkers (Aβ, tau) and neuroimaging findings.

Explore multiplex assays or ELISA-based panels for potential clinical translation.

Include confounder analysis (e.g., ocular surface disease, systemic inflammation).

Conclusion

This study is a promising proof-of-concept for using tear fluid as a diagnostic window into neurodegeneration, particularly AD. However, the small sample size, lack of validation, and cross-sectional design limit its current clinical utility. It should be viewed as a hypothesis-generating work that warrants more rigorous, larger-scale follow-up studies [1)]

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