



Editorial

The June 2025 issue of *Neurologia Croatica* offers a compelling cross-section of contemporary neurology, spanning the precision of endovascular intervention, the evolving safety profile of disease-modifying therapies in multiple sclerosis (MS), and the deeply human realities of living with a chronic neurological condition. Each of the three manuscripts featured in this issue contributes uniquely to both the scientific and clinical discourse, illustrating the multidisciplinary demands and ethical considerations that increasingly define our field.

We open with the article by Franić *et al.*, “*Efficacy and Safety of Carotid Stenting – A Single Center Experience*”, which addresses an enduring debate in vascular neurology: the role of carotid artery stenting (CAS) versus carotid endarterectomy (CEA) in stroke prevention. In this retrospective study of 109 patients treated between 2018 and 2020, the authors provide robust institutional data showing low rates of both early and late complications following CAS. The analysis reveals that hemodynamically significant stenosis was the only factor significantly associated with early procedural outcomes, and no single variable significantly influenced long-term success.

What stands out in this report is not only the encouraging safety and efficacy profile of CAS but also the reflection of a larger trend in stroke prevention: individualized, risk-adapted therapy in high-volume centers. As stenting technologies advance and neurointerventional teams gain experience, it is becoming increasingly clear that CAS, when performed in optimal settings, can rival the gold-standard outcomes of CEA—especially for patients who are poor surgical candidates. This study affirms the importance of center experience and rigorous patient selection, underscoring that innovation in procedural neurology must always be paired with careful clinical judgment.

The second article, “*The Quality of Life in People with Multiple Sclerosis in Varaždin County*” by Sokol *et al.*, offers a powerful sociomedical lens into the lived experience of MS in a specific Croatian region. This cross-sectional study of 46 MS patients illuminates the complex interplay between education, emotional well-being, family dynamics, and social integration. The findings point to a concerning persistence of stigmatization, with patients frequently retreating into the private sphere for support. Notably, the study found that individuals with higher levels of education reported better mental hygiene and fewer emotional challenges—suggesting that educational attainment may offer protective effects against the psychological burden of MS.

This work resonates far beyond its regional focus. It reminds us that neurological disease management cannot be confined to pharmacology or imaging. For patients with chronic diseases like MS, quality of life is shaped as much by social and emotional scaffolding as by biological interventions. Depression, anxiety, impaired work capacity, and disrupted family planning are not peripheral issues—they are central to patient outcomes and should inform how we deliver care.

Moreover, this study has clear implications for health policy and public health planning. It highlights the need for targeted community interventions to combat stigma, enhance social support networks, and improve access to psychosocial services. The link between education and emotional resilience identified in this study also suggests a role for patient education initiatives in therapeutic planning. In light of these findings, neurologists are urged to engage more actively with multidisciplinary teams, including psychologists, social workers, and occupational therapists, to address the full spectrum of needs in people with MS.

The final article, a case report by Piskač *et al.*, brings us into the realm of neuroimmunology with a critical reminder of the double-edged nature of immunosuppressive therapies. Titled “*Association of Alemtuzumab Treatment with Lymphoma Development in a Patient with Relapsing-Relmitting Multiple Sclerosis*”, this report describes a patient who developed diffuse large B-cell lymphoma (DLBCL) several years after participating in a clinical trial for alemtuzumab. While alemtuzumab has demonstrated transformative efficacy in treating relapsing-relmitting multiple sclerosis (RRMS), it also poses significant risks—including secondary autoimmunity and, as increasingly discussed in the literature, potential malignancy.

Although a direct causal relationship between alemtuzumab and lymphoma remains speculative, this case adds weight to growing concerns in post-marketing surveillance. It also raises essential ethical and clinical questions: How should we counsel patients about rare but serious long-term risks? What are the limits of informed consent when long-term data are incomplete? And how can we balance disease modification with patient safety in an already vulnerable population?

This report also serves as a valuable cautionary tale in an era of rapidly expanding therapeutic options for MS. As our arsenal of disease-modifying therapies grows, so too must our frameworks for long-term monitoring, patient selection, and shared decision-making. Rare adverse events—though statistically minimal—carry enormous personal and clinical weight. By documenting such events with scientific rigor, case reports like this one contribute to pharmacovigilance and improve collective understanding of the long-term impact of biologic therapies.

Taken together, the three manuscripts featured in this issue underscore a central theme: modern neurology is inherently interdisciplinary, spanning high-technology interventions, immune-modulating therapies, and socio-emotional dimensions of chronic illness. They also reflect the evolving responsibilities of the neurologist—not merely as a diagnostician or proceduralist, but as a steward of long-term patient well-being in all its complexity.

Looking ahead, several opportunities emerge. In vascular neurology, the development of real-time risk stratification tools for CAS could further personalize therapy and improve outcomes. In MS care, large-scale registries could better capture long-term safety data for high-efficacy therapies like alemtuzumab, helping clinicians make more informed decisions. And finally, we must redouble our efforts in addressing the non-biological determinants of health—stigma, education, and access to care—especially in resource-limited settings.

In conclusion, this issue of *Neurologia Croatica* reminds us that excellence in neurology requires integration of science and compassion, innovation and vigilance, and the cellular with the societal. We thank our contributors for their thoughtful, data-driven work, and we hope these articles inspire reflection, inquiry, and progress in your own clinical and academic endeavors.

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