

Delayed hemichorea syndrome associated with nonketotic hyperglycemia

Síndrome de hemicoreia tardia associada ao estado hiperglicêmico não cetótico

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A 69-year-old woman was admitted for investigation of an acute-onset right hemichorea¹. T1-weighted brain magnetic resonance imaging (MRI) showed hyperintensity in the left basal ganglia (Figs 1A and B). Although diabetic, she had no hyperglycemia. Interestingly, two weeks earlier, the patient was admitted due to nonketotic hyperglycemia. Brain computed tomography, previously reported as normal (Fig 1C), showed subtle

hyperdensity in the left basal ganglia. However, there were no movement disorders. Choreic movements have been reported in patients with nonketotic hyperglycemia. Usually, dyskinesia and metabolic disturbance are concomitant. Rarely, as in this case, although pathophysiologically controversial, a delayed dyskinesia is found, and this possibility should be considered when evaluating acute chorea in diabetic patients².

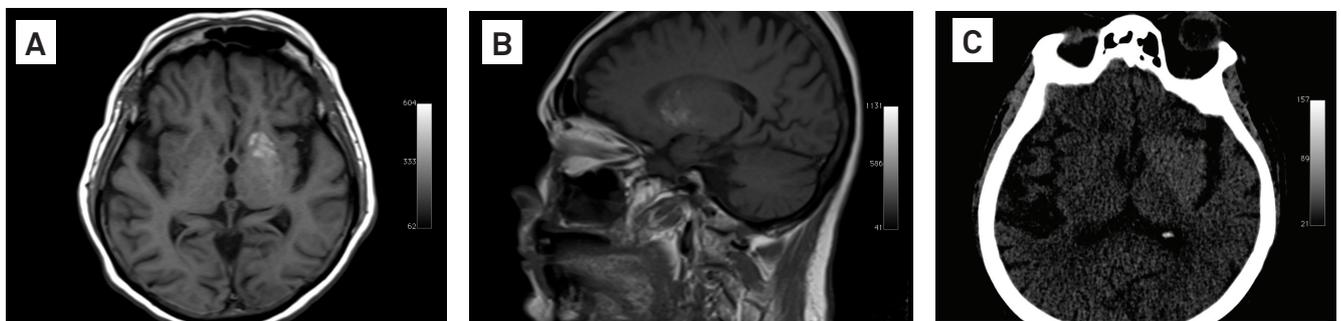


Fig 1. T1-weighted brain MRI showed classic image of hyperglycemia-induced lesion; there was no hyperglycemia but there were choreic movements (A, axial; B, sagittal). Two weeks earlier, when diagnosed with nonketotic hyperglycemia, brain computed tomography (C), prior reported as normal, showed subtle hyperdensity in the left basal ganglia, but no dyskinesia.

References

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