Diabetic Striatopathy

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Figura 1 – Hyperdensity on non-contrast CT (A) and hypersignal intensity on T1-weighted magnetic resonance imaging (B) of the brain were shown in the right caudate and right putamen area.

A 45-year-old poorly controlled type 2 diabetes mellitus Asian man presented with a three-day history of involuntary, jerky movements of his left upper and lower extremities. Laboratory results revealed plasma glucose of 615 mg/dL and normal osmolality with absent ketoacidosis. The diagnosis of hyperglycemic-induced hemi-ballism or diabetic striatopathy (DS) was confirmed by his imaging study (Fig. 1). His abnormal movements had completely disappeared after hyperglycemic correction with insulin and intravenous fluid.

DS is defined by the chorea-ballismus movements and striatal abnormalities on neuroimaging. Characteristic radiologic findings are hyperdensity on computed tomography scan and hyperintensity on T1-weighted magnetic resonance image in the contralateral striatum. However, these findings are also described in other metabolic encephalopathies or stroke. The proposed mechanisms are the depletion of inhibitory striatal neurotransmitters from vasculopathy, hyperosmolarity or hyperviscosity. Treatment includes hyperglycemic correction and sometimes, additional drugs including neuroleptic agents may be required. Complete clinical and radiologic resolutions are usually varying from days to months.

PROTECTION OF HUMANS AND ANIMALS: The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association.
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REFERENCES

Figura 1