

**CC:** one week history of involuntary movements  
**HPI:**  
 66yF w/ continuous non-rhythmic **involuntary movements in R arm and R leg** for the past week, so severe so she can't perform daily activities of life. The movements **stop while she is sleeping.**

**Past Medical History:**  
 Type 2 DM (uncontrolled), HTN, Hyperlipidemia, Schizophrenia, 3 months ago hyperosmolar diabetic coma  
**Meds:**  
 Losartan;  
 NO antipsychotics!

**Family History:**  
 Non contributory  
**Social History:**  
 Non contributory  
**Health Related Behaviours:**  
 Non contributory  
**Allergies:**

**Vitals:** stable  
**Exam:**  
**Gen:**  
**HEENT, CV, Pulm, Abd:** normal  
**Neuro:** chorea like movements, finger to nose test dysmetric on R side, pupils normal, CN normal, no motor or sensory deficits

**Notable Labs & Imaging:**  
**Hematology:**  
 WBC: 6.42 Hgb:10.1 Plt:231  
**Chemistry:**  
 Na: 146 K: Cl:112 CO2: BUN:43 Cr:1.69 Ca:8.8 Phos: Mag:  
 AST:16 ALT: 19 Alk-P: 66 T. Bili: Albumin:3.4 Total protein: 6.6  
 Glucose **298** HbA1C: **12**

**Imaging:**  
 EKG:  
 CXR:  
**Head CT:** mild global cortical atrophy, no evidence of any acute intracranial pathology  
**Head MRI:** hyperintensity in L putamen

**Final Dx:** **Non ketotic hyperglycemia w/ hemichorea**

**Problem Representation:**  
**POR:** Mulher 66 anos com passado médico de DM, HAS, dislipidemia e esquizofrenia. Apresenta-se com movimentos não ritmicos contínuos em MSD e MID há 1 semana, atrapalhando suas atividades diárias e apresentando melhora durante o sono.  
**GER:** Eine 66 Jährige Frau mit unfreiwilligen Bewegungen der rechten Extremitätenhälfte seit 1 Woche, die während des Schlafens aufhören. Vorerkrankungen sind ein nicht-eingestellter DM, Schizophrenie und arterielle Hypertonie.

**Teaching Points (Marcela):**

- **CNS** → Localization x Time (acute)
- **Emergency**
  - Finger stick glucose - hypoglycemia
  - ECG - QT prolongation - Hypocalcemia - Neuronal hyperactivity (Chvostek sign, Trousseau sign) - hypocalcemia
  - Hyponatremia - neuronal hypoactivity
- **Describe the type of movement** - myoclonus, chorea (one muscle to another - like a dance), Dystonias
- **Restless legs syndrome (RLS)** - urge to move the legs - iron deficiency, uremia...
- **Schizophrenia** - higher morbidity and mortality - social aspects, access to healthcare
- **Neurological complications of Diabetes:** CNS (Stroke; hypoglycemia and HHS - seizures, epilepsy partialis continua, diabetic striatopathy and occipital seizures - visual hallucinations) x PNS - e.g. common: PNP, rare: mononeuritis multiplex, phrenic nerve palsy vs. autonomic neuropathy (e.g. gastroparesis, neurogenic bladder), muscle: diabetic muscle infarction - silent myocardial infarction
  - **Epilepsia partialis continua:** non-ischemic seizure, focal, trigger:non ketotic hyperglycemia!
  - ⚠️ Ketones suppress epileptic activity!

**Chorea-like movements** - deep brain - (Globus pallidus, Thalamus): Chorea Huntington, Chorea minor (Sydenham's in RF), Neuroacanthocytosis (McLeod); Wilson dz, Stroke, metabolic (HHS, Hyperthyroidism, pregnancy), PKANT (Eye of tiger sign; iron accumulation in basal ganglia)