
**Paraneoplastic striatal encephalitis**

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A 56-year-old man presented with abulia, muscle weakness, and hyporeflexia. The chest CT showed mediastinal lymphadenopathy. Serum titers of anti-P/Q-type-voltage-gated calcium channel, pro-gastrin-releasing-peptide, and anti-Hu antibody were elevated. MRI demonstrated hyperintense signals in the basal ganglia (figure). An EEG showed no evidence of seizures. He was diagnosed with paraneoplastic syndrome with small cell lung cancer (stage IIIA, limited disease). After chemotherapy, he had complete response and his neurologic deficits improved. The MRI lesions disappeared (see the figure). Selective involvement of the basal ganglia in paraneoplastic encephalitis is rare. Chorea, reported in other cases, was not observed but abulia was present in our case.
