Bilateral chorea-ballism after cardiac arrest

V. Di Lazzaro, MD; F. Pilato, MD; E. Saturno, MD; M. Dileone, MD; P.A. Tonali, MD; M. Antonelli, MD; M.A. Pennisi, MD; G. Bello, MD; and P. Brown, MD, Rome, Italy, and London, U.K.

A 44-year-old man with a history of hypertension had an acute myocardial infarction and cardiac arrest followed by persistent deep coma. On day 4, he developed continuous, rapid, large proximal movements of the four limbs (video). The patient was initially treated with curare infusion to prevent self-injury and accidental extubation. High-dose haloperidol was started with attenuation but not suppression of involuntary movements. EEG showed alpha activity. MRI of the brain 2 months after cardiac arrest showed cerebral atrophy with bilateral massive lesions of the caudate nucleus, putamen, subthalamic nucleus substantia nigra, and globus pallidus (figure).

Address correspondence and reprint requests to Dr. Vincenzo Di Lazzaro, Istituto di Neurologia, Università Cattolica, L.go A. Gemelli 8, 00168 Rome, Italy; e-mail: vdilazzaro@rm.unicatt.it

Figure. MRI of the patient’s brain. Upper images: axial T2 fluid-attenuated inversion recovery (FLAIR) image (TR 8852/TE 123) at basal ganglia level and axial T1-weighted spin echo image (TR 660/TE 12) at the same level. Lower images: coronal T1-weighted spin echo images (TR 660/TE 12). There are cerebral atrophy and diffuse and extensive basal ganglia lesions involving bilaterally the nucleus caudatus, putamen, subthalamic nucleus, substantia nigra, and globus pallidus.
Bilateral chorea-ballism after cardiac arrest

Neurology 2005;64;E20
DOI 10.1212/WNL.64.6.E20

This information is current as of March 21, 2005