Submission Id: 5536

**Title** 

Diabetic Striatopathy- Just "not" Missed

**Priority 1 (Research Category)** 

**Education and training** 

**Presenters** 

aastha Gupta, MD, Divya Gavini, Esha Sharma, MD, MPH, MPH

## **Abstract**

Context- A 60-year-old female with a past medical history of insulin-dependent type 2 diabetes mellitus, hypothyroidism, and hypertension presented to the ER with a complaint of gradually worsening involuntary hyperkinetic movements of the right side of her body for the past 2 months.

She had a past history of CVA 2 years ago with residual weakness on her left side. There were no other associated symptoms like focal neurological deficit, motor weakness, vision disturbances, headache, or confusion. The patient reported that initially, she noticed them on the right upper extremity and then they started happening in the right lower extremity as well. The patient describes these movements as continuous, irregular, and involuntary jerky movements. The patient reported improvement in the movements during sleep. She was also seen by a provider a few weeks ago and was prescribed primidone, but it did not relieve her symptoms. On physical examination the patient was alert and oriented x3, the Cranial nerves were intact, and Right-sided periodic choreiform ballistic movements were noted. The initial blood work was remarkable for elevated average Blood glucose of 288. The HbA1C was 11.4. The CT head done in the ER was negative for any acute infarct/bleed. Neurology was consulted and the imaging was reviewed. The CT head showed concerns for a possible hyperintense lesion in the basal ganglia which was later confirmed with MRI brain. The patient was managed with aggressive insulin control in the hospital along with haloperidol as an anti-chorea agent.

Diabetic Striatopathy is a rare hyperkinetic disorder associated with uncontrolled diabetes mellitus type 2. The pathophysiology of the disease is not yet clearly established. majority of the cases have been reported in elderly Asian females but more cases are being reported in the Caucasian population. The incidence of DS is thought to be underreported given the lack of knowledge about the condition.

Objective- To report a case of an elderly Caucasian female with classical symptoms of Diabetic Straitopathy and to create awareness about the condition among primary care providers.

Study design- A single Case report

There was no active intervention for the study. It is an observational study

Results- The patient had characteristic symptoms of diabetic striatopathy which resolved after appropriate treatment.

Expected outcome- To educate physicians about the disease to avoid missed or wrong diagnoses.