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Delayed-onset MRI findings in acute chorea related to anoxic brain injury**Mehdi Ghasemi, Firas Kaddouh, Anindita Deb and Margaret A Owegi**
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Background: Anoxic brain injury can manifest with a variety of abnormal movements. Associated damage to basal ganglia can also cause involuntary movements; mostly delayed akinetic-rigid or dystonic syndrome, ballismus and rarely chorea.

Case Report: A 32-year-old man with a history of major depression, anxiety and polysubstance abuse was found unresponsive due to Chlordiazepoxide toxicity 5-6 hours after he was last seen normal. He underwent resuscitation for 10 minutes and required mechanical ventilation for 20 hours before being successfully extubated. Four days later, he was discharged fully recovered. However, 2 hours after discharge, he developed acute-onset of involuntary movements involving both upper and lower extremities and gait instability. A CT head without contrast upon re-admission was unremarkable. MRI brain without contrast 8 days after the unresponsive event was unremarkable. However, repeat MRI brain with and without contrast 15 days after the unresponsiveness event showed T2 hyperintensities and enhancement within the bilateral globus pallidi. He was treated with Haloperidol (1 mg 2-3 times daily p.r.n. chorea), Sertraline (200 mg/day), and Diazepam (5 mg twice a day p.r.n. chorea) while inpatient and discharged home on Risperidone (0.5 mg b.i.d.). In subsequent follow-up visits over 8 months (with Risperidone up-titration to 2 mg b.i.d. and addition of Cyclobenzaprine (5 mg b.i.d.)), the patient improved significantly with only mild residual chorea and minimal postural tremor.

Conclusions: Physicians should consider anoxic brain injury in the differential diagnosis of chorea, even several days after the anoxic insult. Radiographic evidence of bilateral basal ganglia lesions may be delayed over a week after the onset of chorea in anoxic brain injury.

Biography

Mehdi Ghasemi has completed his MD in Tehran University of Medical Sciences (TUMS). After working as a Clinical Researcher in Department of Psychiatry and Senior Researcher in Department of Pharmacology in TUMS, he joined Department of Neurology at Johns Hopkins University School of Medicine as Postdoctoral Research Fellow (2009-2014). He was also the Director of Neuroscience Clinical Research Program at Neurology Institute for Brain Health and Fitness between 2012 and 2014. He has published over 60 papers in peer-reviewed journals and 30 abstracts in scientific conferences worldwide. He is currently the Chief Resident of Neurology at University of Massachusetts Medical School, USA. His focus of research is mainly clinical research in general neurology and basic aspects of neurodegenerative disorders.

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