

Abstract

Non-ketotic hyperglycemic hemichorea (NHH) is not a common presentation of hyperglycemia especially without ketosis and which is more prevalence among elderly Asian females with poor blood sugar control. Basal ganglia hyper intense changes can be seen in non-contrast enhanced computerized tomography (NCE-CT) and T1-weighted Magnetic Resonance Imaging (MRI). This patient is a 66 year old woman with diabetes mellitus for three years, presented with a two-week history of right upper limb hemi choric movements. She neither followed up clinic for diabetes nor had regular hypoglycemic agents. Patient did not have any major diabetic macro vascular or micro vascular complications. Her capillary and random blood sugar was 418 mg/dl and other blood investigations were normal. She had no acidosis in arterial blood gas and her urine was negative for ketone bodies. NCE-CT brain on day 1 showed left side hyper dense lentiform and caudate nuclei. She was treated with insulin and glycemic control was achieved. Three days later, the chorea completely resolved and she was discharged on day five.