

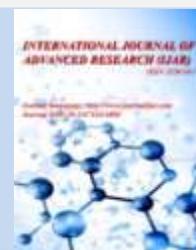


Journal Homepage: - www.journalijar.com

INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI: 10.21474/IJAR01/22721

DOI URL: <http://dx.doi.org/10.21474/IJAR01/22721>



CASE REPORT

A CASE SERIES OF “DIABETIC DANCE”: UNRAVELING THE MYSTERY OF DIABETIC STRIATOPATHY

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Manuscript Info

Manuscript History

Received: 4 December 2025

Final Accepted: 8 January 2026

Published: February 2026

Abstract

Introduction: Diabetic striatopathy is a rare complication of diabetes characterized by involuntary movements, typically hemichorea hemiballismus, linked to hyperglycemia and basal ganglia abnormalities. Its pathophysiology remains unclear but is thought to result from metabolic changes affecting the striatum.

Discussion: Diabetic striatopathy occurs due to vascular and metabolic disturbances in the striatum in poorly controlled diabetes. The condition manifests with involuntary movements, such as chorea or dystonia. Early diagnosis is crucial, and imaging studies, particularly MRI, help rule out other neurological conditions. Management includes glycemic control and medications like anticholinergics or dopamine antagonists.

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Introduction:-

Case Presentation 1 : A 62-year-old female with poorly controlled diabetes presented with involuntary movements in the right upper and lower limbs, with a blood glucose of 512 mg/dL. CT brain ruled out ischemic or hemorrhagic stroke, and an MRI brain was normal, indicating clinically isolated diabetic striatopathy(1). She was started on intensive insulin therapy and showed no further episodes of involuntary movements.

Case presentation 2 : A 74/M with longstanding Type 2 Diabetes mellitus complicated by coronary artery disease on irregular medication Presented with involuntary movement of Right upper and lower limb with ,since today morning 2 episodes ,no h/o Loc ,postictal confusion ,no h/o weakness , no h/o trauma ,no cardiac complaints.

Case Presentation 3 : A 68/M with Type 2 Diabetes mellitus with irregular medication presented with involuntary movements of Right upper and lower limbs ,since 1 hour ,no h/o Loc ,postictal confusion ,no h/o weakness , no h/o trauma ,no cardiac complaints.

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Conclusion: Diabetic striatopathy should be considered in patients with uncontrolled diabetes presenting with unilateral chorea and characteristic basal ganglia lesions on imaging. Early recognition and correction of hyperglycemia are crucial for symptom resolution. This case highlights the importance of considering diabetic striatopathy in the differential diagnosis and reinforces the role of metabolic stabilization in management.

References:

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