Hemichorea

Hemiballism/hemichorea commonly occurs as a result of a lesion in the region of the subthalamic nucleus.

A 38-year-old male with Parkinson's disease developed intractable hemiballism in his left extremities due to a small lesion that was located adjacent to the right deep brain stimulation (DBS) lead, 10 months after bilateral subthalamic nucleus (STN)-DBS placement. He underwent a right globus pallidus internus (GPi)-DBS lead implantation. GPi-DBS satisfactorily addressed his hemiballism.

This case offered a unique look at basal ganglia physiology in human hemiballism. GPi-DBS is a reasonable therapeutic option for the treatment of medication refractory hemiballism in the setting of Parkinson's disease [1)].

1)
Oyama G, Maling N, Avila-Thompson A, Zeilman PR, Foote KD, Malaty IA, Rodriguez RL, Okun MS. Rescue GPi-DBS for a Stroke-associated Hemiballism in a Patient with STN-DBS. Tremor Other Hyperkinet Mov (N Y). 2014 Feb 4;4. pii:tre-04-214-4855-1. doi: 10.7916/D8XP72WF. eCollection 2014. PubMed PMID:24587970.