



## ORAL PRESENTATION

# Post stroke movement disorders: a case report

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### Abstract

**Introduction:** Movement disorders can rarely occur in association with stroke, especially if hemorrhagic. They include hyperkinetic and hypokinetic disorders that usually reflect basal ganglia and thalamus damage. Most are self-limiting but symptomatic treatment may be sometimes required.

**Case Report:** We report the case of a 74-year-old male, mRankin of 0 with obesity, arterial hypertension and diabetes. He woke up with dysarthria and right hemiparesis. His systolic blood pressure at the immediate care admission was 174mmHg and the head CT scan showed a left thalamic intracerebral hemorrhage measuring 10mm. During the stay in the Stroke Unit, he improved his deficits: he had residual dysarthria and was able to walk with a cane at discharge. One week later, he presented involuntary, incapacitating, high-amplitude and irregular movements of the right limbs

compatible with hemiballismus. He did not have family history of chorea, his glucose levels, thyroid levels and electrolytes were normal. It was then interpreted as a vascular movement disorder associated with stroke. He was started on haloperidol with a need to uptitrate the dose to 6mg/day. He had a gradual good outcome with an improvement of his choreic movements, which became less intense, despite not having total resolution after 8 months of follow-up.

**Conclusion:** This case aims to report the uncommon association of movement disorders and stroke and the importance of an early follow-up. Also, movement disorders can be incapacitating especially when they are an additional deficit after stroke, challenging a proper rehabilitation. Thus, an early identification and prompt start of treatment is crucial.

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