



*Figure. MRI of the patient's brain. Upper images: axial T2 fluid-attenuated inversion recovery (FLAIR) image (TR 8852/TE 123) at basal ganglia level and axial T1-weighted spin echo image (TR 660/TE 12) at the same level. Lower images: coronal T1-weighted spin echo images (TR 660/TE 12). There are cerebral atrophy and diffuse and extensive basal ganglia lesions involving bilaterally the nucleus caudatus, putamen, subthalamic nucleus, substantia nigra, and globus pallidus.*

**VIDEO** **Bilateral chorea-ballism after cardiac arrest**

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A 44-year-old man with a history of hypertension had an acute myocardial infarction and cardiac arrest followed by persistent deep coma. On day 4, he developed continuous, rapid, large proximal movements of the four limbs (video). The patient was initially treated with curare infusion to prevent self-injury and accidental extubation. High-dose haloperidol was started with attenuation but not suppression of involuntary movements. EEG showed alpha activity. MRI of the brain 2 months after cardiac arrest showed cerebral atrophy with bilateral massive lesions of the caudate nucleus, putamen, subthalamic nucleus, substantia nigra, and globus pallidus (figure).

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## **Bilateral chorea-ballism after cardiac arrest**

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