

Teaching NeuroImage: Reversible Symmetric Basal Ganglia Lesions in a Patient With Diabetes Undergoing Dialysis

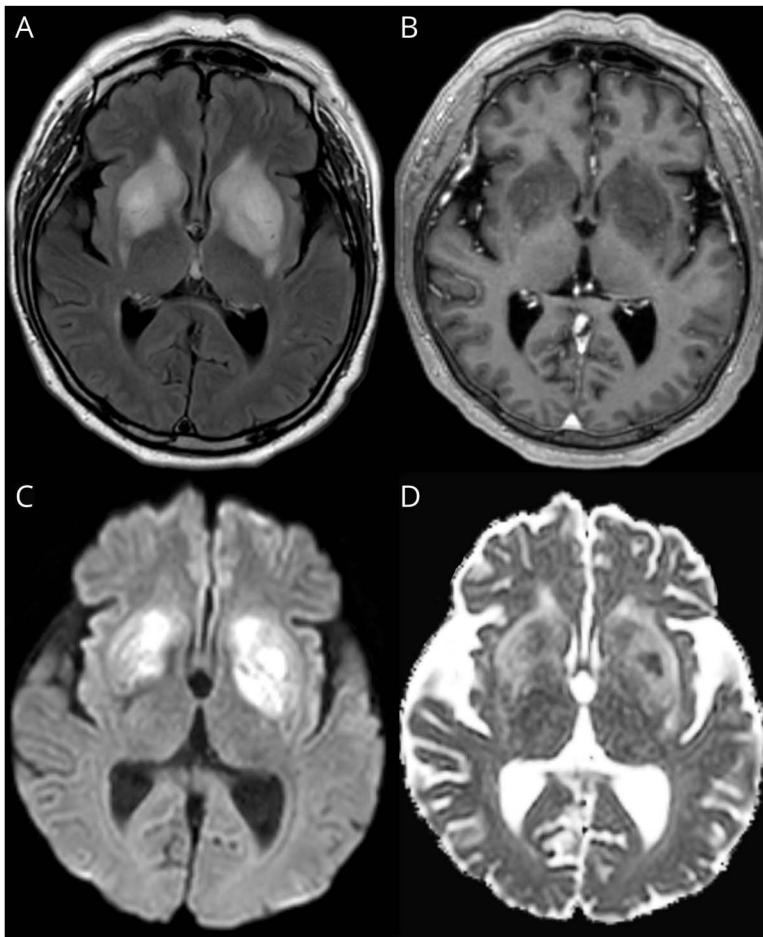
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Figure 1 Brain MRI at the Time of Diagnosis



Axial T2 fluid-attenuated inversion recovery (A), T1 postcontrast (B), diffusion-weighted (C), and apparent diffusion coefficient (D) images reveal bilateral symmetric nonenhancing T2 hyperintensities in the basal ganglia with focal diffusion restriction.

A 50-year-old woman with diabetes and renal disease on hemodialysis presented with 1 month of involuntary movements, dysarthria, and gait disturbance. Examination revealed bradykinesia, dystonia, and choreoathetosis. Brain MRI showed symmetric basal ganglia lesions (Figure 1). Basic metabolic panel was stable from baseline with normal bicarbonate but elevated creatinine, blood urea nitrogen, and glucose. Serum and CSF testing was otherwise unremarkable. Repeat MRI 3 months later showed spontaneous lesion regression (Figure 2); however, her symptoms persisted. Findings were attributed

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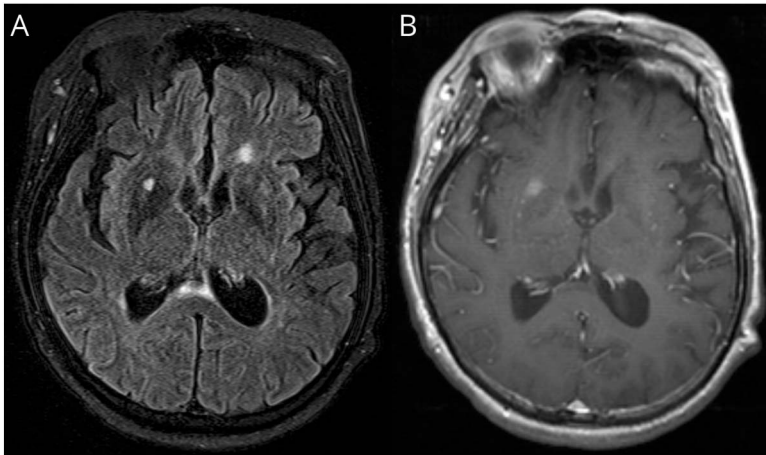
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Figure 2 Brain MRI 3 Months After Diagnosis



Repeat axial T2 fluid-attenuated inversion recovery (A) and T1 postcontrast (B) images reveal lesion regression.

to a well-described, but poorly understood, syndrome of basal ganglia injury in diabetic uremic patients due to metabolic and vascular dysregulation.^{1,2}

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Appendix Authors

Name	Location	Contribution
Savannah Quigley, MD	Department of Neurology, University of Pennsylvania, Philadelphia, PA	Drafting/revision of the manuscript for content, including medical writing for content; major role in the acquisition of data; and study concept or design

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