Post Stroke Focal Aware Seizures Presenting as Delayed Onset Choreoathetosis

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Setting

Outpatient follow-up office

Patient

39-year-old female with history of migraines and recent left parietal temporal intraparenchymal hemorrhage presenting at three-month outpatient follow-up with delayed onset choreoathetosis

Case Description

She initially presented with acute onset confusion, nausea, vomiting, and aphasia. Imaging revealed acute left parietal temporal intraparenchymal hemorrhage with surrounding edema and restricted diffusion consistent with infarction secondary to superior sagittal sinus thrombosis. On neurological exam, the patient demonstrated moderate receptive and expressive aphasia. Cranial nerve exam suggested right homonymous hemianopsia. Motor exam demonstrated right hemiplegia with proximal movement of right lower extremity. Sensation was decreased in the right hemi-body.

The patient progressed well through inpatient rehabilitation with improvement of right-sided weakness and sensation as well as aphasia. Upon three-month outpatient follow up, the patient endorsed intermittent right arm and hand trembling followed by arm weakness. Examination revealed abrupt onset and cessation of involuntary non-purposeful and writhing right arm movements lasting approximately one-minute suggesting choreoathetosis. Later work up with EEG revealed left parasagittal parietal region abnormalities correlated with the abnormal movement signifying focal aware seizures.

Discussion

This patient offered a rare case of focal aware seizures presenting as delayed onset choreoathetosis of the right upper extremity secondary to acute left parietal temporal intraparenchymal hemorrhage. It has been documented that focal aware seizures are not uncommon following acute stroke. However, there have been few reported cases of delayed onset movement disorders such as choreoathetosis following stroke. Finally, there are extremely limited reported cases of patients with these focal aware seizures presenting as delayed onset choreoathetosis following hemorrhagic stroke.

Conclusion

Despite the rare incidence, focal aware seizures presenting as choreoathetosis should be considered in patients that develop suspected delayed onset movement disorder following acute hemorrhagic stroke. Consideration should be given for proper EEG workup to rule out this rare complication.

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