

In Response To:

Lee D, Ahn TB. Glycemic choreoballism. *Tremor Other Hyperkinet Mov.* 2016; 6. doi: 10.7916/D8QJ7HNF

Original Article:

Cosentino C, Torres L, Nuñez Y, et al. Hemichorea/hemiballism associated with hyperglycemia: report of twenty cases. *Tremor Other Hyperkinet Mov.* 2016; 6. doi: 10.7916/D8DN454P

Letters

Reply #1 to: Glycemic Choreoballism

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We thank Drs. Lee and Ahn for their comments on our article.¹ We agree that operational diagnostic criteria are needed to better identify and treat chorea/ballism associated with hyperglycemia. Even if we propose a triad that consists of involuntary movements (chorea and/or ballism), contralateral striatal abnormalities on neuroimaging, and hyperglycemia, it is acceptable to replace hyperglycemia for diabetes mellitus, as some patients may present with euglycemia especially if they present many days after involuntary movement onset. Nevertheless, the fact is that diabetes was newly diagnosed after

admission in almost half of the cases in our study. Accurate diagnosis of chorea/ballism associated with hyperglycemia is still a challenge, as is determining the appropriate treatment for this condition.

References

1. Cosentino C, Torres L, Nuñez Y, et al. Hemichorea/hemiballism associated with hyperglycemia: report of twenty cases. *Tremor Other Hyperkinet Mov* 2016;6. doi: 10.7916/D8DN454P.