Objective: To describe a case of biballism in systemic lupus erythematosus (SLE) and antiphospholipid syndrome (APS), refractory to optimal medical treatment with brain pathology revealed as bilateral subthalamic nucleus rarefaction. We report a 41-year-old right-handed Caucasian woman with 7 years of lupus initially presenting with a right-sided limb weakness and cramping and with bilateral subthalamic nucleus rarefaction. She had been hospitalized twice for left limb weakness, and her most recent hospitalization revealed a right foot turning and mild choreiform movements. She was evaluated for a neurological condition that led to the recognition of APS, which was previously treated with anticoagulation therapy, but had failed to evolve into biballism, with almost violent writhing movements involving her both upper and lower extremities. She exhibited continuous violent ballistic movements involving the red nucleus and subthalamic region bilaterally. She had other features of SLE and APS including renal insufficiency for which she had received cyclophosphamide therapy. She developed optic atrophy six months prior to our initial evaluation. She had initial onset of left foot turning and mild choreiform movements on the left side which progressed to evolve into biballism. She developed encephalopathy and mood swings and mild cognitive changes. She had other features of SLE and APS including renal insufficiency for which she had received cyclophosphamide therapy. She had initial onset of left foot turning and mild choreiform movements on the left side which progressed to evolve into biballism. She developed encephalopathy and mood swings and mild cognitive changes. She developed encephalopathy and mood swings and mild cognitive changes. She developed encephalopathy and mood swings and mild cognitive changes.

Conclusions: We report this rare case of SLE and APS with biballism with no benefit. She was on ventilator support for airway protection, and received propofol infusion. Her terminal hospitalization revealed subtle rarefaction of the red nucleus and subthalamic region bilaterally. Our patient had SLE for several years prior to biballism and was found to have antiphospholipid antibodies after she was hospitalized. It was reported one case of hemichorea and ballism treated with GPi pallidotomy with complete relief of symptoms.

Bibliography: