[PICTURES IN CLINICAL MEDICINE]

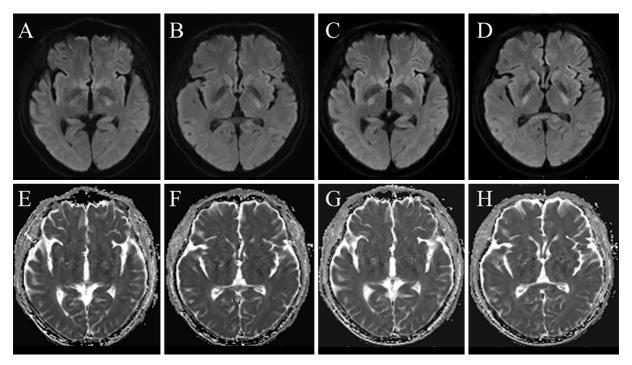
Time Course of Focal Lesions in Hypoglycemia

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Key words: hypoglycemia, hemiplegia, dysarthria, magnetic resonance imaging

(Intern Med 60: 967-968, 2021)

(DOI: 10.2169/internalmedicine.5494-20)



Picture.

A 69-year-old man was hospitalized for cholangitis and pancreatic cancer accompanied by bleeding and treated with fasting and antimicrobials. On the second day of hospitalization, he developed right hemiplegia. Magnetic resonance imaging (MRI) showed high signal intensity in the diffusion weighted image and low signal intensity of apparent diffusion coefficient in the left posterior limb of internal capsule (PLIC) (Picture A, B, E, F). We suspected acute ischemic changes but could not introduce antiplatelets due to bleeding. After 3 hours, brainstem infarction was suspected due to dysarthria. An MRI showed lesions in the bilateral PLIC (Picture C, D, G, H); his plasma glucose level was below 20 mg/dL, hence a diagnosis of hypoglycemic attack. Dysarthria and hemiparesis were promptly improved by intrave-

nous glucose. Previous reports have displayed post-treatment hypoglycemia MRIs (1-3), but none showed how emerging lesions spread due to hypoglycemia. We show here an accidental documentation of lesion spread that occurred without treatment.

The authors state that they have no Conflict of Interest (COI).

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