

Movement Disorders After Stroke in Cortex



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Although rare, various kinds of hyperkinetic and hypokinetic movement disorders have been reported following cerebral stroke with prevalence of around 1~3%. Among these, cortical lesion-related movement disorders are not well elucidated and classified as most of movement disorders related stroke are known to be caused by lesions in basal ganglia or thalamus. Meanwhile, abnormal involuntary movement (AIM) with stroke can be occur in any locations of the brain within the motor circuit. AIM after cortical stroke lesions could be occur in association with other brain structures or cortex itself as the corticospinal and extrapyramidal tracts which controls all motor functions are originate from cortex. Location of the involved brain is also important to predict possible phenomenology. However, it is very hard to discriminate "cortex" origin AIM after stroke, as most of the stroke lesions are not confined to cortex, but extend to subcortical and internal structures. AIM after cortical stroke might be easily overlooked as paralytic symptoms and mental problems overwhelmed. Clinicians should give attention not to miss minor and transient signs or symptoms of the stroke patients. Stroke related AIM is classified as hyperkinetic and hypokinetic, and it is also important to differentiate cortical AIM with epileptic conditions as there are no pathognomonic signs of a cortical stroke. In this session, we present several cases of AIM attributed to cortical stroke lesion and describe possible mechanisms. Although rare, neurologists should know various phenomenology of the stroke involving cerebral cortex.