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**Case report**

# Cerebellar Ataxia: An Unusual Complication of HypoglycemiaProlonged Cerebellar Ataxia: An Unusual Complication of Hypoglycemia

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A 51-year-old male with a history of insulin-dependent diabetes and polysubstance abuse presented after overdose on insulin. Soon after resuscitation, he displayed a severe ataxia in all 4 limbs and was unable to walk; all of which persisted for at least 5 days. Laboratory testing was unrevealing, including relatively normal brain magnetic resonance imaging. He had recovered full neurologic function 3 months after the event. This report describes a case of reversible cerebellar ataxia as a rare complication of severe hypoglycemia that may occur in patients with abnormal cerebellar glucose metabolism. Thus, this phenomenon should be included in the differential diagnosis of patients with a history of hypoglycemia who present with ataxia. In this context, the differential diagnosis of cerebellar ataxia is discussed, as is the proposed mechanism for hypoglycemia-induced cerebellar dysfunction.

**Keywords:**KEY WORDS, hypoglycemia, ataxia, diabetes mellitus

**1Singh.K.Akhilesh ,2Yadav Subhash Chandra, 3Rani Khushboo , 4Alam Shahzad**

1MD Medicine, Asst. Prof. ,SNMC, Agra , Utter Pradesh , India

2Junior Resident , SNMC, Agra, Utter Pradesh , India

3,4 Senior Resident , SNMC, Agra, Utter Pradesh , India

Corresponding author : Dr. khushboo Rani

**Abstract:**

A 58 year-old diabetic lady was found unconscious with a blood glucose of 42mg/dl ; the hypoglycemia was corrected , leading to gain of her consciousness . She had injected 20 U rather than her usual 15 U of regular insulin ,three times a day since last two days ,without advice of doctor. Later she developed gait ataxia and slurred speech about 10 hours after being found unconscious. She gave history of multiple recurrent episodes of unconsciousness after increasing the dose of insulin. She had no history of any gait disturbances in the past and she denied any history of alcohol or drug abuse. This case highlights a seldom-reported case of ataxia and reviews the likely mechanism for hypoglycemia-induced cerebellar dysfunction and why most patients do not manifest neuroglycopenia in this manner. In addition, the differential diagnosis of ataxia is reviewed and serves as a reminder that a history of hypoglycemia should be assessed in patients presenting with ataxia.