

Chorea Gravidarum - Hidden Sydenhams Version

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Abstract: *Chorea Gravidarum (CG) is the generic term used for chorea of any etiology occurring during pregnancy and it is a rare syndrome in pregnancy. The clinical picture is of extrapyramidal symptoms such as involuntary movements, lack of coordination and slurred speech. Neuroleptics or benzodiazepines can be used for treatment. Factors associated with recurrence of chorea; those aggravating chorea during pregnancy, fetal outcome and its management have been discussed. We present a case of chorea gravidarum in association with acute rheumatic fever.*

Keywords: Chorea gravidarum (CG), Rheumatic disease, Benzodiazepines, Penicillinprophylaxis, fetal outcome

1. Case

A 19 years old female with history of amenorrhea for 5 months presented with complaints of abnormal facial, right upper - limb movements with frequent protrusion of tongue, side to side rolling of eyeballs since 2months. She was second gravida with full - term normal hospital delivery 1yr back which was uneventful. She had no history of joint pain, swelling, fever, repeated pharyngitis, palpitations or breathlessness in the recent years. On general examination, she was averagely built and of normal intellect. She had repeated abnormal facial movements and abnormal movements of right hand. There was repeated protrusion of tongue and side to side rolling of eyeballs. Cardiovascular system examination and other systemic examinations were within normal limits. Her obstetric and psychological examination, routine blood investigations with ultrasound and MRI brain was normal. Considering the epidemiology and her socioeconomic background ASO and 2DECHO was done ASO turned out positive and 2ECHO was suggestive of Rheumatic affliction of mitral and aortic valves - mild - moderate MR, mild AR: Acute rheumatic fever. She was started on penicillin prophylaxis and her abnormal movement improved over time after starting her on benzodiazepines.

2. Discussion

Though the diagnosis of ARF has improved in most parts of the country, condition in rural India is different. Most cases are a resurgence of Sydenham's chorea in the hormonal milieu of pregnancy. 80% of Chorea Gravidarum (CG) cases are seen in first pregnancy, but may affect second, third or subsequent pregnancy. In 50%, symptoms start in first trimester. There is 21% chance of recurrence in future pregnancy. A high index of suspicion and vigilance should be maintained while making a diagnosis of CG. . The overall incidence of CG was approximately 1 case per 300 deliveries In recent times, most cases of Chorea appearing during pregnancy are caused by SLE, Huntington disease, Antiphospholipid Syndrome, Wilson's disease and Idiopathic. Of patients who present with chorea and no apparent carditis, 20% may develop rheumatic heart disease after 20 years.

3. Conclusion

Timely workup and diagnosis of Chorea Gravidarum can improve fetal outcome. Initiation of penicillin prophylaxis in the mother can prevent progression to rheumatic heart disease and avoid high risk pregnancy with cardiac complications.

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