



A RARE CASE OF CHOREA GRAVIDARUM HARILAKSHMI M MEGANATHANRAJAH

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Abstract : A case of chorea gravidarum is being reported in view of its rarity of incidence. It is not an etiologically or pathologically distinct entity but a general term for chorea of any cause starting during pregnancy. First description was made by Horstius in 1661.

Keyword : chorea gravidarum, rheumatic heart disease

CASE REPORT:

A 23 year old Mrs.X, came to our hospital with history of 9 months amenorrhoea with complaints of involuntary movements of both upper limbs and lips past one month. She was married for 4 years, III degree consanguinous marriage, a second gravida with a previous full term hospital normal vaginal delivery to deliver an alive ,term, boy baby wt.3 kg, 2 yrs back. Her antenatal, intranatal and postnatal periods were uneventful then. In the present pregnancy, she had irregular antenatal checkups at a nearby PHC. She had regular cycles with 37 weeks of gestation presently. Her family history was unremarkable. Her past history was reviewed and she revealed history of throat infection with swelling of upper limb joints at 12yrs of age for which she was on aspirin and penicillin till 15 yrs, with no official records available. She gives no history of chorea then. On General Examination, she was afebrile, moderately built and nourished & of normal intellect. She had abnormal facial movements , choreoathetotic movements in both upper limbs , not involving the lower limbs. There was no motor nor sensory deficit in any of the limbs. Cardiovascular system examination revealed a pansystolic murmur at the mitral area ,Grade2 intensity. Other systemic examination was normal. Uterus was corresponding to 37 wks gestation , longitudinal lie ,cephalic presentation, fetal heart rate of 146b/min, good tone. Her routine lab tests were normal. Blood group was O +ve,Hb% =11.2g%, PCV = 31%, RFT: WNL, S.TSH : 2.4 mIU/ml, S.Calcium = 9.2mgs/dl , CRP and ASLO negative, APLA negative, ECHO revealed a moderate MR with no pulmonary Hypertension. An obstetric ultrasonogram revealed a single live intrauterine gestation, cephalic presentation, with adequate liquor and good fetal heart rate. She was hospitalized in our obstetric ward and a diagnosis of chorea

gravidarum secondary to Rheumatic heart disease was made after a Cardiologist, neurologist and physician opinion was obtained. She was started on tablet penicillin 250mg1 tds and kept under vigil. She spontaneously got into labour to deliver an alive ,term, boy baby bwt: 3 kg. Postnatally she was advised to continue Injection Benzathaine penicillin 12 lakh units once in 21 days and for a review ECHO after 3 months by the cardiologist. She was discharged on the 10th postnatal day. On subsequent follow up visits, her symptoms resolved 1 month post partum.

Discussion:

The word chorea in Greek means 'Dance' It is characterized by brief involuntary, abnormal non repetitive movement of any limb often associated with non patterned facial grimaces. Usually 80% occur in the first pregnancy and 50% in the first trimester .1/3 in the 2nd trimester and 2/3 rd will last till puerperium. The affected limb is usually hypotonic and fragile. Emotional stress aggravates the movements and they subside in sleep. It is commonly associated with a past history of Rheumatic fever, but is rare today due to a fall in the incidence of Rheumatic fever. Other common differential diagnosis are Systemic lupus erythematosus, Huntingtons chorea, Anti phospholipid antibody syndrome, Wilsons disease, drug induced and Idiopathic. It is attributed to estrogen and progesterone which may sensitize dopamine receptors, presumably at the strianigra level and induce chorea in individuals who are vulnerable due to prior involvement as in a past history of rheumatic fever. Estrogen influences neural activity in the hypothalamus and limbic system through modulation of neuronal excitability and also by complex multiphasic effect on the nigrostriatal dopamine receptor sensitivity. It may not be always associated with prior streptococcal infection. Therapy includes bed rest and emotional support. Drug therapy is initiated only in cases of severe disability. Death is rare and no fetal affects have been documented.

Conclusion:

Chorea Gravidarum is a very unusual condition in the present era. A high index of suspicion and vigilance should be maintained while making this diagnosis. Physical examination includes a careful general, systemic and neurological

examination. In spite of its physical and psychological effects on the mother, it is self limiting with no ill effects on the fetus.

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