

CASE REPORT ON RHEUMATIC CHOREA

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Abstract: Chorea is a movement disorder that causes involuntary, unpredictable body movements. Rheumatic Chorea (RC) is the most common form of autoimmune chorea and is also known as Sydenham's Chorea (SC). It often affects children over the age of 5 years and adolescence, characterized by uncoordinated movements, muscular weakness, stumbling and falling, slurred speech, difficulty concentrating and writing and emotional instability. A 13 years old male patient came with the complaint of involuntary movements of upper limb and lower limb, speech abnormalities and facial grimacing which are characteristic symptoms of Rheumatic Chorea.

This study points out the need for careful evaluation of such cases as it affects different organs and systems in the body. Careful clinical monitoring and appropriate supportive care can help to relieve the suffering of patients and improve their quality of life.

Keywords: Rheumatic Chorea, Sydenham's Chorea, Autoimmune.

1. INTRODUCTION

Rheumatic Chorea is a rare neurological disorder characterised by sudden onset of chorea, usually in childhood. Chorea is defined as random appearing, continuous, involuntary movements which can affect the entire body. This often includes the face and tongue. It is characterised by rapid, jerky, irregular and involuntary movements of face and limbs. Additional symptoms may include muscle weakness, slurred speech, headaches and seizures. It is caused due to streptococcal infection or more severe rheumatic fever. It is believed to be an autoimmune disorder therefore, streptococcal infection induces the body's immune system to produce antibodies to fight against the infection. For unknown reasons, the antibody persists and target certain cells in the joints, kidneys, heart, brain; especially cells of basal ganglia. Researchers believe this ultimately leads to characteristic symptoms of Rheumatic Chorea.

2. CASE REPORT

A 13 years old male patient presented with the complaints of involuntary movements of upper limb and lower limb, lips repetitive which was insidious in onset, rapid involving the distal limbs and fingers. It was present throughout the day and absent during sleep. Symptoms increased while holding some objects, during activities like playing, abnormal movements of lips increased while talking associated with speech difficulty.

On examination, his blood pressure was 104/80 mm/hg, pulse rate was 88bpm and temperature was found to be 99.9°F. On systemic examination, the patient showed presence of "darting tongue" and "milk maid sign". He also had congested eyes, infected nasal turbinate hypertrophy and enlarged tonsils. The laboratory findings showed elevated absolute eosinophil count of 700/mm³, ESR 15mm/hr, anti-streptolysin O (ASLO) test- 418, RA factor- 11.7.

The subjective evidence, objective evidence and supported by literatures, the patient was diagnosed with Rheumatic Chorea and started with Inj. Benzathine penicillin prophylaxis 12LU, IM once in every 21 days for next 5 years and Tab. Haloperidol 0.5mg BID. Other symptomatic management was done by Tab paracetamol 500mg OD, Syrup chlorpheniramine 3ml TID, Syrup Calcium 2.5ml BID and Syrup ecobion BC 5ml OD.

3. DISCUSSION

Rheumatic Chorea was first described in 1686 by Thomas Sydenham. RC, a neurologic manifestation of rheumatic fever remains the most prevalent form of chorea in children. The clinical features include both neurological abnormalities and psychiatric disorders. It is a major criterion for the diagnosis of acute rheumatic fever. Rheumatic fever is currently the major cause of acquired heart disease in children. . Up to 60% of people who present with RC will later develop rheumatic heart disease. Hence, when RC is diagnosed, treatment strategies must include the prevention of rheumatic heart disease. In this case the patient was presented with all the characteristic symptoms of RC and supported with relevant laboratory findings. Benzathine penicillin prophylaxis was given on long term basis which appears to reduce the likelihood of further cardiac complications along with symptomatic therapy.

4. CONCLUSION

Rheumatic Chorea is a poststreptococcal, autoimmune, neuropsychiatric movement disorder and is a major criterion for the diagnosis of acute rheumatic fever. General management consists of treating with penicillin, reducing symptom stress by careful use of medications to decrease the burden of abnormal movements and emotional problems . Also, educating the patient regarding the prevention of rheumatic heart disease by the use of long-term penicillin. Strategies should be made to optimize management which reduce the burden of disease in children living with this disease. This study points out the need for careful evaluation of such cases as it affects different organs and systems in the body. Careful clinical monitoring and appropriate supportive care can help to relieve the suffering of patients and improve their quality of life.

REFERENCES

- [1] Access NCBI through the World Wide Web (WWW). Molecular Biotechnology. 1995;3(1):75-75. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3002660/>
- [2] Sydenham Chorea - NORD (National Organization for Rare Disorders) [Internet]. NORD (National Organization for Rare Disorders). 2019 [cited 24 August 2019]. Available from: <https://rarediseases.org/rare-diseases/sydenham-chorea/>
- [3] Sydenham Chorea Information Page | National Institute of Neurological Disorders and Stroke [Internet]. Ninds.nih.gov. 2019 [cited 24 August 2019]. Available from: <https://www.ninds.nih.gov/Disorders/All-Disorders/Sydenham-Chorea-Information-Page>
- [4] Shannon L. Dean H. Treatment of Sydenham's Chorea: A Review of the Current Evidence [Internet]. PubMed Central (PMC). 2019 [cited 24 August 2019]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5459984/>
- [5] Sydenham's chorea | Genetic and Rare Diseases Information Center (GARD) – an NCATS Program [Internet]. Rarediseases.info.nih.gov. 2019 [cited 24 August 2019]. Available from: <https://rarediseases.info.nih.gov/diseases/7716/sydenhams-chorea>