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Research Paper

A Case Report – CHOREA GRAVIDARUM

Medical Science

KEYWORDS : Chorea Gravidarum, Rheumatic Heart disease, balloon valvotomy

DR MAMTA SHARMA FLAT NO. 100, CHAMBAL RESIDENCY ,NAYAPURA, KOTA , STATE – RAJASTHAN, PIN -324001 ,INDIA

DR KHUSHBOO JAIN H.NO. K-19 RAM MANDIR MARG ,OLD JAWAHAR NAGAR, KOTA , STATE – RAJASTHAN, PIN -324005 ,INDIA

ABSTRACT

Chorea gravidarum is the term given to chorea occurring during pregnancy. It is not an etiologically or pathologically distinct morbid entity, but a generic term for chorea of any etiology starting during pregnancy.We report a case of Chorea Gravidarum and factors associated with recurrence of Chorea & their aggrevating factors during pregnancy have been discussed.

Case Report:-

Pratibha w/o Tej Bahadur, a 20 yr old woman came to our hospital with the complain of 9 months amenorrhoea with labour pains on 02/11/2012 as primi patient with full term pregnancy and abnormal behaviour. She was married for one year, educated upto 9th class; resident of Kota,Rajasthan, basically from Nepal; who belonged to low socio-economic status. She had normal menstrual history and her expected date of delivery was in Nov 2012. Her family history was unremarkable.

Past History:-

She was admitted in J K Lon Hospital previously on 27/09/2012 with complaints of 7 months amenorrhoea and abnormal behavior. In OPD it was noticed that she had abnormal facial, hand and leg movements, was emotionally labile ,shouting, irritated, violent behavior and slurred speech. Physician's opinion was taken, Neurologist was consulted and transferred to Neurology dept where she was diagnosed as a case of Chorea Gravidarum. She was admitted there for 5 days & improved completely with following medications - Tab Haloperidol 0.5mg, Tab Trimethoprime 2 mg ,Tab Sodium Valproate 200mg.

Then her condition improved and she remained alright until when she was admitted on 02/11/2012 with labor pains and abnormal movements. She delivered by normal vaginal delivery at 16:54 hrs an alive male child of 2.75 Kg on 02/11/2012 . She had a past history of pneumonia at 15 yr of age with complaints of breathlessness ,palpitation and difficulty in playing. She had undergone balloon mitral valvotomy at Kathmandu

On general examination she was of average built and averagely nourished. She had abnormal facial movements, choreoathetotic movements present in both upper & lower limbs. She was conscious with BP- 130/80, P-80/min, ,Uterus was 36 weeks FHS-140/min, cephalic presentation. On per vaginal examination os was 3cm, partially membranes present., Blood Group- AB+ve, ASO titre –Normal, CT scan head was normal, Hb- 10.4gm%, TLC-13000, DLC- 74/24/1/1,Platelet count -1.5 lac/mm^3 ,Urea – 20mg/dl, Creatinine – 0.7mg/dl ,RBS – 71 mg/dl, ALT – 26 IU/L, Total Bilirubin – 0.7, Urine albumin was trace and Urine sugar was nil.

Disccusion:-

Chorea is a Greek word for dance. Chorea Gravidarum is the term given to chorea occurring during pregnancy. Chorea is an involuntary abnormal movement, characterized by brief, non rhythmic, non repititive movement of any limb, often associated with non patterned facial grimaces. The condition is rare now due to decline in Rheumatic fever which was a major cause of Chorea Gravidarum before the use of antibiotics for streptococcal pharyngitis. Eighty percent occur during the first pregnancy and 50% start during 1st trimester(1-5). One third begin in 2nd trimester of affected women. In 2/3rd of patients it lasts till puerperium. Carditis was found in 87% of fatal cases (1) .

As per previous studies, a high index of suspicion and vigilance should be maintained while making a diagnosis of Chorea Gravidarum. Physical examination includes a careful general, systemic & neurological examination. Even though Chorea is associated with Rheumatic fever, Chorea Gravidarum may not be associated with preceding streptococcal infection. The affected limb is hypotonic, joints are floppy & knee jerk are pendular. At times, continuous involuntary movements are impossible to sustain. Protruded tongue darts in & out uncontrollably. Emotional stress aggravated the movement of Chorea Gravidarum (2). The movements disappear during sleep (2). *Wilson & Preece* found that the overall incidence of Chorea Gravidarum was approximately 1 case per 300 deliveries in 1900. Many patient may give previous history of Rheumatic fever. The relation of Rheumatic fever was strengthened by many studies that showed that women with normal pregnancies before Rheumatic fever develop chorea in subsequent pregnancies.

The estrogen and progestational hormones may sensitize the dopamine receptors previously at stria nigra level and induce Chorea in individuals who are vulnerable to this complication (6). Estrogen can influence neural activity in the hypothalamus & limbic system directly through modulation of neural excitability (6).

Therapy consists of rest and seclusion careful feeding and emotional support. Drug treatment is indicated for those with severe disabling Chorea. Death is rare. In the past, Rheumatic disease was greatly the etiology but today collagen vascular disease like SLE and Huntington's disease should be considered (3).

Conclusion:-

Chorea Gravidarum is a very unusual condition in the present era. In recent times Chorea appearing pregnancy is not caused due to Rheumatic fever but other causes for Chorea Gravidarum has to be considered & managed appropriately.In our case possibly the reason for chorea was Rheumatic fever.



Figure no.1

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Figure no.2

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