

RECURRENT CHOREA GRAVIDARUM

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Chorea Gravidarum is a rare form of rheumatic chorea which is predisposed by pregnancy. This is a solitary case seen in over 18 years of period at R.M.C.H., Ranchi. The case is being reported because of the rarity of this condition.

Case Report

Smt. A.D. 25 years gravida 3rd was admitted on 14-5-82 with 8 months pregnancy associated with frequent attacks of sudden aimless irregular and jerky movements of left hand accompanied by muscular weakness since 13-5-82.

Past history revealed several attacks of rheumatic fever without chorea since her childhood. M/H.—L.M.P.—8 months back. Exact date not remembered.

History of Previous Pregnancies

Four years back in the later months of her first pregnancy she had frequent attacks of jerky and irregular movements of hands and delivered a premature dead female foetus in a hospital. The seizures were controlled after delivery with treatment. Again in the later months of her second pregnancy she had same frequent attacks of seizures. This time she delivered a live male baby in the same hospital. Seizures were controlled after delivery with treatment. At present 2 years old child is developing normally. Examination showed an apathetic young woman unable to even lie on bed due to sudden aimless, irregular and jerky movements of her

left hand. She was unable to explain or answer any question. General examination revealed nothing abnormal. C.N.S. and chest—N.A.D. C.V.S.—rough diastolic murmur was present over mitral area. The strength of left arm was markedly diminished. P/A—ut.—32 wk. size with breech presentation. F.H.S. present.

Following tests have been done to suggest the presence of chorea.

1. She was unable to grip the left hand due to lack of sustained contractions.
2. She had expressionless attitude when asked to smile.
3. Pronator sign was positive, when she was asked to raise her arms over the head there was pronation of the forearm so that back of the hands were in contact.
4. Choreic hand—when asked to hold her hands forward and palms down they assume a typical posture of flexion of the wrist and hyperextension at all the finger joints.

She was treated with 50 mg. chlorpromazine I.M. 8 hourly. She responded very well. After 48 hours she was placed on 25 mg. chlorpromazine tablet 8 hourly. There were no seizures after 4 days and after one week she improved enough to be sent home. Again on 21-6-82 she returned to hospital for inco-ordinate movement of tongue and extremities. The same treatment was started, chlorpromazine 50 mg. I.M. 8 hourly for 48 hours then 25 mgm. tablets 8 hourly. Seizures were controlled. On 24-6-82 she had breech delivery of a live female baby weighing 2 kg. 250 gms. Her postpartum period was uneventful. She was seen again after 6 weeks and showed no signs of chorieform movements and the baby appeared developing satisfactorily.

*From: Rajendra Medical College, Ranchi.
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