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### Case report

## A case report: Chorea gravidarum

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#### 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. We report a case of Chorea Gravidarum who doesn't have the past h/o Rheumatic fever, Sydenham's chorea in childhood. Factors associated with recurrence of chorea, their aggravating factors during pregnancy and its management have been discussed.

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### 1. Introduction

Chorea gravidarum is the generic term given to chorea of any etiology occurring during pregnancy. Its incidence is markedly decreased due to decline in incidence of Rheumatic fever. We report a rare case of Chorea Gravidarum. In spite of physical and psychological effects in the mother, there are no ill effects on the fetus.

### 2. Case Report

A 23yr old women was referred from a Government hospital to our hospital on 19th march 2011 as G2P1L1 with term pregnancy with previous LSCS with abnormal behavior. She was married for 4yrs, non consanguineous marriage and Emergency LSCS was done for transverse lie with sever pre-eclampsia 3yrs back in a medical college. The antenatal, intranatal and post natal periods were uneventful. In the present pregnancy, she had irregular antenatal checkups at a local PHC. Her past menstrual history were regular cycle and her EDD was 2nd April 2011. Her family history was unremarkable. In the antenatal ward it was noticed that she had abnormal facial, hand and leg movements. She was emotionally labile and had frequent crying spells. She was admitted in the antenatal ward with a promiscual diagnosis of

chorea and the pshyciatrist and physician's opinion was taken. Her past records were recruited which showed nil significant past history. Neurologist was consulted and was diagnosed to have Chorea Gravidarum.

On general examination, she was average built and nourished of normal intellect. She had abnormal facial movements, Choreoathetotic movements present in the both upper and lowerlimbs. She was conscious and her heart rate was normal. Systemic examination was in normal limits. Uterus was term size, relaxed, oblique lie, vertex presentation, FHR was 148/min and prev. LSCS scar was healthy with no scar tenderness. On per vaginal examination, cervix was uneffaced, posterior admitting tip of finger, presenting part was high up. Routine lab tests were normal. Blood group- AB+ve, ESR-70mm/hr, Serum TSH, Serum Calcium were normal. Her CRP and ASLO were raised. ANA and APLA were negative. Ultrasound shows single intauterine pregnancy of 38wks in cephalic presentation with BPP 8/8 with no obvious congenital anomalies. MRI brain was normal. 2-D Echo showed mild MR, with mild PAH, with normal systolic function and Ejection fraction of 58%. Live term male baby was extracted on 22/3/11 at 10.50 am (appgar 1' 7/10 5'8/10) weighing 3.2kg. She was discharged on 8th POD. Her symptoms subsided on POD 5. Cardiologist opinion was taken in view of 1 major and 2 minor criteria with MR. Possibility of rheumatic carditis cannot be ruled out as Rheumatic fever is very common in India. He advised the patient to take Inj. Penidure 12lakhunits ATD once in 21 days and to review after 3 months.

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### 3. Discussion

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, nonrhythmic, nonrepetitive movement of any limb, often associated with nonpatterned facial grimaces. The condition is rare now due to decline in Rh fever which was a major cause of Chorea Gravidarum before. 80% occur during first pregnancy and 50% start during first trimester [1-5]. 1/3rd begin in 2nd trimester of affected women, 2/3rd of patients it lasts till puerperium. Recurrence in 21% may occur in subsequent pregnancy particularly if APL is the cause. Carditis was found in 87% of fatal cases [1].

A high index of suspicion and vigilance should be maintained while making a diagnosis of CG. Physical examination includes a careful general, systemic and neurological examination. Even though chorea associated with rheumatic fever, CG may not be associated with preceding streptococcal infection. The affected limb is hypotonic, joints are floppy and knee jerks are pendular. Normally, the arms dangle by the sides, but with chorea due to hypotonia they flail about. At times, continuous involuntary movements are impossible to sustain. Protruded tongue darts in and out uncontrollably. Emotional stress aggravated the movement of CG [2]. The movements disappear during sleep [2]. Chorea may be unilateral hemichorea [2]. The patients may attempt to disguise chorea by incorporating it into mannerisms or gestures. Chorea movements are more distressing to observers than to individuals. Wilson & Preece found that 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, APL syndrome, Wilson's disease and Idiopathic. Many patients may give previous history of rheumatic fever and chorea. Of patients who present with chorea and no apparent carditis, 20% may develop rheumatic disease after 20 yrs. Many patients with oral contraceptive induced chorea have a past history of chorea which in 41% of cases is rheumatic origin [1].

The oestrogen and progestational hormones may sensitize the dopamine receptors previously at stria nigra level and induce chorea in individuals who are vulnerable to this complication by virtue of pre-existing pathology in basal ganglia. Oestrogen can influence neural activity in the hypothalamus, and limbic system directly through modulation of neural excitability and they have complex multiphasic efferents on nigrostriatal dopamine receptor sensitivity [6].

Therapy consists of rest and seclusion, careful feeding, and emotional support. Drug treatment is indicated for those with severe disabling chorea or when the fetus is in danger due to dehydration, malnutrition, or disturbed sleep. Death is rare [2]. In the past, rheumatic disease was greatly the etiology but today collagen vascular disease should also be considered [3].

### 4. Conclusion

Chorea Gravidarum is a very unusual condition in the present era. In recent times chorea appearing during pregnancy is not caused due to rheumatic fever, but other causes for CG have to be considered and managed appropriately.

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