

## CASE REPORT

## Sydenham's Chorea A Rare But Diagnostic Criteria Of Rheumatic Fever

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### Introduction

Acute Rheumatic fever as well as chronic Rheumatic heart disease is still a challenging problem in developing country like ours. It is important to note again that there is no specific laboratory test that can confirm the diagnosis of ARF. Duckett Jones published the Jones criteria in 1944 which is still world wide accepted with two modifications like updated formula added to the requirement of supporting evidence of antecedent group A beta haemolytic streptococcal infection must be present and WHO modified Jones' Criteria in which three categories of patients have been singled out for special consideration : patients in whom chorea is the sole manifestation, those with insidious or late onset carditis and those experiencing rheumatic recurrences.

Sydenham's chorea is an unusual manifestation of ARF & there is a long latent period of perhaps several months following streptococcal infection before this become evident. The diagnosis of Sydenham's chorea is one of the exclusion .It is imperative that the physician often consults with a neurologist to eliminate

other causes of chorea. Since there is a prolonged latent period, the evidence of a preceding streptococcal infection is frequently not present ,making the diagnosis more difficult. Patients are usually young aged present with involuntary, nonrepetative, quasipurposive, irregular jerky movement involving limbs as well as whole body. Patients usually have hypotonia and emotional lability. Characteristic dinner fork deformity is usual, when patient raise both arms in front the wrist flexed and MCP and DIP joint hyperextended. If the patient protrude the tongue, he is unable to keep it out (Jack in a box sign). He usually has unsustained hand grip during hand shake (milk maid's grip). Patients usually have marked difficulty in daily activities. Patient's features are absent during sleep.

### Case Note

Miss Tahmina Akhter, a 14 years old girl from a middle class family from Comilla was admitted in Holy Family Red Crescent Medical College Hospital on 6<sup>th</sup> April 2003. She presented with irregular limbs and body movement and difficulty in talking, walking and eating for the last 15 days. On examination the patient was emotionally disturbed. She had semipurposive irregular jerking of the limbs, she could not hold her hand above the head. She had dinner fork deformity of raised arms. She was unable to keep her tongue out of her mouth for more than few seconds. No abnormalities in other systems including hepatobiliary, nervous system and eye were detected. The patient had history of fever, arthralgia, throat pain 3-4 months back

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but no definite history of joint swelling. She had no history of any other major illnesses. There is no history of any medication before the illness started.

Investigations Shows : Total and differential count of WBC was normal. ESR-20mm in 1<sup>st</sup> hour, Random blood sugar-7.9mmol /l, Serum electrolytes-normal, ASO titre-600 iu/ml, CRP-negative, Liver function test - normal. Throat swab C/S showed heavy growth of streptococcus beta haemolyticus group -A, Sensitive to all commonly used antibiotics.

Considering all positive and negative clinical findings and laboratory data the case was diagnosed as Sydenhams Chorea. We treated the patient with Haloperidol and Phenoxymethyl Penicillin and ultimately the patient improved within ten days. She was discharged with oral penicillin in prophylactic dose against streptococcus.

### Discussions

Sydenhams Chorea is a rare presentation of acute rheumatic fever and may be the only single manifestation of Rheumatic fever. There may be a long latent period of several months following streptococcal infection before this become evident and at that time other evidences of rheumatic fever are hard to find. So the diagnosis is a difficult task. Again if the patient is not diagnosed properly she may develop recurrent rheumatic fever which may give rise to major valvular heart diseases. So the diagnosis of Sydenhams Chorea is a challenging one. It is only done by suspicion of the disease and by exclusion of other causes of chorea.

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