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Chorea Gravidarum

Case Report

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CHOREA GRAVIDARUM or Sydenham's Chorea in pregnancy is a complication of considerable rarity, the incidence being about one in ten thousand pregnancies. There is usually an antecedent history of chorea in childhood, and it is more frequent in young primigravidae. Its relationship to gestation is obscure from the standpoint of cause or exaccerbation, and it is not improbable that it may be a coincidental disease such as measles, mumps, or other similar types of infection which may occur during pregnancy, but are not directly related per se. The mortality rate is about 15 per cent, and maternal death is ascribed to exhaustion or cardiac failure. There is no specific treatment for chorea, and general supportive measures and adequate sedation to prevent exhaustion, both general and cardiac, should be employed.

Case Report

Mrs. C., a 24 year old housewife, was first seen by me on Sept. 2, 1948 at my office. She stated that her last normal menstrual period had been on May 15, 1948, and that she had had the "unusual symptoms of pregnancy," such as slight nausea, urinary frequency, and breast changes. She had delayed her visit, because she had "felt so well." Her past medical history included an appendectomy in 1945, and chorea at the age of 11 years. Her previous marital history included a spontaneous complete abortion of a three months pregnancy in June 1946, and a full term baby normally delivered in July 1947 during which pregnancy she was treated for pre-ecclampsia at the Municipal Hospital, because of increasing oedema, hypertension, and albuminuria. On closer questioning with regard to the miscarriage in 1946, I surmised that at that time she had had a mild attack of chorea, since she admitted to being quite nervous and jumpy. However, she had not

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received any treatment, nor was the condition diagnosed, as she did not have any prenatal supervision prior to the onset of the miscarriage. Her family history is non-contributory; her parents and six siblings are living and well, and there are no familial taints.

Physical examination of Sept. 3, 1948 disclosed a normal appearing white female of about stated age. Her manner is composed, and reactions those of a well adjusted person. Skin is of good color and tone. Her head is negative. Eyes react to light and distance. Pupils are round, regular, and equal. There is no nystagnus or weakness of convergence. Nose and throat are normal. Teeth are well-cared for. Neck is normal. The thyroid is not palpably enlarged. There is no abnormal pulsation or venous engorgement. Lungs are clear and resonant. The heart is not enlarged to percussion. The apical beat is in the 5th interspace, and is not exaggerated. There is a rather loud apical presystolic murmur. No thrill was appreciated. The rate is regular, and averages about 80 beats per minute. There is no pulse deficit. Examination of the abdomen discloses a solid appendectomy scar. The fundus uteri is at a level two fingers below the umbilicus. Vaginal examination reveals a parous introitus with good support. The cervix is closed. The pelvis is ample gynecoid. The extremities are normal. There is no clubbing, cyanosis, or tremors. Reflexes are physiological. Blood pressure 105/80.

Her next prenatal visit was on October 5, 1948, at which time she complained of nervousness. It was very obvious at this time that she was having a recurrence of Chorea. Her manner of speech was spasmodic, she moved restlessly about in the chair, and showed many muscular spasms of face and hand. I placed her on sedation with a liquid preparation of bromides and barbiturates with little control of her activity being achieved. She continued to grow worse, and on October 24, 1948 she was hospitalized. Her chorea became rapidly more violent despite heavy sedation with sodium luminal and chloral hydrate. Her temperature rose to 103.5 degrees, and she showed signs of pulmonary congestion. X-ray examination on October 27, 1948 showed a diffuse infiltrative process throughout the lung fields, findings consistent with a bilateral diffuse pneumonitis. She was placed on pencillin therapy, cautious parental fluids, and continued sedation. Laboratory work on October 25 included NPN 31, blood sugar 77, Hgb 71 per cent, WBC 13,200, differential: polys 60 per cent, lymphocytes 38 per cent, monocytes 2 per cent, sedimentation rate 25.5. EKG on October 27 showed normal rhythm at 115. PR equals 0.16 second. Slight depression of ST1, ST2. Diphasic T in leads 1 and 2. Inverted T3. Borderline axis. Because of the intractable choreiform activity which had approached the violence of psychosis she was narcotized with 3.0 grams of pentothal sodium administered rectally. This had the desired effect, and upon her recovery from the drug, her condition seemed vastly improved, although she was still quite restless, but now rational. She was then given 0.2 cc. of typhoid-paratyphoid (500 million—250 million per cc.) intravenously. This dose was repeated on the following day. The response was not dramatic except for slight chills and temperature elevation to 101 degrees. Repeat X-ray examination of the chest on November 1, 1948 showed the lung fields to be clear, and the heart was not enlarged or deformed. Her condition rapidly improved, and she was discharged home on November 17, 1948, at which time she had slight choreiform movements, her speech was clear, and despite the agonal nature of her illness, she did not appear to have suffered any great detriment. At no time during the acute phase of the chorea was there any change in the foetal heart. She visited my office on November 23, 1948, and I found but slight evidence of chorea manifested by some restlessness. Her blood pressure was 100/65, urinalysis was negative, the baby was active, there was no oedema or change in the cardiac picture. Her course continued uneventfully during which time she was taking phenobarbital gr. 1½ tid, and supplementary vitamins and minerals. I delivered her after a six hour labor of a nine pound, seven ounce male infant by low forceps and median episiotomy. The placenta was expressed intact, and bleeeding was minimal. Her puerperium was entirely normal, and she was discharged home on March 10, 1949, having delivered on February 28, 1949. Post-partum checkup on May 5, 1949 revealed her to be entirely free of symptoms and signs of the chorea. Her manner was composed, her speech was clear and unhurried, and there were no tremors.

Discussion

With regard to the case reported my personal thought relative to the subsidence of the violent activity is that the interruption of the cycle was due to the narcotization rather than any response to the typhoid-paratyphoid therapy. There is no specific treatment for Sydenham's Chorea. It was felt that the pulmonary picture was probably the entity described by Barden and Cooper as "rheumatic pneumonitis" which they feel is due to pathological changes in the peripheral vessels with increased vascular permeability on the basis of hypersensitivity to the causative organism of the underlying disease—in this case Chorea.

At the general staff meeting when this case was discussed, the advisibility — from an academic standpoint, shall we say — of artificial termination of the pregnancy was proposed. Even those whose principles are such as to advise such a procedure in what they consider indicated cases, admit that chorea gravidarum is not affected favorably by such action. It was likewise argued that therapeutic abortion should be considered because of the similarity of chorea to multiple sclerosis in the exaccerbations which occur during pregnancy. Conversely, an objection to the use of typhoid-paratyphoid vaccine was raised on the grounds that such therapy might prove fatal to the foetus. Morally, it must be remembered that it is permissable to treat the concurrent disease be it chorea, cancer, or tuberculosis, or any other that may occur during pregnancy by any acceptable therapeutic means, even if foetal death occurs secondarily, as long as the life of the foetus is not directly attacked. Hence, the use of the vaccine in this case was in complete accord with moral law.

Summary

A case of Chorea Gravidarum is reported. The clinical course and subsequent uneventful delivery at term of normal living child is described. A discussion of the moral aspects and the relative values of the therapy employed is presented.

References

Barden and Cooper. The roentgen appearance of the chest in diseases effecting the peripheral vascular system of the lungs. *Radiology*, July 1948.