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11 year old with Sydenham's Chorea

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Previously healthy, 11 year, girl, seen in the ED with h/o 10 days of insidious deterioration of handwriting w/ progressively worsening, bilateral, uncontrollable writhing, waxing & waning movements of the extremities, that worsen w/ stress & resolved during sleep. Associated w/ repetitive blinking, facial grimacing, head bobbing & tongue thrusting. No h/o head trauma, recent travel or illness. ROS, PMH, FH and SH are unremarkable. She was anxious, A&O, stable VS, diffuse hypotonia; non stereotypic generalized, rapid, irregular & continuous movements; positive milkmaid grip; unsteady gait. Her CBC, CMP, EEG, Head CT & Brain MRI all in normal limits. ASO & CRP elevated. ESR, ANA, RF, & total CH50 where all negative. ECHO w/ thickened mitral and aortic valve leaflets, mild MR & trace AI. Tx w/ Penicillin G Benzathine IM monthly; haldol & prednisone until tapered & discontinued. Sydenham's chorea is one of the most common forms of childhood chorea. Can be the only manifestation of ARF or associated w/ carditis & arthritis. It's a nonsuppurative sequela of GAS infection secondary to molecular mimicry, wherein anti-GAS antibodies have cross-reactivity to basal ganglia antigens. High index of suspicion is needed to dx in its early stage which includes emotional changes, deterioration of either handwriting or school performance. Most are afebrile w/ headaches at time of presentation. Little evidence of acute inflammation at diagnosis & needs evidence of active or recent GAS infection by throat culture, ASO or Anti-DNAse. Is usually self-limited however should receive long term ARF prophylactic antibiotic therapy.

Biography

Amy A Lucier, completed her medical school at UCIMED in Costa Rica and graduated fifth of her class. She is currently a second year Pediatric Resident at Woodhull Medical and Mental Health Center affiliated to New York University School of Medicine. She is also the AAP Delegate for her program and will be chief resident in her senior year.

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