NDD.03. Syndeham's Chorea: clinical case report and literature review

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Introduction: Sydenham's chorea (SC) is a movement disorder characterized by the triad of chorea, emotional instability, and hypotonia. It represents the main neurological manifestation of rheumatic fever (RF). The disease generally affects children between 5 and 15 years old. The incidence of SC has decreased dramatically in the Western world. However, it is a common manifestation of rheumatic fever, especially in developing countries. In Brazil, it constitutes the most common form of childhood-acquired chorea. **Objectives:** The present study aims to describe a clinical case of this disease of a child that is being treated in the neurology ward of Santa Casa de Misericordia of Sobral (SSNC). **Methods:** RNLS, male, 13 years old, student, from São Benedito. He was admitted 3 months ago showing involuntary movements, which were abrupt, brief, arrhythmic and uncoordinated on right hemibody (face and limbs), especially in the extremities. The jolts occur continuously throughout the day, with an interval of seconds to minutes between two episodes. Worsening occurs during the day and improvement during sleep. Associated with the clinical condition dysarthria and changes in voice (low and nasal) presented. The speech changes began intense and have regressed gradually over the three months. Weight loss was prominent in the onset of symptoms as well as behavioral changes (anxiety, shyness, emotional instability) and habit (increased sleep and decreased appetite). The investigation of past medical history revealed recurrent and prolonged throat infections last year, and the last episode occurred three months before the onset. Neurological examination showed the following changes in right hemibody: "milking sign"; hypotonia of upper and lower limbs during palpation; hemichorea; dancing gait with deviation of the body to the right and lack of the automatic movements of arm swinging. Other neurological functions, such as balance, reflexes and sensitivity remained preserved. Complementary tests: echocardiogram (mitral and tricuspid regurgitation minimal - physiological); VHS (normal: 15mm3/1h); blood count (normal); streptolysin O-ASO: 300UI (Ref. <200 IU), PCR - serum (negative), MR (no changes). Drug therapy: haloperidol. **Discussion:** Onset generally occurs within 1 to 8 months after the infection, with distal movement of the hands and then toes, limbs and face. The movements are continuous while the patient is awake and decrease with sleep. The diagnosis is clinical; there is no specific laboratory test. Most patients have no evidence of inflammation and anti-streptolysin O titers are increased in 80 % of them. In general, the SC is self-limiting, gradually decreases in 12 to 15 weeks. **Conclusions:** The case analysis shows clinical characteristics of a typical SC, as can be seen from a literature review on the disease. Thus, we consider that this report has a great relevance for the knowledge of Sydenham's chorea by physicians and healthcare professionals in our area, looking for a better therapeutic management of the patients.

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