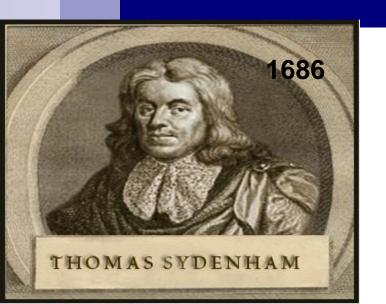
Sydenham's syndrome (St.vitus's dance, chorea minor)



Orna Katz Internal Medicine B 11/2009



Sydenham's Syndrome

- An acute neurologic disorder that emerges several weeks-months following a streptococcal ("strep") infection, most frequently in children between the age of 5 and 15. found mainly in females.
- Self limited, autoimmune mediated.





- Chorea- rapid, jerky irregular movement that tends to occur at the distal limbs or face but may also occur in proximal limbs and trunk
- mental and emotional disturbances, and by muscular weakness of varying degrees.



Causes of Chorea

Acute or subacute onset is usually due to toxins excess levodopa, neruoliptics, birth controll pills, pregnancy, hyperthyrodism, antiphospholipid syndrome.

Gradual onset is typical of degenerative neurological disease -HD

In children may be associated with rheumatic fever

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Rheumatic fever

- Rheumatic fever is an acute infectious disease caused by certain types of streptococci Lancefield Group A betahemolytic. It usually starts with strep throat or tonsillitis.
- Pathogenesis- 1)direct infx 2)toxic effect 3)antigenic mimecry
- These types of streptococci are able to cause disease throughout the body. The most serious damage caused by rheumatic fever is to the heart valves
- joints ,skin ,brain



Diagnosis

Clinical Dg -Jones creteria:

Major creteria:

Carditis

Migratory polyarthritis

Sydenhams chorea

Subcutaneous nodules

Erythema marginatum

Minor criteria:

Clinical-fever, arthralgia

Lab-elevated acute phase reactants, prolonged PR interval

Patient may appear only with chorea and present several decades later with typical rheumatic valvular disease.



Management

For ARF:

- 10 day oral penicillin V 500mgX2/day (or erythromycin)
- Or benzathine penicillin G (single I.M 1,2 million Units)

Chorea usually resolves completely within 6 weeks.

- In severe chorea- carbamazepine or sodium valproate can be used but it only reduces abnormal movments and not resolves
- IVIg may lead to more rapid resolution of chorea .(no benefit on carditis) recommended in cases of severe chorea refractory to other treatments.

Conclusions

- Important to recognize the sign for immediate treatment of ARF
- Important while taking patient history -Pericardial calcifications –as noted recently on a 76y native dutch woman.