

IMAGES IN CLINICAL MEDICINE

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Sydenham's Chorea, or St. Vitus's Dance



A PREVIOUSLY HEALTHY 11-YEAR-OLD BOY PRESENTED WITH RAPID, IR-regular, aimless, involuntary movements of the limbs, neck, and trunk that resembled continuous restlessness (Panel A, and Video 1). These uncontrollable movements had begun 1 month earlier, initially affecting only his left limbs but later extending to other parts of his body. The movements were absent during sleep and were exacerbated with stress. He had no previous movement disorders. The patient reported having a sore throat 4 months before presentation. Neither his schoolmates nor members of his family were affected. Physical examination revealed the presence of uncoordinated jerking movements, emotional lability, hypotonic speech, muscular weakness, hypotonia, hyperactive tendon reflexes, and gait disturbance (Panel B, and Video 2). A throat culture obtained on admission was positive for group A beta-hemolytic streptococcus. Laboratory evaluation showed a level of antistreptolysin O that was five times the normal level and was a weakly positive test for mitochondrial antibodies. Magnetic resonance imaging of the brain was unremarkable. The patient received a diagnosis of Sydenham's chorea, associated with group A streptococcus infection. Penicillin and tiapride were administered, and there was a slight reduction in choreic movements. The patient's symptoms completely resolved within 1 month after presentation.

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