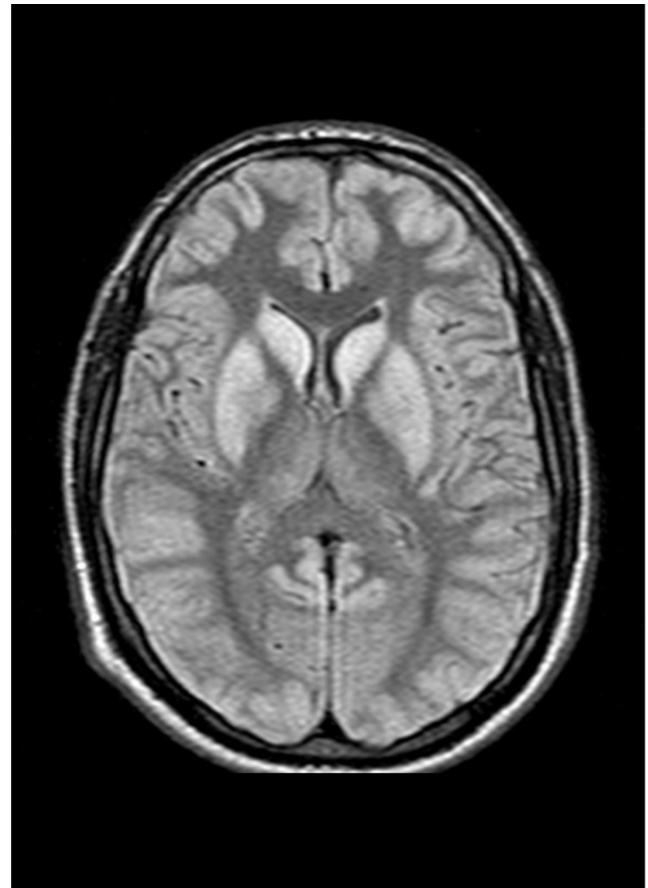


AWARD FOR THE BEST CASE REPORT PRESENTATION AT THE WCMSR BASED ON THE JUDGES AVERAGE SCORES, 2nd PLACE:**16. A CASE REPORT OF RARE TYPE OF CHOREA WITH HYPOXIC-ISCHEMIC INSULT.**Roohi Kolte¹, Dr Ganna Gnyloskurenko².¹ 6th year medical student, O. O. Bogomolets national medical university, Kyiv, Ukraine.² PhD, Associate professor, Department of pediatrics, O. O. Bogomolets National Medical University, Kyiv, Ukraine.
 <https://www.youtube.com/watch?v=0JIMP5Fyl7s&t=20266s>

INTRODUCTION: Chorea is derived from the Greek word choreia meaning dance. Chorea is defined as hyperkinetic involuntary movement that is brief, irregular, nonrhythmic, non-purposeful and flows from one body part to another. Such symptoms can be the result of autoimmune, hereditary, vascular, metabolic, drug induced, psychogenic causes. It is important to determine the main disease, this will help to prescribe etiologically-specific methods of treatment or effective symptomatic treatment of the causes of chorea. According to the international experts, the following directions of chorea treatment are determined: stopping or changing the effect of the causative agent, symptomatic treatment of chorea, and treatment aimed at eliminating the main etiology. **CASE DESCRIPTION:** A 10-year-old male child came with complaints of involuntary moments of right upper and lower limb and slurred speech for about 2 days. There was no fever, lethargy, altered sensorium, convulsions, vomiting, loose motions, joint pain. The history of similar complaints, hospitalization before was absent. Bp-104/68, Pulse- 96/min, RR-22/min, SpO2-99%, temperature- 36.6 °C, BMI-13.56 kg/m². Motor examination, neurological examination was normal. Laboratory tests like CBC, CRP, ESR, solubility test, Antistreptolysin O(ASO) titer, INR, LFT, KFT, TSH, T3, T4, serum ionic calcium, serum ceruloplasmin, PTH were normal. ANA solubility test was negative (AA pattern). Fundus examination- right and left fundus normal with no KF ring found. USG abdomen were normal within limits. MRI of brain was performed. Mild atrophy of right caudate nucleus was noted. The MRI images suggested sequelae to hypoxic ischemic insult. Medication on admission: Injection phenobarbitone 440mg in 20 ml NS over 20 mins, Tablet haloperidol 0.25 mg, syrup multivitamin 5 ml, syrup calcium 5 ml, Tablet folic acid 5mg. He was admitted for 10 days and diagnosed vascular type of chorea. On the 10th day, the child was vitally stable, no complaints of involuntary movements and slurred speech. Advice on discharge: Tab Haloperidol 0.25 mg 1 tab (twice a day), syrup multivitamin 5 ml (twice a day), syrup calcium 5 ml, tab folic acid (twice a day), capsule vitamin D3 60,000 IU (once in week till 6 weeks). For follow-up the patient should visit doctor every week. **CONCLUSION:** According to the literature, patients with vascular chorea usually have an acute or subacute onset of chorea on one side of the body (hemichorea), contralateral to the lesion. In this clinical case, the patient had an acute onset with lesions of the right arm and leg. In this case, during the differential diagnosis, possible causes of chorea were excluded. Movement disorders have been associated with hypoperfusion and hypofunction in the caudate nucleus which was determined by cerebral imaging. According to experts, despite the fact that the prognosis of hemichorea can be benign, the long-term prognosis is determined not by hemichorea specifically, but by the long-term prognosis of patients who have suffered a stroke. Symptomatic treatment with antichorea drugs is recommended in the acute phase, so the patient was immediately treated when he went to

the hospital. The patient should be under the observation of a neurologist to prevent complications.

Figure. MRI of Brain Showing Multiple T2/FLAIR Hyper-Intense Foci in Bilateral Head of Caudate Nucleus, (Left > Right) Bilateral Dorsal Thalamus, Deep White Matter of Bilateral Perirhinal Cortex. They Appear Hypo Intense, on T1W1 Shows Enhancement. Mild Atrophy of Right Caudate Nucleus is Noted.



Key words: Chorea; Dyskinesias; Child; Haloperidol; Magnetic Resonance Imaging.