

RHEUMATIC CHOREA

CAUSES, SYMPTOMS, TREATMENT AND PREVENTION METHODS

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Annotation : Rheumatic chorea or Sydenham chorea is one of the main complications of acute rheumatic fever. It is mainly diagnosed in children aged 6-15 years. Girls get sick 2 times more often than boys. Chorea physicians call the defeat of group A streptococcal basal ganglia located in the deep layers of the cerebral hemispheres. The pathology is accompanied by involuntary and chaotic movements of the limbs and body.

Key words : Rheumatic chorea , hormonal balance, delicacy .

Reasons for development

Chorea Sydenham may appear as an exacerbation of rheumatism. Sometimes it comes on its own. In this case, streptococcal infection has a major impact on the central nervous system. Later, the patient definitely shows rheumatism.

The development of the disease can be influenced by the following factors:

weak immunity;

hormonal balance;

genetic predisposition;

untreated caries;

increased emotions;

presence of chronic infectious diseases of the upper respiratory tract;

delicacy; fatigue

Symptoms:

Clinical signs often increase gradually and imperceptibly for parents. The child suddenly begins to squirm. At home and at school it is taken for a joke. Later, he

gets annoyed, shouting different sounds. Over time, the child has small involuntary movements of the fingers, and later the limbs. These symptoms can last from a few days to a week. During the manifestation of rheumatic chorea, the movements sweep and accelerate, making it difficult for the child to eat, write, walk. Muscle tone weakens, the mouth begins to swell, and the face is disturbed by many irritants. Choreic hyperkinesia can affect the tongue, throat, face, hands, diaphragm.

Sometimes rheumatic chorea begins with seizures, papillary edema, cerebellar ataxia, and pyramidal disorders.

In severe cases, the child cannot stand, swallow, or speak, and his body is in constant motion. Mental disorders and autonomic dysfunction are not excluded.

Types

According to ICD-10, Sydenham chorea occurs with and without the involvement of the heart. According to clinical signs, mild, moderate and severe forms of pathology are distinguished. They are characterized by the severity of hypotension, involuntary motor movements, and mood swings.

Diagnostics

To diagnose rheumatic chorea, the doctor will perform a visual examination. It is enough to hit the patient's knee with a rubber mallet. With chorea, the limbs freeze in a corrected position for a while. Laboratory methods are used to confirm the active rheumatic process in the body. Additional diagnostic methods may include electroencephalography, computed tomography, or magnetic resonance imaging.

It is important to distinguish rheumatic chorea from inherited and acquired diseases characterized by hyperkinesia. These include:

Huntington syndrome;

good hereditary chorea;

choreoacantocytosis;

hepatocerebral dystrophy and others.

Treatment

A patient with rheumatic chorea is shown bed rest. The doctor prescribes painkillers, antibiotics, anti-inflammatory drugs. Antipyretic and analgesic effects are present in combination with sodium salicylate and cortisone thiamine chloride and ascorbic acid. It is also necessary to take sedatives. Neuroleptics and anticonvulsants are prescribed to relieve psycho-emotional disorders and hyperkinesis.

In addition to medication, the course of treatment includes physiotherapy. Shcherbak's galvanic collar and elektroosleep have proven themselves well. The help of psychologists is required to cope with psycho-emotional changes. They correct behavioral disorders and promote social adjustment.

Food should be fortified as much as possible during treatment. It is recommended to limit carbohydrate intake.

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