Fig. CT scan without contrast: calcification of basal ganglia, frontal, parietal and occipital lobes and cerebellum is seen on both sides.

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Chorea in digoxin toxicity

Sir: The central nervous system manifestations of digoxin intoxication include visual disturbances, delirium and seizures, but there have been no previous reports of the occurrence of chorea with digoxin toxicity.^{1,2}

A 76-year-old woman was admitted to hospital with atrial fibrillation and congestive cardiac failure. She was treated with digoxin and diuretics, eventually being discharged on digoxin 0.25 mg daily. Four weeks after the onset of digoxin therapy, she developed nausea and vomiting together with the progressive onset of choreic movements in the face, the left arm and the left leg. These movements increased and when the patient was reviewed in the clinic two weeks later her plasma digoxin level was 4.2 nmol/l (therapeutic range: 1.2–2.6 nmol/l). The patient had not received neuroleptic drugs and there was no past history of rheumatic fever or chorea. The packed cell volume, urea, electrolytes, liver function and thyroid function tests were within normal limits and autoantibodies were negative. A

CT brain scan showed only cortical atrophy. Discontinuation of treatment with digoxin was associated with marked improvement but not abolition of the choreic movements over the following seven days.

The relationship of the treatment with digoxin to the onset of the choreic episodes and the improvement on stopping therapy raises the possibility that the chorea was unleashed by the toxic levels of digoxin. The unilateral distribution of the dyskinesias, however, suggests an underlying structural lesion in the basal ganglia and a small lacunar cerebral infarct cannot be excluded. In patients with chorea induced by oral contraceptives a history of antecedent rheumatic chorea or striatal abnormality is invariably present.³ Both digoxin and oral contraceptives are structurally similar in the possession of a steroid nucleus and may trigger chorea by altering central dopaminergic activity within the corpus striatum.

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Notices

Congress of Neurological Surgeons

The Thirty-fourth annual meeting will be held in New York, 30 September to 5 October, 1984. Information may be obtained from Michael Salzman, MD, 22 South Greene Street, Baltimore, Maryland 21201, USA.

The European Society for Paediatric Neurosurgery will meet in Vienna, 10–12 October 1984. Information may be obtained from Prof. W. Th. Koopman, Neurochirurgische Universitäts Klinik, Alskar Strasse 4-A1090 Vienna.