ACUTE RHEUMATIC FEVER

LEARNING OBJECTIVES:
• By the end of the SBL the student should be able to know:
• Define Acute Rheumatic Fever.
• Predisposing factors for RF.
• Relation of tonsillitis to systemic and cardiac manifestations RF.
• Anatomy of Mitral, aortic and other valves.
• Laboratory changes
• ECG and X-Ray changes.
• ECHO Cardiographic findings.
• Diagnostic criteria for rheumatic fever.
• Counsel regarding treatment and referral

CASE
• 17 year old male, resident of Korangi, Karachi came to OPD with complain of:
  • fever,
  • migratory joint pain of knee and elbow for 2 weeks,
  • Sore throat since 5 years.

ON EXAMINATION:
• His pulse 100bpm,
• BP 100/70mmHg,
• R/R was 26 breath per minute.
• He looks pale, thin built.
• His left knee swelling, tender which leads to restricted movements.
• Pre-cardial examination reveals loud first and pulmonary component of second heart sound.
• There was grade ¾ diastolic murmur at the apex, increased with expiration.

TESTS:
His Reports reveals:
• ^ ASO Titre and positive throat swab culture for beta-hemolytic streptococci
• ^ ESR
• ^ P-R interval in ECG
• ECHO
• Thickened tips of Mitral leaf leats with Mild Mitral valve stenosis.