

الكلية : الطب

القسم او الفرع :طب الاطفال وحديثي الولادة

المرحلة: الخامسة

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اسم المادة باللغة العربية : طب الاطفال وحديثي الولادة

اسم المادة باللغة الإنكليزية : طب الاطفال وحديثي الولادة

اسم المحاضرة الأولى باللغة العربية: الحمى الروماتيزمية

اسم المحاضرة الأولى باللغة الإنكليزية : **RHEUMATIC FEVER**

RHEUMATIC FEVER

ETIOLOGY AND EPIDEMIOLOGY

It is most common in children 6 to 15 years of age. It is due to an immunologic reaction that is a delayed sequela of group A beta-hemolytic streptococcal infections of the pharynx.

A family history of rheumatic fever and lower socioeconomic status are additional factors.

diagnosis

Acute rheumatic fever is diagnosed using the clinical and laboratory findings of the revised Jones criteria .

The presence of either two major criteria or one major and two minor criteria, along with evidence of an antecedent streptococcal infection, confirm a diagnosis of acute rheumatic fever.

The infection often precedes the presentation of rheumatic fever by 2 to 5 weeks.

Streptococcal antibody tests, such as the antistreptolysin O titer, are the most reliable laboratory evidence of prior infection.

Major criteria	Minor criteria
Migratory polyarthritits	Arthralgia
Carditis	Fever
Erythema marginatum	First degree heart block
Syndenham chorea	Elevated inflammatory markers (ESR, CRP)
Subcutaneous nodules	



Arthritis /is the most common major manifestation. It usually involves the large joints and is migratory. Arthralgia cannot be used as a minor manifestation if arthritis is used as a major manifestation.

Carditis /occurs in about 50% of patients. Tachycardia, a new murmur (mitral or aortic regurgitation), pericarditis, cardiomegaly, and signs of heart failure.

Erythema marginatum, a serpiginous, nonpruritic, and evanescent rash, is uncommon, occurs on the trunk, and is accentuated by warmth.

Subcutaneous nodules are seen predominantly with chronic or recurrent disease. They are firm, painless, nonpruritic, mobile nodules found on the extensor surfaces of the large and small joints, the scalp, and the spine.

Chorea / (Sydenham chorea or St. Vitus dance) characterized by irregular and involuntary movements. It also is uncommon and often presents long after the infection.

RHEUMATIC FEVER

DUCKETT-JONES DIAGNOSTIC CRITERIA

MAJOR CRITERIA

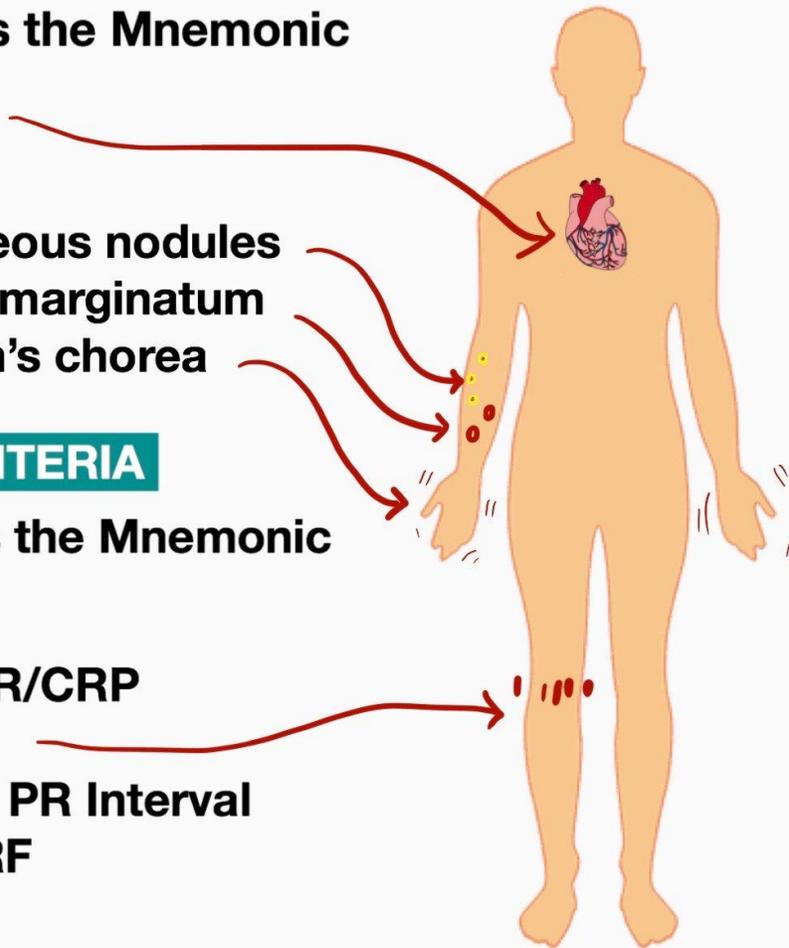
“CASES” is the Mnemonic

- C**arditis
- A**rthritis
- S**ubcutaneous nodules
- E**rythema marginatum
- S**ydenham's chorea

MINOR CRITERIA

“FRAPP” is the Mnemonic

- F**ever
- R**aised ESR/CRP
- A**rthralgia
- P**rolonged PR Interval
- P**revious RF



There must be evidence of streptococcal infection plus:

2 major or 1 major + 2 minor

TREATMENT AND PREVENTION

Management of acute rheumatic fever consists of benzathine penicillin to eradicate streptococcus,

anti-inflammatory therapy with salicylates, and bed rest.

Additional supportive therapy for heart failure or chorea maybe necessary.

Long-term penicillin prophylaxis, preferably with intramuscular benzathine penicillin G, 1.2 million U

every 28 days, is required.

prognosis

The prognosis of acute rheumatic fever depends on the degree of permanent cardiac damage.

Cardiac involvement may resolve completely, especially if it is the first episode and the prophylactic regimen is followed.

The severity of cardiac involvement worsens with each recurrence of rheumatic fever.