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# Physiotherapy cardio-respiratory Clinic Course L 20 & 21 : Rheumatic Fever

**Prepared by Dr. Isam Alhaj**

**Presented by Dr. Lana Satti**

**0990997827**

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# Rheumatic fever

- It is an inflammatory disease believed to be due to antibody cross reactivity which can involve the joints, skin, heart and brain, that follows pharynx infection with group A B-haemolytic streptococci .
- Usually occurs between age 5 and 15 y, but may occur in adult (20%)

# Organs involved

- Heart
- Skin
- Joints
- Brain

# Clinical presentation

- Sudden onset usually about 2 weeks after group A streptococcal pharyngitis
- Fever
- Joint pains
- Loss of appetite
- Major and minor criteria

# Diagnosis

- Depends on:
- (Revised Jones criteria)
- Evidence of recent streptococcal infection plus
- Two or more major criteria/or
- One major criteria plus two or more minor criteria

# Major criteria

- Carditis
- Arthritis
- Chorea
- S/C nodules
- Erythema marginatum

# Minor criteria

- Fever
- Arthralgia
- Previous rheumatic fever
- Leucocytosis
- Raised CRP/ESR
- Prolonged PR interval on ECG



# Management

- Bed rest until CRP normal for 2 weeks
- Penicillin 500 mg qds for one week
- Arthritis responds well to NSAIDs
- Immobilize joints with severe arthritis

# Prognosis

- 60% with carditis develop chronic rheumatic valvular disease, predominantly affecting the mitral and aortic valves.
- Acute attacks last about 3 months.
- Recurrence may be precipitated by:
  - Further streptococcal infections
  - Pregnancy
  - Use of the pill.

# Prophylaxis

- Penicillin V 250 mg bd until no longer at risk (30 year old)
- Alternative:  
sulfadiazine 1 gm/day

End