

Acute rheumatic fever

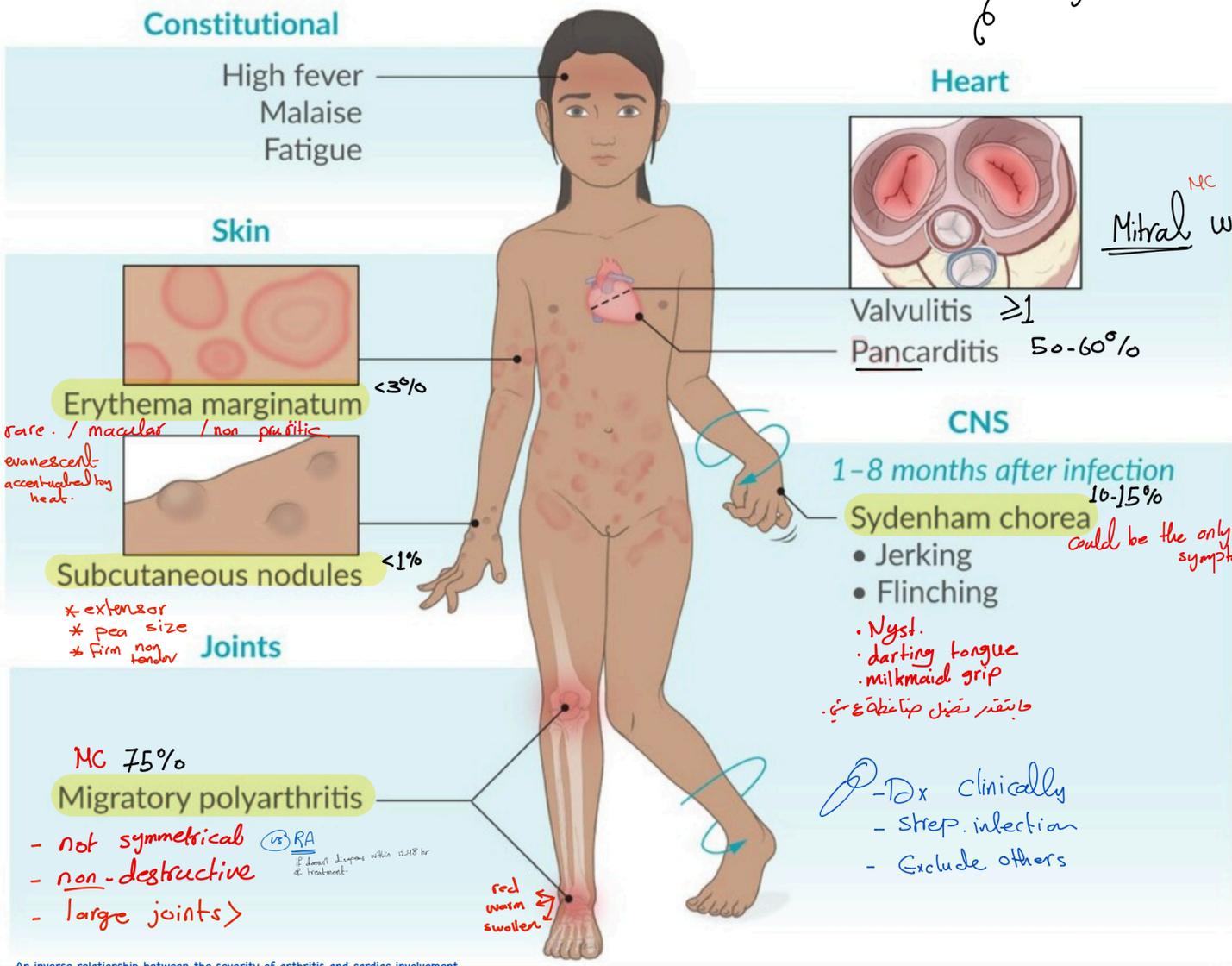
Etiology
Previous **GAS** pharyngitis/tonsillitis without antibiotic treatment

Peak incidence
5-15 years of age *+ ↑ cold months. School age*

Diagnosis
Evidence of a previous GAS infection (e.g., throat culture, rapid antigen detection test, antistreptolysin O, antistreptococcal DNase B test)
Revised Jones criteria

Treatment
Antibiotic treatment of underlying GAS infection
Symptomatic treatment of arthritis and fever

pharyngitis ليس عن
skin infection عن
GN
* certain serotypes (M types 3, 5, 18, 19, 24)
its subtypes determine the incidence

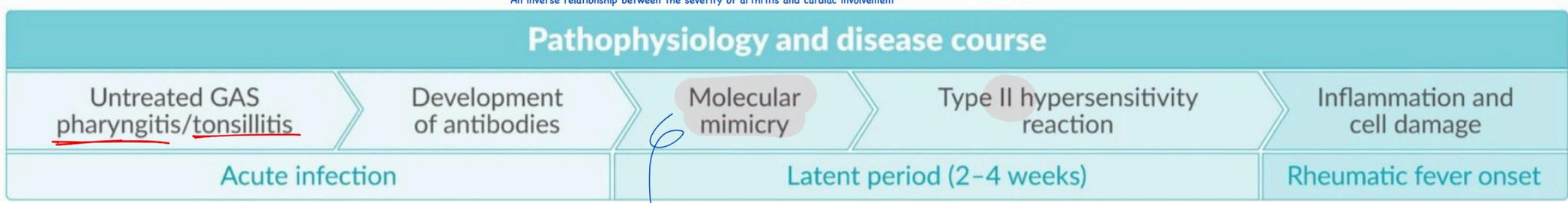


major cause of long-term morbidity.

Mitral^{MC} w or w/o → aortic

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Rheumatic heart disease tends to involve the high-pressure valves (i.e., the mitral and aortic valves).
Cardiac involvement is the most important prognostic factor.
Referring to the fact that the joints are only transiently affected in rheumatic fever, while the heart may retain permanent damage.

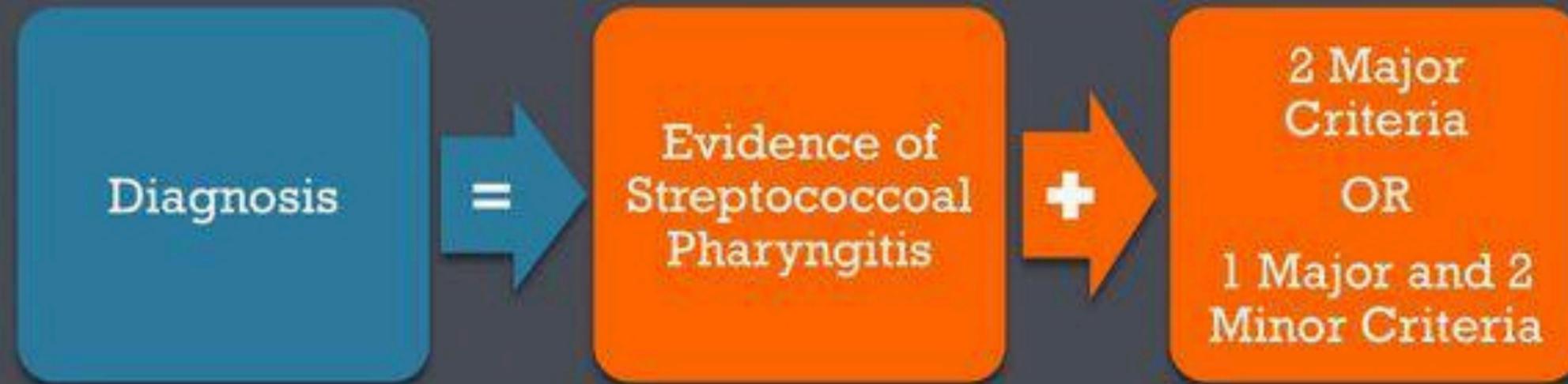


between streptococcal M protein and human cardiac myosin proteins

no doses

Rheumatic Fever

Jones Criteria



Evidence of Streptococcal Pharyngitis	<ul style="list-style-type: none"> • Positive throat culture for group A beta-hemolytic streptococci • Positive rapid streptococcal antigen test • Elevated or rising antistreptolysin O antibody titer
Major Criteria	<ul style="list-style-type: none"> • Migratory arthritis (predominantly involving the large joints) • Carditis and valvulitis (eg, pancarditis) • Central nervous system involvement (eg, Sydenham chorea) • Erythema marginatum • Subcutaneous nodules
Minor Criteria	<ul style="list-style-type: none"> • Arthralgia • Fever • Elevated acute phase reactants [erythrocyte sedimentation rate (ESR), C-reactive protein (CRP)] • Prolonged PR interval