INTRODUCTION

Rheumatic fever is frequently classified as a connective tissue disease because its anatomical hallmark is damage to collagen fibrils and to the ground substance of connective tissue (especially in the heart). Of major clinical importance is the presence of potentially lethal myocarditis during the acute attack or, more commonly, the fibrosis of the heart valves which leads to the crippling hemodynamics of chronic rheumatic heart disease. Its uniqueness from other rheumatic diseases is that it is specifically a delayed nonsuppurative sequel of pharyngeal infection with group A streptococci ***(Brounwald, 1992).*** In our country, rheumatic heart disease is still a major cause of severe incapacitation and death in early childhood. The diagnosis of rheumatic fever always depends upon Jones criteria ***(Jones, 1944).*** The major manifestations include carditis, arthritis, chorea, subcutaneous nodules and erythema marginatum ***(Markowitz and Gordis 1972).*** Several reports have indicated that Doppler echocardiography by providing an ultrasensitive modality for studying alternations of blood flow patterns within the heart and great vessels, is capable of unmasking mitral and aortic insufficiency in the absence of murmur ***(Veasy et al, 1987).***