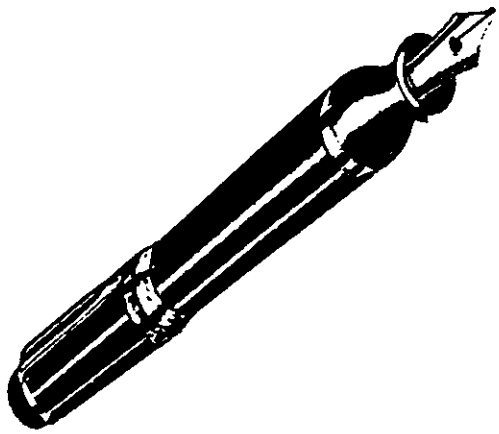
Summary



SUMMARY

The study included 50 patients, 20 patients (40%) had cold rheumatic heart disease, 26 patients (52%) had rheumatic carditis, 17 patients (34%) had rheumatic carditis with heart failure and 4 patients (8%) had rheumatic arthritis. They were 25 males (50%) and 25 females (50%). Their ages ranged between 5-12 years. The diagnosis of rheumatic fever was based upon revised Jones criteria and evidence of streptococcal infection.

Age and sex matched 40 normal children were used as a control group. The patients were subjected to full history taking and clinical examination.

The following investigations were done for them:

1. Erythrocyte sedimentation rate (ESR).
2. Antistreptolysin Otitre (ASOT).
3. C-reactive protein.
4. Chest X-ray.
5. Electrocardiogram.
6. Echocardiogram.
7. Heart rate variability.

On comparing the ECG findings of patients and controls there was no significant differences, however in comparative analysis of HRV

Therefore HRV should be used as a diagnostic mark of carditis in cases with rheumatic heart disease.

Recommendations:

HRV has considerable potential to assess the role of autonomic nervous system fluctuations in normal healthy individuals and in patients with various cardiovascular and non-cardiovascular disorders. HRV studies should enhance our understanding of physiological phenomena, the actions of medications, and disease mechanism.

Large prospective longitudinal studies are needed to determine the sensitivity, specificity and predictive value of HRV in the identification of individuals at risk for subsequent morbid and mortal events.

HRV should be used as one of significant diagnostic mark of rheumatic carditis.