Echocardiographic screening of rheumatic patints presenting with pure chorea or arthritis for detection of cardiac affection

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165SUMMARYRheumatic fever is the commonest cause of valvular affection inchildren. It needs follow up and prophylaxis to prevent its recurrence withmore valvular damage. In recent studies which done on cases withrheumatic chorea and arthritis who have no auscultatory findings ofvalvular affection proved to have left sided valvular regurgitation with theuse of Doppler. This study aimed at studying the role of Doppler echocardiographyfor unmasking silent valvular affection in rheumatic chorea or arthritiswithout carditis. To achieve this aim, 100 rheumatic children, 41 malesand 59 females presented with either active or quiescent were examined. They rheumatic choreaor arthritis were examined Dopplerechocardiography. They were clinically free and showed no evidence ofvalvular affection. 50 normal children of matched age and SeX were takenas control.Rheumatic patients were divided into two main b'TOUPS b'TOUP Ipatients with follow up (quiescent) were 69 cases. they were subdivided into a- Past arthritis, were 57 cases.b- Past chorea were 12 cases.group II patients with active rheumatic fever, they were 31 cases. Theywere subdivided into.a- Present arthritis were 13 cases.b- Present chorea were 18 cases.for all subjects careful history taking clinical examination, laboratoryinvestigations including (blood picture, ESR, eRP and ESR), were done to 166 active cases and control. while guiescent cases the laboratory data weretaken from their files. Plain X ray and ECG were done to rheumaticpatients only. Doppler echocardiography was done to all rheumatic andcontrol subjects. Data were tabulated, coded and entered into a computerthen analyzed. Results were expressed as mean ± standard deviation. The student'st-test, Z test and X2 tests were used for analysis. Results obtained were. We have 42 cases out of 100 rheumatic patients had left sidedvalvular affection by the use of Doppler echocardiography, we have 58rheumatic cases with no cardiac abnormalities while 42 cases with cardiacaffection. MRI were 25 cases, MRI + PRI were 2 cases, MRI + TRI were4 cases, MRII were 3 cases, ARI was one case, no ARB, MRI + ARIwere 2 cases, MRIJ + ARIJ were 3 cases and MRI + ARII were 2 cases.so left sided valvular affection are much more affected than right side of the heart. Mitral valve is much more affected than aortic valve. Patients with rheumatic chorea were 30 cases, 25 cases had cardiacaffection while 5 cases had no cardiac affection and the differencebetween both groups was statistically significant (P