

**SBL CVS MODULE
SEMESTER 5 –WEEK 4**

ACUTE RHEUMATIC FEVER

LEARNING OBJECTIVES:

- By the end of the SBL the student should be able to know:
- Define Acute Rheumatic Fever.
- Predisposing factors for RF.
- Relation of tonsillo-pharyngitis to systematic and cardiac manifestations RF.
- Anatomy of Mitral, aortic and other valves.
- Laboratory changes
- ECG and X-Ray changes.
- ECHO findings.
- Diagnostic criteria for rheumatic fever.
- Counsel regarding treatment and referral

CASE

- 17 year old male, resident of Korangi, Karachi came to OPD with complain of:
- fever,
- migratory joint pain of knee and elbow for 2 weeks,
- Sore throat since 5 years.

ON EXAMINATION:

- His pulse 100bpm,
- BP 100/70mmHg,
- R/R was 26 breath per minute.
- He looks pale, thin built.
- His left knee swelling, tender which leads to restricted movements.
- Pre-cardiac examination reveals loud first and pulmonary component of second heart sound.
- There was grade $\frac{3}{4}$ diastolic murmur at the apex, increased with expiration.

TESTS:

His Reports reveals:

- ^ ASO Titer and positive throat swab culture for beta-hemolytic streptococci
- ^ ESR
- ^ P-R interval in ECG
- ECHO
- Thickened tips of Mitral leaf with Mild Mitral valve stenosis.

