

Clinical spectrum of rheumatic fever and rheumatic heart disease cases in Mangalore city of south India – A cross sectional study

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Background

Acute Rheumatic Fever (ARF) is a common disease in India. It inevitably damages the heart resulting in Rheumatic Heart Disease (RHD), thereby crippling the patient for life. Fortunately it is a preventable health problem. This study was done to find out clinical profile, risk factors, compliance with treatment and outcome of RF/RHD cases so as to help medical practitioners in better case management and for suggesting preventive remedies.

Methods

This retrospective study was done in two Government and three private hospitals in Mangalore. Clinical records of 123 patients admitted with RF/RHD were reviewed over the study period.

Results

Most patients were from poor socio-economic class (97.6%) and were of poor nutritional status (59.5%).

History of sore throat infection before disease onset was present in 39% cases. Commonest manifestation was fever (72.4%) followed by polyarthritis (53.7%). Out of 53 cases with RHD most had carditis (52.8%) and mitral stenosis was the commonest valvular lesion (67.9%). Benzathine Penicillin injections was used for treatment in most cases (39.8%). Overall compliance rate with antibiotics was only 30.1%. Mortality rate was significantly more among RHD cases ($P=0.05$) with the commonest cause of death as Congestive Heart Failure (44.4%).

Conclusion

Most cases had sore throat before disease onset and were under nourished and were of poor socio economic status. Compliance rate with antibiotics was found to be poor. Outcome of the disease was found to be fatal if progressed to RHD. This calls for mass screening of this condition and institution of strategies to improve adherence with antibiotics so as to avoid complications.