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ACUTE RHEUMATIC FEVER – CURRENT CONCEPTS

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Abstract: Acute rheumatic fever is the result of an autoimmune response to group A Streptococcus pharyngitis and the long-term damage to cardiac valves is known as rheumatic heart disease and is a notable cause of morbidity and mortality in resource-poor settings around the world. Recognizing the variability in clinical presentation in highrisk population groups, there has been a revision of Jones criteria, which now brings it into closer alignment with other international guidelines for the diagnosis of acute rheumatic fever. Doppler echocardiography has also been included as a tool to diagnose cardiac involvement.

Keywords: Rheumatic fever, Jones criteria, Revised.

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Points to Remember

- Global distribution of ARF/RHD is clearly disproportionate.
- Subclinical carditis has been made as a major criterion in all population groups.
- Echocardiography/Doppler studies helps to identify pathological regurgitation (mitral/aortic valvulitis)
- Aseptic mono arthritis is an important clinical manifestation in specific population groups.
- Normal ESR and CRP levels should prompt serious reconsideration of the diagnosis of ARF except in patients with isolated chorea.

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