

# ACUTE RHEUMATIC FEVER AND VALVULAR DISEASE

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# CASE PRESENTATION

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MA, 20 y/o F, a refugee known to the team with RHD, brought to the medical emergency, with hx of palpitations associated with exertional dyspnoea, easy fatigability and chest pain.

# EMERGENCY ASSESSMENT AND MANAGEMENT

AIRWAY AND C-SPINE	Patent, clear/free of secretions, c-spine intact	-no additional support offered
BREATHING	-Tachypnoeic with RR-26bpm; SPO2-98% on RA; bilateral vesicular breath sounds of equal intensity; no added sounds	-maintain breathing on room air -cardiac bed
CIRCULATION	-BP-103/68mmHg; tachycardic with PR-120bpm, regular rhythm, full volume; CR <2s; S1+S2 with a pansystolic murmur at mitral area; mild pallor; a friction rub present	-gained iv access -bisoprolol -took samples for CBC, RFTs, LFTs, electrolytes
DISABILITY	GCS-15/15, PEARL, no FNDs	-maintained cardiac bed
EXPOSURE	-No evidence of trauma/no external injuries	Patient's coverings maintained

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S	SIGNS AND SYMPTOMS	<ul style="list-style-type: none"><li>-1/7 hx of palpitations described as fast beating and of multiple episodes lasting 1-2 mins each, sharp left sided chest pain worsened by lying flat and deep breathing and relieved by leaning forward; easy fatigability; exertional dyspnoea</li><li>-No lower limb swelling; no PND; no cough</li><li>-Abdominal swelling and weight loss but no hx of dysphagia, odynophagia, anorexia or fever.</li><li>-Bilateral knee joint pains, no joint swelling</li><li>-Other systems unremarkable except hx of sore throat 10/12 prior.</li><li>-reported hx of similar symptoms 10/12 earlier</li></ul>
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# PROBLEM LIST

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Palpitations; chest pain; easy fatigability; exertional dyspnea; abdominal swelling; weight loss

Tachypnoea

Tachycardia

jaundice

Pansystolic murmur

Friction rub

Tender hepatomegaly

Moderate ascites

# DIAGNOSIS AND PLAN

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## ***IMPRESSION***

Acute decompensated heart failure 2º RHD

Rheumatic heart disease with pericarditis and mitral regurgitation

R/o acute rheumatic fever reinfection

R/o infective endocarditis

## ***PLAN***

CBC; RFTS; LFTS; ELECTROLYTES; CRP

ECG/echocardiography

Chest xray

ASOT

# INVESTIGATIONS

CBC	WBC- $6.91 \times 10^3/\mu\text{l}$ (N-4.0-11.0)	Neut- $2.74 \times 10^3/\mu\text{l}$ (N-1.50-7.0)	Lymp- $3.42 \times 10^3/\mu\text{l}$ (N-1.0-3.7)	HGB-9.7g/dl (N-11.0-17.0)	PLT- $253 \times 10^3/\mu\text{l}$ (N-150-400)
LFTs	AST-85.2 $\mu\text{L}$ (N-0.0-40.0)	ALT-54.6 $\mu\text{L}$ (N-0.0-41.0)	ALB-39.7g/L (N-35.0-50.0)	BILD-31.0 $\mu\text{mol/L}$ (N-0.0-4.2)	
RFTs and electrolytes	CREA-77 $\mu\text{mol/L}$ (N-44-106)	UREA-11.1mmol/L-(N-2.7-6.4)	Na-133mmo;/L -(N-135-150)	K-4.39mmol/L-(N-3.5-5.5);	Cl-98.1mmol/L-(N-95-110)

# Investigations continued;

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## ***Echo report***

Severe mitral regurgitation

Severe tricuspid regurgitation with severe pulmonary hypertension

Severe left ventricular systolic dysfunction and grade 3 left ventricular diastolic dysfunction

No vegetations seen

## ***Ecg result***

Sinus tachycardia

St segment elevation

No evidence of AFiB,



# INVESTIGATIONS continued;

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# TREATMENT AND FOLLOW-UP

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IV lasix 40mg BiD

Tabs spironolactone 25mg O.D

Tabs bisoprolol 5mg O.D

Tabs digoxin 0.125mg O.D

IV paracetamol 1g TDS

# CONT-FOLLOW UP

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MA, 20/F with RHD being managed for ADHF, pericarditis and mitral regurgitation.

Pt reports pain and palpitations have reduced but still has easy fatigability and exertional dyspnea. No cough, no lower limb swelling, no fever.

Vitals; BP-80/53mmHg, PR-97bpm, SPO2-96% on RA

G/E- young woman, FGC, wasted, afebrile, not in distress. J+, A+, C<sup>o</sup>, O<sup>o</sup>, L<sup>o</sup>, D+.

CVS; dilated neck veins, PMI displaced to the right, S1 + S2 heard, positive thrill and pansystolic murmur at mitral area.

RS- RR-21bpm, vesicular breath sounds, no added sounds.

P/A, moderate distension with tender hepatomegaly and positive fluid thrill.

CNS; Alert, GCS 15/15, PEARL, no FNDs, no abnormal movements, normal tone and reflexes

Impression

ADHF/RHD/MR/pericarditis

R/O pericardial effusion/tamponade

R/O infective endocarditis

# CONT-FOLLOW UP

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## PLAN

IV fluids RL 500mls BiD

ECG/echo; chest xray;

Stop bisoprolol

Continue tx

Cardiologist review

# THANK YOU

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