Case presentation
Rheumatic Fever: a Forgotten Diagnosis

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Case repost: initial clinical features

- 9-year-old girl previously health
- onset with **migratory arthritis** in her ankles, knees, toes and elbows 3 weeks ago - First visit to the ER
- **No other complains**
- NSAID was prescribed for 5 days with improvement of the symptoms
2^{th} visit ER

- 2 weeks ago the arthritis had returned
- associated with fever and dyspnea
- treated for pneumonia and discharged in 24 hours with partial improvement of the symptoms
3th visit ER

✓ After one week the arthritis returned again and the dyspnea worsened
✓ now associated with retrosternal pain
✓ At this time she was referred to our Hospital

✓ The initial physical examination:
  ✓ tachydyspneic, tachycardic, jugular stasis,
  ✓ mitral murmur of 3+/6+
✓ very painful swollen knees, ankles, wrists and elbows.
Summary of the disease course

- Migratory arthritis

ONSET

- NSAID

✔ What would be the hypothesis in each visit to the ER?
Initial Laboratory findings

- CMV, toxoplasmosis, parvovirus and Epstein-Barr serology’s negative
- ANA and RF were negative
- Urinalysis: normal
- CBC: normal
- high ESR = 48 mm/h
Echocardiogram:

- Thickening of mitral and aortic valve
- Pericarditis
- Moderate-severe mitral regurgitation
- Moderate tricuspid regurgitation
- Mild aortic insufficiency
Questions for the audience:

- What should be the approach to acute arthritis, to avoid this sequence of visits to ER and unnecessary hospitalizations?

- Rheumatic Fever: a Forgotten Diagnosis

- Which laboratory test is missing?

- Should echocardiogram abnormalities be included as major criteria?
Take home message!!!

1º Episode

FATE

More episodes

Disability
Global prevalence of rheumatic heart disease in children ages 5 to 14 years

Prevalence of rheumatic heart disease (cases per 1000)
- 0-3
- 1-3
- 0-8
- 2-2
- 1-0
- 3-5
- 1-8
- 5-7

Lancet Infect Dis. 2005;5:685-694
Revision of the Jones Criteria for the Diagnosis of Acute Rheumatic Fever in the Era of Doppler Echocardiography: A Scientific Statement From the American Heart Association

Michael H. Gewitz, Robert S. Baltimore, Lloyd Y. Tani, Craig A. Sable, Stanford T. Shulman, Jonathan Carapetis, Bo Remenyi, Kathryn A. Taubert, Ann F. Bolger, Lee Beerman, Bongani M. Mayosi, Andrea Beaton, Natesa G. Pandian and Edward L. Kaplan

on behalf of the American Heart Association Committee on Rheumatic Fever, Endocarditis, and Kawasaki Disease of the Council on Cardiovascular Disease in the Young

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THANK YOU

One sometimes finds what one is not looking for.

(Alexander Fleming)

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