

HLA IN PATIENTS WITH RHEUMATIC MITRAL STENOSIS

THESIS

Submitted For The Partial Fulfillment Of Master Degree
In Cardiology

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ACKNOWLEDGMENT

It was a privilege to be supervised by **Prof. Dr. Mohsen Mohamed Rashad**, professor of cardiology Ain Shams University. I am greatly indebted to him for his kind and constant guidance, continuous encouragement, his fruitful and deep discussion that helped me in achieving this thesis.

I wish to express my sincere thanks to **Prof. Dr. Rasha Khalil**, head of clinical immunology unit Ain Shams university for her advice, guidance and encouragement through out the duration of this work.

It was a nice opportunity to work under supervision of **Dr. Mervat Aboulmaaty**, Lecturer of cardiology, Ain Shams university. I am greatly indebted to her for her advice, and constant guidance all through the present work.

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LIST of aberration

A	anterior
ASOT	antistreptolysin O test
C3	complement
CD	cluster determinant
C.	Doppler continuous Doppler
CRP	C reactive protein
2D	two dimensional
Dias. murm.	diastolic murmur
Dys	dyspnea
Dyspep.	dyspepsia
ESR	erythrocyte sedimentation rate
enl.	enlargement
Emb. man.	embolic manifestation
F	female
GIT	gastrointestinal tract
Hemp.	hemoptysis
HLA	human leukocytic antigen
Ia	invariant antigen
IFN	interferon
Ig	immunoglobulin
LAP	long acting penicillin

Introduction

Rheumatic fever is an immunological reaction to group A beta hemolytic streptococci in individuals who have genetic predisposition .There is significant higher frequency of HLA A10, HLA DRw11 with rheumatic fever in Turkish population (Olmez et al ,1993).

Khosroshahi et al 1992 found positive association between HLA DR and rheumatic fever while negative association between HLA A2 and rheumatic fever. Moreover they found significant association between HLA DR4 ,and carditis but not with isolated arthritis. These results corroborate the concept of race specific genetically determined familial susceptibility to develop rheumatic heart disease. (Khosroshahi et al ,1992).

HLA-DR7, and HLA-DRw53 are markers for susceptibility to rheumatic fever and rheumatic heart disease in Brazil. These results could be explained by genetic difference resulting from racial or geographical diversity (Guilherme et al ,1991)

The disease susceptibility gene in rheumatic heart disease may be nearer to the HLA-DQ locus

than to HLA-DR , HLA DQw2 was 63.4 % in the patients versus 31.5% in control, while HLA DR2 was 21.15 versus 64.6%. **(Taneja et al ,1989).**

HLA DR4 are more common in patients with rheumatic valvular affection than those without evidence of valvular lesion. **(Rajapakse et al ,1987).**