THE ASSESSMENT OF RHEUMATIC FEVER IN THE PEDIATRIC CARDIOLOGY CLINIC IN THE LAST FOURTEEN YEARS

Thesis

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Master Degree in Pediatrics

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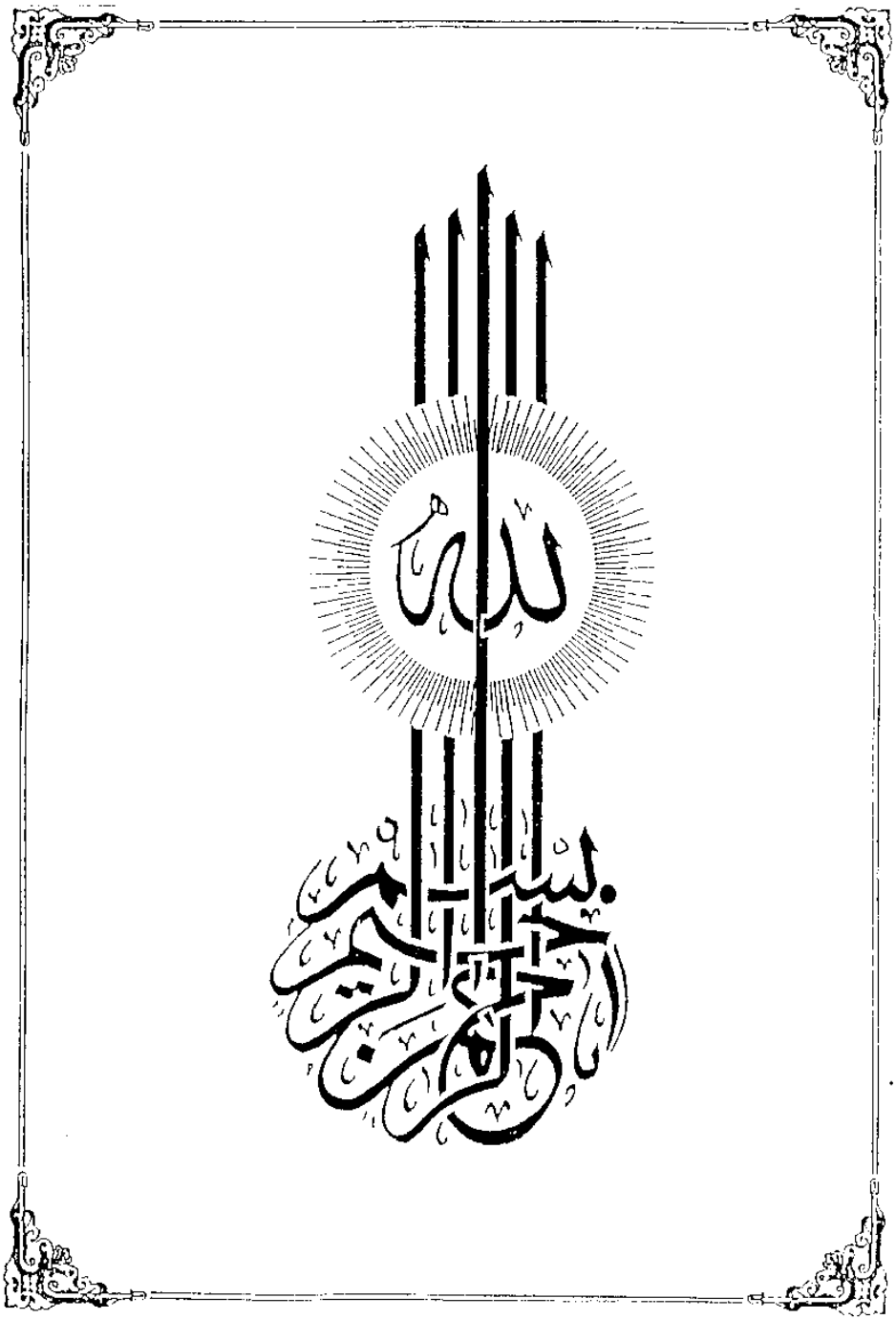
بسم الله الرحمن الرحيم

"وما أوتيتم من العلم إلا قليلا"

صدق الله العظيم

(سورة الإسراء الآية ٨٥)

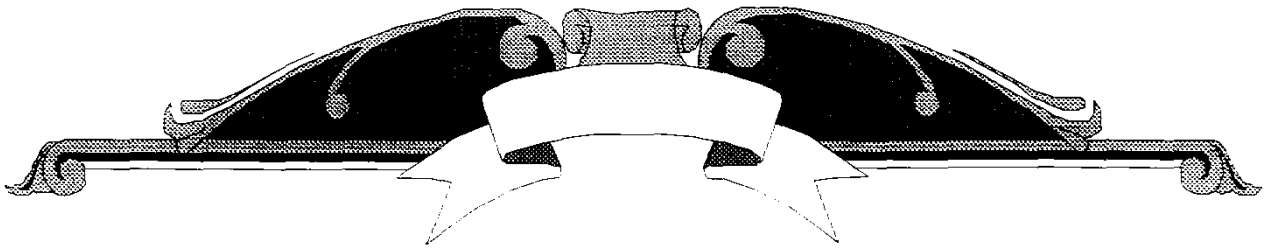


To my parents

To my Prof. Said

To my wife

To my Daughter



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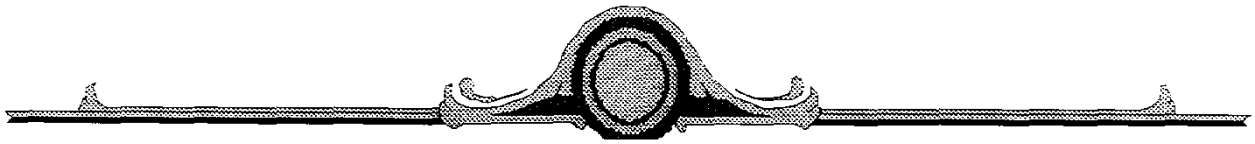

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INTRODUCTION

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Rheumatic fever is one of the most important preventable diseases in children. Although in developed countries there is a dramatic decline in the incidence of rheumatic fever and rheumatic heart disease, they still remain a leading cause of heart disease in developing countries (*Kotby*, 1983 & *Imamoglu*, 1988).

In developing countries rheumatic fever and rheumatic heart disease are the leading causes of cardiac death in people under fourty five. Rheumatic heart disease causes 25-40% of cardiovascular disease in all age groups (*Taranta*, 1981).

It was known through various studies that genetic factors play a role in the susceptibility of individuals to rheumatic fever (*Hafez*, 1994).

In Egypt, there is higher incidence and prevalence of rheumatic fever due to high waves of urbanization and mass migration of population from rural areas to cities and towns resulting into a problem of bad housing and over-crowding with increasing number of slum areas. Egypt is one of the countries which has the highest mortality from rheumatic heart disease (who, 1988)

The prevalence of rheumatic heart disease in school-age children in Egypt was 10 per 1000 in 1973. *(Strasser & Rotta, 1973).*

However, the data concerning the exact incidence of rheumatic fever and the prevalence of rheumatic heart disease are so far lacking and the available data are based on small morbidity surverys, hospital admissions and school health statistics. *(El - Shennawy et al., 1987).*

AIM OF THE WORK