

Rheumatic ♥ Disease Pathology Team

These are the companion notes
for the HANDOUTS given by Dr. Sufia Hussain
You can study from: Them + The Pathology Handouts

N.B. The” 📖 “means it is an important MCQ

This was made by:

Dona Baraka - Nourhan Al-Shamma' - Dina Al-Kuhaimi - Reham Al-Hunaki

In Cooperation with:

The Male's Pathology Team

Rheumatic Fever and Heart Disease:

A patient develops: tonsillitis/a sore throat, **caused by** a group “A” streptococci
(**pharyngitis:** inflammation of the pharynx – throat)

If it wasn't treated (patient didn't take Antibiotics for it) it'll go away BUT:

→ in few weeks, patient will start having this disease's symptoms (Rheumatic Fever and Heart disease)

Synovium: wall of “synovial joints”

Morphology:

Acute Rheumatic Fever: affects a wide range of tissues (not just the heart)

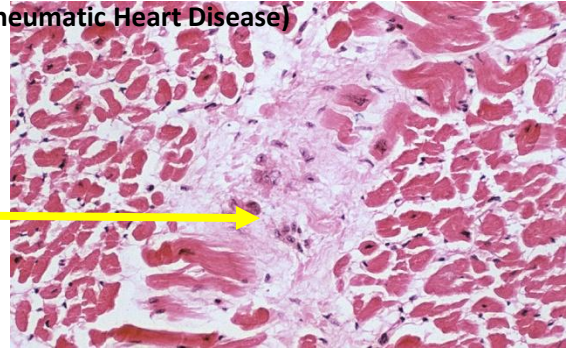
Acute Rheumatic Carditis: Pancarditis affects all the layers of the heart (PAN means everything)

Fibrinoid Necrosis → mixed inflammatory reaction → **Fibrosis (Chronic Rheumatic Heart Disease)**

❖ **Serosanguinous:** consisting of serum of blood

 **Aschoff Bodies:**

Location: adjacent/within myocardium



Uncommon within valves but

it occur during “acute rheumatic carditis”

it occur during “chronic rheumatic ♥ disease” to valves with “previous acute valvulitis”

Histiocytes: macrophages + multinucleated giant cells (fixed macrophage)

Vegetations: abnormal growth of the body

Deformities: تشوهات

Involvement of other organs:


Arthritis: in large joints (not fingers), pain migrates (moves from a place to another)

Erythema Marginatum: redness margining in skin

❖ It is **more common** to the left side of the heart (than the right)
could cause: **Lt. atrium Hypertrophy** and **Lt. ventricular Hypertrophy**

❖ **Regurgitation:** valves opening the other way

Clinical:

 **Anti-streptolysin O (ASO) will be high** if the patient has the disease

For diagnosis of Rheumatic Fever, we need:

- 1- Evidence of a “Streptococcal infection” (ASO, DNase)
- 2- Presence of **2 major criteria** OR **1 major and 2 minor criteria**

 **Major Criteria for Diagnosis of it:**

Polyarthritits: inflammation of large joints

subcutaneous nodules: mainly over bones or tendons

 **Minor Criteria for Diagnosis of it:**

Leukocytosis: WBCs formation

Differentiate between major one and minor ones