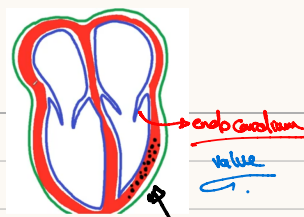


lecture 2

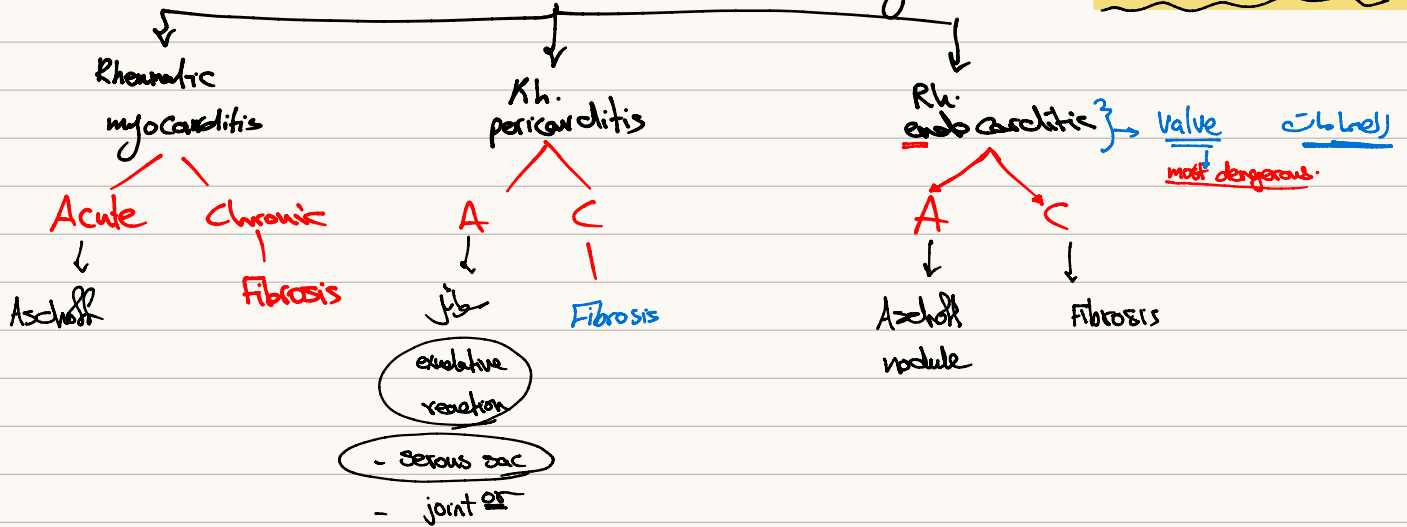
the Acute phase.

- Aschoff nodule
- or

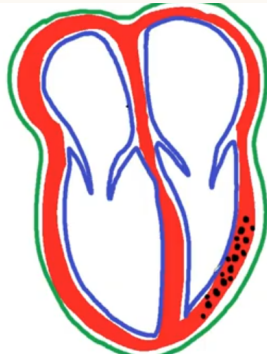
Cardiac lesion of Rheumatic Fever



Pancarditis: all the three layers affected at the same time.

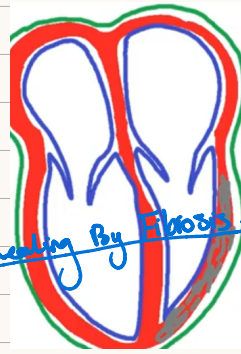


2-10 years → to Begin Fibrosis After Acute phase.



Dr. Samen Gnazy

Rheumatic myocarditis
acute
mainly in Lt. vent



Dr. Samen Gnazy

Chronic
fibrosis
myocardial scarring
→ chronic heart fail

Rh. Myocardium

Acute phase: Fibroid necrosis
Aschoff nodule
in myocardium
mainly Lt vent

Chronic phase: Fibrosis
Fibrosis & scarring of Lt vent
↓
Chronic HF

o Rh. of pericardium

Serofibrinous pericarditis

Acute

Chronic phase

exudative reaction

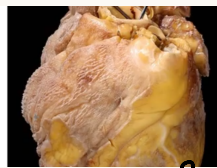
serofibrinous pericarditis

Between the two layers of pericardium

Serous Fluid + Fibrin → bread & pattern appearance.

Acute phase of RF pericarditis

توسط اذنية زلبة لخلل ايسواني



Fibrin.

parietal
visceral

resolves if mild

تتراجع اذا كان خفيفا

هو اوجعية الى بقاء
لوسيلة متوسطة

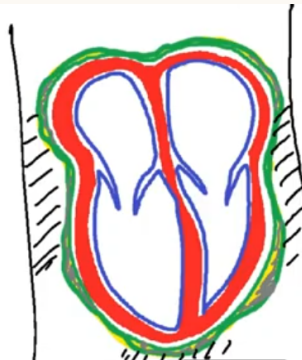
تتراجع في كثير من الحالات
كما في التهابات

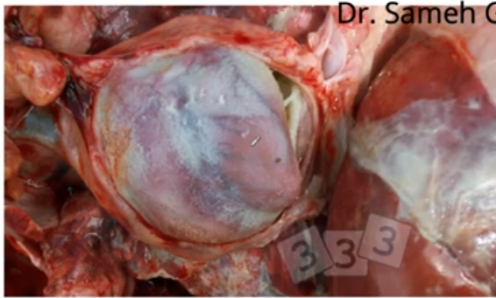
Chronic phase of Milk patch

لا يشفى ويحل محلها Fibrosis من قشرة

healing By Fibrosis

adhesion Between two layers of pericardium and adhesion with surrounding structure.





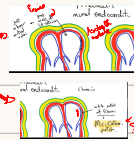
Dr. Sameh Gh

Limit the contractility of the heart and lead to ↓ Blood in our Body

Milk spot (patch)

Rheumatic endocarditis

Rh. mural endocardium



Rh. valvular endocardium



Collagen

مصنوع

most common happen on left

↑ Mitral & aortic

RI → ↑ Jst Load

nlms

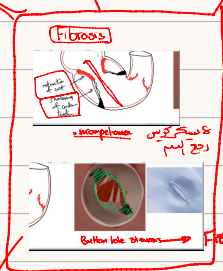
Less common on

Fibrosis

retrograde myocardium

Fibrosis across valve → stenosis

Both ↓ double valve lesion



نقص في

Mitral valve on atrial surface.

vegetation

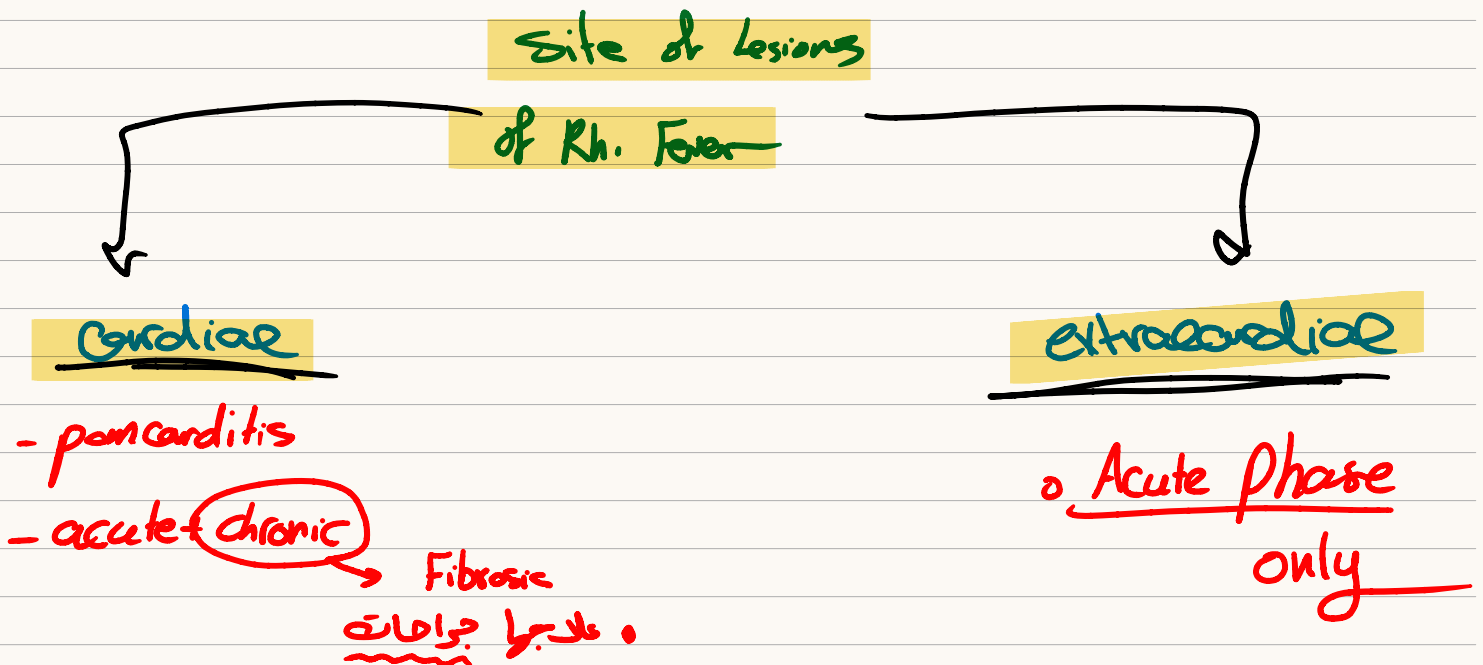
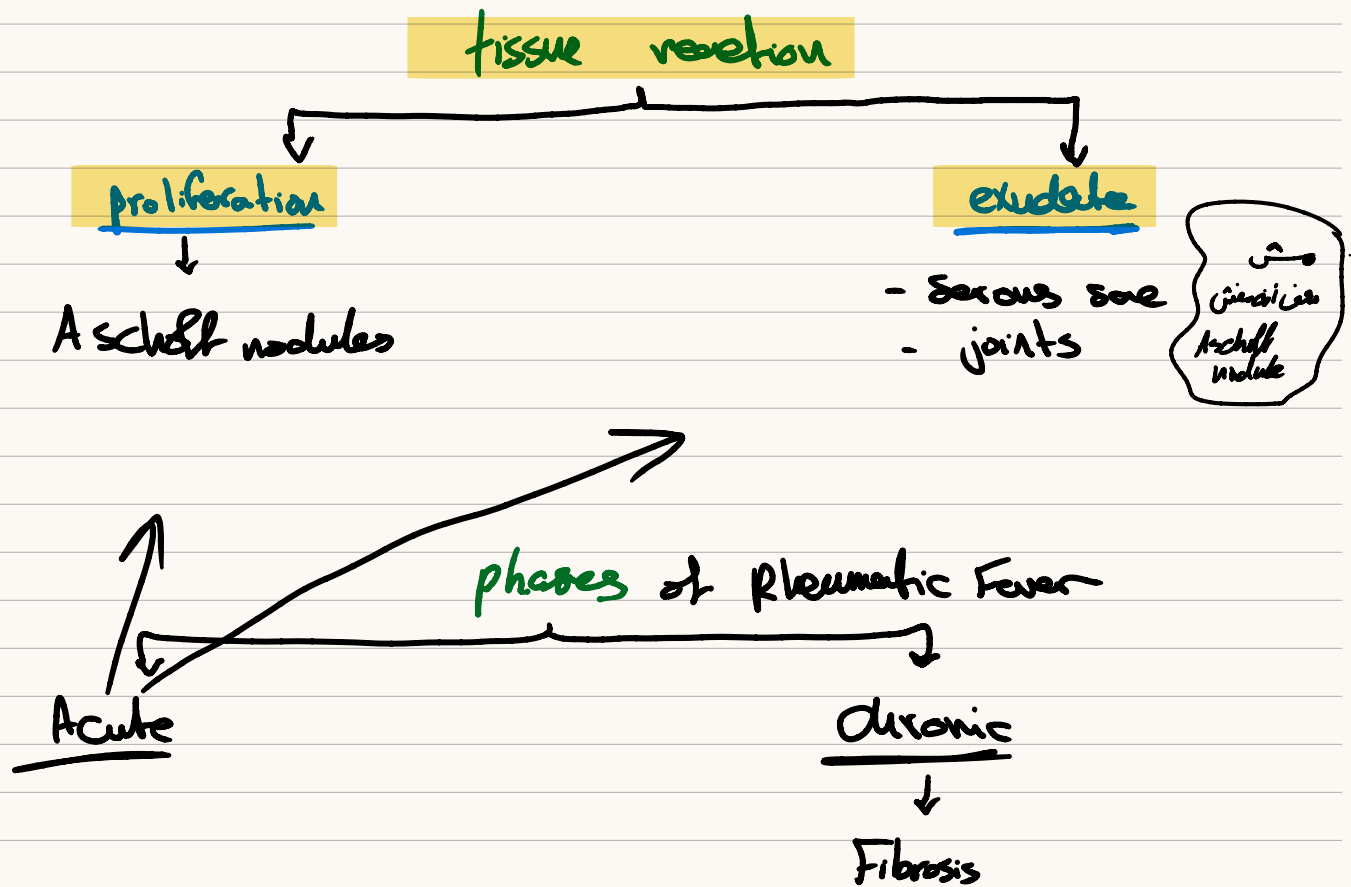
aortic valve

Lt. ventricle

Lt. vent

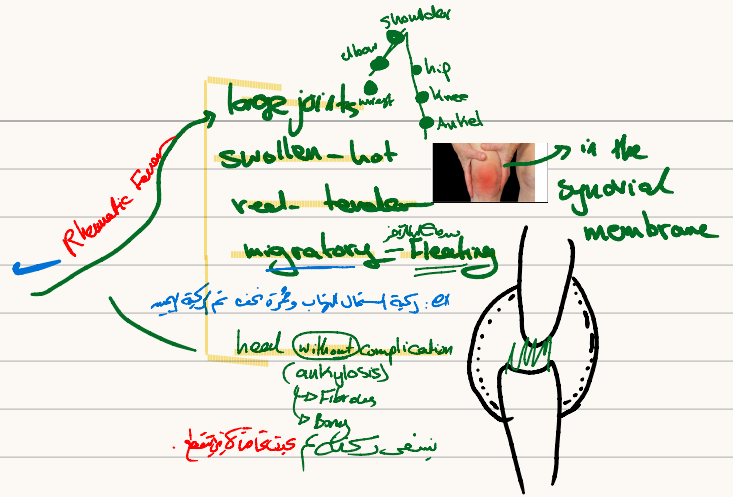
on ventricular surface

Lecture 3



extracardiac lesion

- joints → **polyarthritis**



Rheumatoid arthritis

- common in Female (30-40)
- small joints not large
- thickness complication



Rheumatic Fever

- heal without any complication.

- subcut. tissue → **Rh. nodules**



Aschoff nodules
 كسجزلاتية بارزة
 على السطح
 external side of elbow

2 - skin → **erythema marginatum** (well-defined margin)

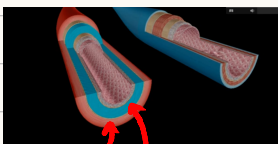


Skin rash



trunk
proximal part & extends

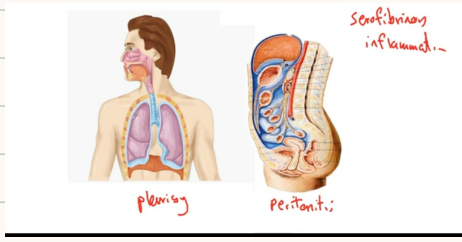
- Arteries → **Arteritis**



media
adventitia.

طاش دكوة في الحارة pericarditis حكة ساري pancytopenia

- serous exudates → serofibrinous inf.



- CNS → chorea حركات غير متوقعة سريعة

و ازالة ترمصقوة ليرافق
dance-like movement

↑ Female

inflammation in the Basal ganglia

يتوقف الـ

manifestations of

Rh. Fever

Jones Criteria

At least

2 major
or

1 major + 2 minor

major

heart - pancarditis
joint - polyarthritides (swelling) (pain)
CNS - chorea
skin - extreme macroglossia
spleen - C. Rh. nodules

Minor

(labo)

- ESR - ↑ CRP
- Leukocytosis.
- Fever

Rheumatic Fever: Diagnosis

- Modified Jones' Major criteria:
- 1. Pancarditis: pericardial friction rub, weak heart sounds because of pericardial effusion, tachycardia, & arrhythmias
- 2. Polyarthritides: migratory, large joints, non deforming
- 3. Sydenham's chorea
- 4. Erythema marginatum: maculopapular rash
- 5. Subcutaneous nodules

- One major.
- two minor.

algia
التعبير عن الألم

- Minor clinical:

- Minor Laboratory:

- Acute phase reactions

- High ESR *erythrocyte sedimentation rate*
- Increased C reactive protein
- Leukocytosis

- Prolonged PR interval on ECG

Created by Notein

Fibrosis ? cu mo ns ib is ←

myocarditis → myocardial scarring → HF
↑

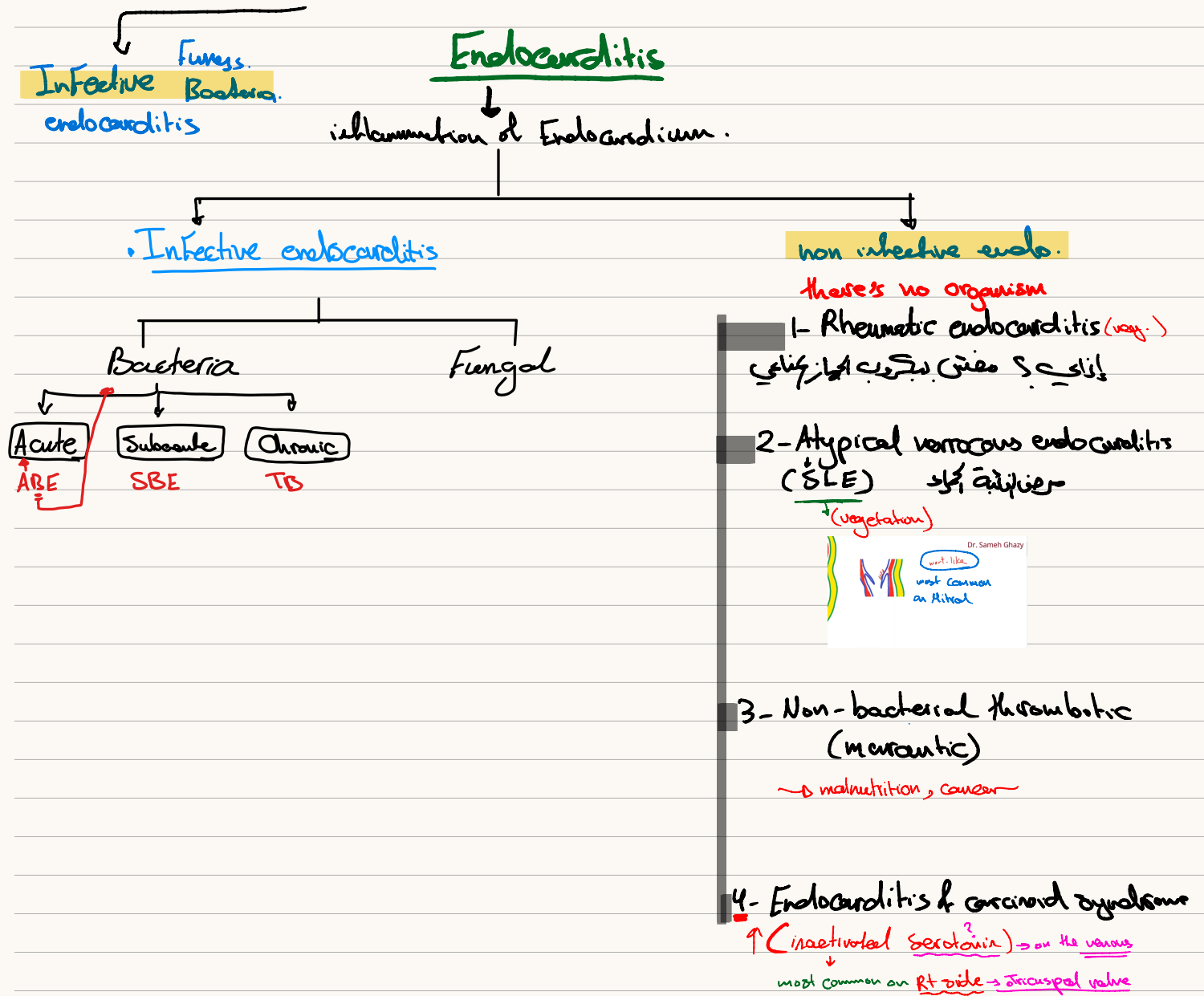
pericarditis → if severe → fibrosis → adhesion

Mural → Mc-Callum's patch → thrombus embolism
endocarditis.

Root dangerous
 → ~~Valvular~~ → vegetation → Fibrosis
 → stenosis
 → double lesion
 → SBE → Suba

► SBE → Subacute Bacterial Endocarditis.

Lecture 4



	ABE	SBE
Organism	Staph. aureus	Strept. viridans 95%
mode of infection	From septic focus ex: abscess	after tooth extraction
Valve before lesion.	healthy valve	Rheumatic valve. Valve with congenital disorder. prosthetic valve.
decisions	Valve:- - oedematous inflammation valve - congested - vegetations large friable yellowish sup	valve:- - shows picture of previous dis. + vegetations inflammation valve large friable brownish
HP	- platelets - Fibrin → not adherent. RF SUG - Bacteria → Pyogenic Bacteria. - PMNL + pus cells absent	- platelets - Fibrin - Bacteria. Non pyogenic Bacteria. - No PMNL or pus cells.
effect and complications.	- Severe toxemia - embolic manifestations. - septic emboli ← RF SUG ↓ pycemia. Perforation and reapture of cusps sudden incompetence • Fetal → toxemia. → pycemia → reapture of valve.	- toxic manifestation. - Fever - petechial Hge - splinter Hge? - splenomegaly in the vessels - clubbing of Fingers → hyperplasia of CT in nail bed - embolic manifestations. - Low grade infective emboli not pyemia Keros no pus. → occlusion of BV → infarction → vasculitis - osler's nodes → skin → Mycotic aneurysm? - Roth's spot → retina → healing By Fibrosis - Cardiac complication. healing By Fibrosis - Stenosis - incompetent - double lesions.
Course	Fast rapid and progressive	n years slow years.

Valvular
diseases — stenosis
 or
 incompetence

- most common cause. → RF .
- 2nd common cause. → SBE .
- rare common cause. → Congenital .