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SECTION A: MEDICAL, DENTAL AND VETERINARY SCIENCES

A-01

AN EVALUATION OF JONES CRITERIA FOR DIAGNOSIS OF RHEUMATIC FEVER IN SRI LANKA

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The clinical manifestation of Rheumatic Fever (RF) in Western countries differ from those in Sri Lanka. Therefore the modified Jones criteria¹ may need modification to satisfy local requirements. This communication is based on 265 patients, 83 males and 182 females between 13 - 55 years, followed up at the Teaching Hospital, Peradeniya.

84 patients were diagnosed after they developed chronic rheumatic heart disease. They had taken treatment from ayurvedic or local dispensaries for acute attacks. 92 patients fulfilled the necessary diagnostic criteria. Evidence of preceding streptococcal infection was present in 60 patients. Subcutaneous nodules were present in 2. Erythema marginatum was absent. Out of 124 patients who had chronic rheumatic heart disease, 25 did not give a history of RF. The other 99 patients gave a history of RF. 79 (80%) of them had recurrences and 30 patients did not have a history of typical migratory polyarthritis. In them the knee joint was the most frequently affected 85%, followed by ankle 70%.

Out of 12 patients with chorea, Jones criteria were satisfied by 4 only. Out of the other 8, 4 developed polyarthritis or carditis subsequently.

As this study reveals, proving streptococcal infection presents problems. Rare features such as subcutaneous nodules and Erythema marginatum are of little practical importance. It is suggested that Sydenham's chorea be taken as an almost diagnostic feature. Same diagnostic significance should be attached to insidious carditis, only represented by mitral stenosis or multiple valve lesions. Monoarthritis and atypical polyarthritis involving knee and ankle in females, with a history of relapses, merits special recognition.