



ACUTE RHEUMATIC FEVER IN CHILDREN

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Introduction. The outcome of ARF is often the development of chronic rheumatic heart disease with the possible formation of rheumatic heart disease. Recognition of the direct connection between the development of ARF and streptococcal infection, observance of the principles of mandatory antibiotic therapy for streptococcal tonsillopharyngitis, ARF, and strict adherence to the principles of secondary prevention of rheumatism with the use of penicillin made it possible to reduce the incidence of ARF. However, the ARF problem cannot be considered solved.

Purpose. To study the features of the clinical manifestations of ARF in children to optimize early diagnosis in children in the Samarkand region.

Materials and methods. A retrospective analysis of 162 case histories of children hospitalized in a monoprofile clinic of Samarkand Medical University in 2022 with acute rheumatic fever was carried out. The average age of children with ARF was 12 ± 2.3 years (4.5–15 years). Rheumatic fever, both acute and recurrent, more often developed in girls - the ratio of girls and boys was 4:2. ARF and BPD were diagnosed according to the Kisel-Jones criteria. When examining children, standard clinical, anamnestic, laboratory and instrumental methods (ECG, ECHOCG) were used.

Results. The relationship between the development of the disease and a bacterial respiratory infection (tonsillitis and pharyngitis) transferred over 2–3 weeks was identified in the anamnesis in less than half of the children (53%). Most patients did not have data on acute respiratory infection in the 2-6 months before hospitalization. The leading clinical syndrome in 73% of children with rheumatic fever was polyarthritis, carditis (34%), chorea (41%), annular erythema (9%). In ARF, the acute onset of the disease prevailed (71%). ECG changes were observed in all children with carditis.

Articular syndrome developed in more than half of the children (57%). Against the background of typical clinical symptoms and localization of arthritis, some children (40%) had arthritis and arthralgia of the small joints of the feet (20%), hands (16%), and pain in the lumbosacral spine (16%).

All patients showed signs of intoxication syndrome in the form of general weakness, lethargy, loss of appetite, headache, pallor of the skin, and a decrease in academic performance in schoolchildren.

An increase in the ASLO level as a marker of streptococcal infection was observed in 87 patients. In the general blood test, leukocytosis was observed in 63 sick children. A shift of the leukocyte formula to the left was more often noted. Also, the anamnestic data revealed that not all children received standard treatment, in particular, bicillin prophylaxis was carried out at low doses, and some children did not undergo echocardiography at the primary level. In addition to ARF, comorbidities were identified in children : anemia of I and II degrees, helminthic invasion, enuresis, primary pyelonephritis, calcium-penic syndrome and dental caries.

Conclusions. Thus, according to a retrospective analysis, it was found that the difficulties in diagnosing children with chorea in whom symptoms of a latent course of carditis were only instrumentally determined indicate a low alertness of primary care physicians. Only a comprehensive analysis of clinical data allows timely diagnosis and appropriate therapy. Our study shows the need for further research to improve the diagnosis and treatment of ARF.