


PRACTICAL ILLUSTRATIONS
OF THE GUIDELINES AT
WORK

DIAGNOSIS

- 26 yo female with no history of rheumatic heart disease
- Presents with migratory polyarthritits
- PR interval 'almost' 0.2 seconds
- Borderline elevation of Anti-DNAase B titre
- Borderline elevation of antistreptolysin O titre

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- Diagnosis deferred pending echocardiography
 - Echo delayed for two months
 - Echo revealed moderate mixed mitral valve disease
 - Antibiotic prophylaxis commenced
 - Repeat echocardiography six months later revealed moderate mitral stenosis and moderate mitral regurgitation
 - Repeat scanning recommended at 12 months

SURVEILLANCE

- 22 year old female with mild mitral stenosis following acute rheumatic fever in childhood
- Itinerant lifestyle
- Lost to follow up for 6 years
- Presented with out of hospital cardiac arrest
- Prolonged recovery from hypoxic brain injury
- Balloon valvuloplasty with stable mild mitral stenosis on follow up

PROPHYLAXIS

- 23 year old female with acute rheumatic fever at age 10
- Echocardiography reveals very mild thickening of mitral valve with no significant stenosis or regurgitation
- Recent delivery of healthy baby boy, now six months post partum
- Presents for consideration of cessation of bicillin prophylaxis

PREGNANCY

- 19 year old female presenting at 13 weeks in first pregnancy
- History of rheumatic fever aged 12 with mild mitral valve disease
- Compliant with regular bicillin therapy
- Relocated to Adelaide at end of second trimester to be with family
- Managed at LMH throughout this period
- Safely delivered a healthy daughter at term with no haemodynamic issues

PROSTHETIC VALVE

- 21 year old female with prosthetic aortic and mitral valves due to rheumatic valvular disease
- Variable compliance with warfarin therapy
- Strongly desired children
- Improved compliance
- Closely monitored and changed to Clexane during early pregnancy
- Moved to Adelaide mid-pregnancy
- Safely delivered a healthy child at 37 weeks