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## Challenges in tackling rheumatic heart disease in developing world

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**Statement of the Problem:** Rheumatic Heart Disease (RHD) is a major cause of long term morbidity and premature mortality in developing world. It is a disease causing damage to the cardiac valves which is sequel to Acute Rheumatic Fever (ARF) developing after infection with group A Beta hemolytic streptococcus. The important fact is that this disease is preventable and controllable. It may lead to chronic morbidity with repeated hospitalization and often unaffordable cardiac surgery.

Rheumatic fever affects school aged children primarily and over 330000 children between the ages of 5 and 14 years are affected by rheumatic fever each year with global prevalence of 0.3-5.7/1000. Deaths from rheumatic heart disease are estimated between 250 000 and 468 000 annually. A single tertiary cardiac centre in western India registered 120 deaths in a year.

The improvement in the living standards with better sanitation, avoidance of overcrowding and overall betterment in healthcare system will improve the above figures. The other important areas where the disease can be attacked are - community awareness regarding the disease, and Primary and secondary prophylaxis. In India there is no structured community awareness program on Rheumatic fever. Community awareness regarding relationship of sore throat and joint pain with the heart disease may lead to early healthcare seeking, which will lead to improved primary prevention and early detection of acute rheumatic fever. Registry of acute rheumatic fever and RHD cases will help in ensuring regular secondary prophylaxis. Injection Benzathine Penicillin is most commonly used medicine for secondary prophylaxis. It is very cheap but yet not available in most of the government hospitals.

**Conclusion & Significance:** Community awareness regarding RF/RHD, early case detection and ensuring regular secondary prophylaxis with registry system are some of the preventive strategies to reduce morbidity and mortality due to RHD in developing world.

## Recent Publications:

1. Porth C. Essentials of pathophysiology: concepts of altered health states. Hagerstown, MD: Lippincott Williams & Wilkins; 2007
2. Carapetis JR, Steer AC, Mulholland EK, Weber M. The global burden of group A streptococcal diseases. Lancet Infect Dis. 2005;5:685-94
3. Steer A, Colquhoun S, Noonan S, Kaelo J, Viali S, Carapetis J. Control of rheumatic heart disease in the Pacific region. Pac Public Dialog. 2006;13:49-55.
4. Marijon E, Mirabel M, Celermajer DS, Jouven XL. Rheumatic heart disease. Lancet. 2012;379:953-64
5. Prasad A, Kumar S, Singh BK, Kumari N (2017) Mortality Due to Rheumatic Heart Disease in Developing World: A Preventable Problem. J Clin Exp Cardiol. 8: 503.

## Biography

Arun Prasad is working as Assistant Professor of Pediatrics in Emergency department at All India Institute of Medical sciences, Patna. He has previously worked in Pediatric cardiology department for 5 years. He has an experience of 10 years of doing echocardiography. He is keen to improve morbidity and mortality due to Rheumatic heart disease in the region. He has developed Rheumatic heart disease control committee in the institute he is working in. In December 2016 he highlighted the burden of Rheumatic heart disease in world cardiology congress at Dubai.

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