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Single versus divided-dose steroids in treatment of rheumatic carditis

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Introduction: Patients with rheumatic carditis and more than minimal cardiomegaly and/or congestive heart failure should receive corticosteroids. The usual dose of prednisolone is 2 mg/kg/day in 4 divided doses. We aim by this study to compare the regimen of giving steroids in a single daily dose with that of giving them in four-divided doses.

Patients & Methods: The study was conducted on 24 patients having rheumatic carditis. 12 patients were started on prednisolone at a dose of 2 mg/kg/day in a single daily dose 2-3 weeks. The other 12 patients were started on prednisolone at a dose of 2 mg/kg/day in four divided doses for 2-3 weeks.

Results: There was no significant statistical difference between the two groups of patients as regard the duration of treatment before remission. No complications related to steroids were observed in any of our patients.

Conclusion: Prednisolone, as a single morning dose is as effective as divided doses for treatment of rheumatic carditis with no higher risk of complications. As single dose steroid therapy is likely to be associated with better drug compliance, we recommend it as the regimen of choice for treatment of rheumatic carditis.

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