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Title: EVALUATION OF DIAGNOSTIC SCORE FOR RHEUMATIC HEART DISEASE (DSR) TO ASSESS PROGRESSION OF SUBCLINICAL RHD AT 7 YEARS FOLLOW UP

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Background & Aims: The 2012 World Heart Federation Criteria are the current gold standard for the diagnosis of subclinical rheumatic heart disease (RHD). We evaluated Diagnostic Score for subclinical RHD (DSR), as proposed by our group based on components of the World Heart Federation criteria to assess progression of subclinical RHD at 7-year follow-up.

Methods: 21 cases of subclinical rheumatic heart disease diagnosed by using WHF criteria during 2015-16 were followed-up at 7-years. These subjects were also assessed by DSR based on components of the World Heart Federation criteria. Components selected for scoring purpose were mitral valve anterior leaflet thickening, excessive leaflet tip motion, Doming/reverse doming of AML, thickened Chordae, MR jet length & velocity and aortic valve focal thickening/prolapse/restricted movements & pathological AR jet length & velocity.

Results: DSR showed a reduction in pathology in 72 % cases while WHF criteria could identify reduction in only 52 % of the cases. It is quantitative, similar for all age groups, correlates linearly with disease severity and having differential score for the valve lesions; higher points for lesions more likely to be associated with RHD. All cases were on Rheumatic fever penicillin prophylaxis except 2; one had reaction with all forms of penicillin/erythromycin and one refused to take prophylaxis. Results are shown in Table.

Conclusions: Our study shows Diagnostic Score for subclinical Rheumatic Heart Disease (DSR) is a very useful tool to diagnose with more accuracy and to detect minor changes more precisely for assessing progression/regression of subclinical RHD lesions, since Scoring system is more quantitative with no interobserver variability.