

WORLD CONGRESS ON RHEUMATIC HEART DISEASE

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Title: TRENDS IN RHEUMATIC HEART DISEASE IN EGYPT (2006-2023): DATA FROM THE NATIONAL RHEUMATIC HEART PREVENTION AND CONTROL PROGRAM

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Background & Aims: Rheumatic heart disease (RHD) is one of the leading non communicable disease in low- and middle- income countries, it affects young people and if neglected it can lead to serious complication and premature death. To reduce the large number of deaths caused by RHD in Egypt, the national RHD prevention and control program was established in 2006 through 30 RHD centers distributed all over the country that are connected to tertiary level cardiac centers. All the international guidelines for identification and management of pharyngitis, Rheumatic fever (RF) and RHD are applied in the program. The prevalence rate of RHD is 4

Methods: A cross sectional study was conducted in RHD center. Over a decade (2006-2023) a total of (24109) were enrolled and evaluated. Data collection was done through direct interviewing using a pre- designed questionnaire. Although John's criteria were used for diagnosis of all cases, ECG and color Doppler echocardiography are considered the gold standard for RHD diagnosis.

Results: 24045 cases were examined most of the screened subjects were in the age group 5-15 years (69.0%), females (63.2%), rural residents (61.2%), had primary education (42.9%), and of low socioeconomic standard (50.0%).

Screening of siblings and relatives of RHD case revealed 5% cases suggesting hereditary or familial tendency of the disease, 12% case were diagnosed with RHD, 14% had Rha, and 37% were free of any cardiac insult, 37% were misdiagnoses.

Conclusions: Misdiagnosis of RF is still high. Lack of data documentation and poor compliance with LaP may affect efforts for prevention of disease complications. Updating national guidelines, strengthening the quality of LaP, data collection and documentation, increase awareness of RHD screening and prophylaxis and reliance on appropriate investigation should be emphasized. The presence of hereditary or familial tendency for RF needs to be confirmed by further investigations.