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A Brief Overview on Rheumatic Heart Disease and its Treatment

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DESCRIPTION

Rheumatic heart disease occurs when the heart valves are persistently damaged as a result of respiratory infections. Heart valve damage can occur rapidly after an untreated or under-treated *Streptococcal* infection, such as strep throat or rheumatic fever. An immunological stimulatory effects an inflammatory response in the body, which can lead to long-term valve damage. Inflammation induced by rheumatic fever can cause damage to any area of the heart. The outside lining (pericardium), inner lining (endocardium), and valves are all included. Valvular heart disease, pericarditis, endocarditis, and heart block are all associated to disease.

The heart valves are the most often affected part of rheumatic heart disease. It may take several years after a rheumatic fever attack for valve damage or symptoms to develop. Although rheumatic fever can infect any heart valve, the mitral valve, which connects the two chambers on the left side of the heart, is the most usually affected. The damage can result in valve stenosis, valve regurgitation, and heart muscle injury. Valve stenosis is the narrowing of a valve that inhibits blood flow. When blood seeps backward through a valve instead of forward this is known as valve reflux. The inflammation caused by rheumatic fever can cause damage to the heart muscle itself. The heart's ability to pump blood adequately may be compromised as a result of the injury. Valve problems can eventually lead to atrial fibrillation or heart failure.

An inflammatory condition that can damage numerous connective tissues, including the heart, joints, skin, and brain, causes rheumatic heart disease. This can cause the heart valve to constrict or leak, making it difficult for the heart to operate correctly. It might take years for this to manifest and it can lead to heart failure. Chest pain or discomfort, shortness of breath, swelling of the stomach, hands, or feet, fatigue, and a rapid or irregular heartbeat are all symptoms of rheumatic heart disease.

Some rheumatic heart disease complications include heart failure is a serious condition. Bacterial endocarditis can be caused by a severely constricted or leaky heart valve. It can happen as a result of rheumatic fever causing damage to the heart valves as well as pregnancy and delivery complications caused by heart injury. Before becoming pregnant, women with rheumatic heart disease should consult with their doctor about their situation. A cardiac valve has ruptured. This is a life-threatening situation. It requires surgery to replace or repair the heart valve.

Treatment

Rheumatic heart disease has no treatment and the damage to the heart valves is irreversible. Patients with severe rheumatic heart disease will almost always need surgery to replace or repair damaged valves. Medication may be required to manage symptoms of heart failure or irregular cardiac rhythms depending on the severity of the condition. Blood-thinning medications may also be required to lower the risk of blood clots. If the illness is severe surgery to repair or replace the heart valves may be necessary.

Prevention

Rheumatic heart disease can lead to premature death if not treated early enough. Reduce the risk factors for rheumatic fever (primordial prevention), primary prevention of rheumatic fever and rheumatic heart disease, and secondary prevention (prophylaxis) of rheumatic fever and rheumatic heart disease. The goal of primary prevention is to prevent strep throat infections by reducing inequality, improving living and housing conditions, and expanding access to health care. Primary rheumatic fever prophylaxis can be done by effectively treating strep throat with adequate medicines (penicillin). Secondary prophylaxis means once a patient has been diagnosed with respiratory infections, it is critical to avoid further *Streptococcal* infections, which might result in another case of disease and further damage to the heart valves. Antibiotics are given to a patient over a lengthy period of time to prevent further *streptococcal* infection. The most successful antibiotic therapy for avoiding subsequent infection is benzathine penicillin G, which is administered intramuscularly every 3-4 weeks for many years.