



Rheumatic heart disease (RHD)

1. How does acute rheumatic fever cause rheumatic heart disease?

RHD is the result of damage to the valves of the heart that results from an abnormal immune response to group A streptococcal infection (certain strains only), usually during childhood. It can also affect the joints (arthritis), the skin and the brain.

2. Why is RHD two times more likely to affect women than men?

The female preponderance of acute rheumatic fever remains controversial – some have suggested its due to social factors such as child rearing, which might result in mothers being exposed repeatedly to group A strep, access to health care or genetically-mediated immunological factors that predispose women to autoimmune diseases.

3. Acute rheumatic fever tends to target children aged 5-14, if you've had it as a child, will it recur when you're an adult? And are you more susceptible to RHD?

Yes, it can recur. In some endemic regions, the risk of recurrence is high and lifelong prophylaxis has been recommended for those with severe RHD or previous surgery for RHD.

4. Can women with RHD have successful pregnancies?

Yes, if it's mild, but pregnancy does put a stress on the heart so is best avoided in someone with moderate or severe RHD.

5. Can a heart murmur indicate if someone has RHD?

Yes, this is often how it is first picked up.



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6. Why does RHD tend to affect Aboriginals and Torres-Strait Islanders more than the general population?

Today it's rarely seen outside of these populations and that's because access to healthcare and medical treatment is much more limited in these areas. If it's caught early enough, antibiotics are the best defence and can typically wipe out any problems from the outset. So unfortunately, this population is more likely to get a streptococcal (bacterial) infection and less likely to have it treated properly which ultimately progresses into rheumatic heart disease.