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A Simple Guide to Rheumatic Fever, Glomerulonephritis and Nephrotic Syndrome (A Simple Guide to Medical Conditions)

Kenneth Kee

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Chapter 1 Rheumatic Fever

Rheumatic Fever is a febrile disease characterized by arthritis, chorea, appearing alone or in combination with subcutaneous nodules and erythema marginatum.

The cause is infection with Group A beta-hemolytic Streptococcus.

The streptococcus bacteria usually affect the pharynx or tonsils resulting in an immune response which affects the heart, joints and skin.

It usually affects children from the age of 5 to 15 years especially in the lower income families.

Symptoms :

1. History of sore throat one to three weeks before onset.

2. Fever which is sustained

3. Polyarthritis of large joints especially knees

4. Migratory arthritis -moves from joint to joint rarely persisting in one joint for more than a few days. The migratory arthritis usually lasts for several weeks.

5. During the arthritis joints are hot swollen and painful but no permanent damage occurs even without treatment.

6. Carditis occurs in 40 per cent and may present as pericardial rub, pericardial effusion, myocarditis with tachycardia with

murmur from valvular incompetence (mitral, aortic)

Carditis usually develops early.

7. Skin nodules occur if disease persists.

8. Erythema marginatum also uncommon.

9. Chorea is an unusual feature and may persists up to 6 months

10. Ocular lesions such as iridocyclitis, uveitis rarely occurs in Rheumatic Fever

Chapter 2 Glomerulonephritis

Glomerulonephritis is a disease characterized by the inflammation of the glomeruli, the filtering units of the kidneys.

The glomeruli are unable to function properly due to the inflammation and allow loss of blood and protein in the urine and

retention of salt, water and nitrogen.

Both kidneys are affected usually.

It is not contagious.

The exact cause of Glomerulonephritis is not known.

1. It has been suggested that an autoimmune disease is the main cause of Glomerulonephritis disease.

The antibodies produced by the body to fight germs starts to attack the body's own healthy kidney tissue.

2. Sometimes Glomerulonephritis disease may follow an infection by the streptococcus bacteria or by viruses.

Symptoms:
1. Urine may show the presence of protein, red blood cells, casts.

2. Less urine is passed than normal

3. Swelling of the face and ankle is quite common

4. High blood pressure may occur in rare cases

5. With increasing edema and nitrogen retention, headaches, nausea and vomiting may occur.

Chapter 3 Nephrotic Syndrome

Nephrotic Syndrome is a rare disease characterized by the edema (accumulation of fluid in the body) and hypoalbumemia (low

protein due to protein loss through the kidneys).

The cause is the increased capillary permeability of the glomeruli to plasma protein due to the inflammation and allows loss of blood and protein in the urine and retention of salt, water and nitrogen.

Loss of negative charges on the filtering membrane allows negatively charged molecules including albumin

to enter the urinary tract.

Reduced protein in the blood leads to edema.

There are 3 types of Nephrotic Syndrome:

1. Minimal Change Nephropathy (MCN) occurs in children with very little microscopic changes in the glomerular tissues of the kidney.

2. Focal glomerulonephritis has appearance of MCN above but develop sclerosis of the glomeruli later.

3. Diffuse proliferative glomerulonephritis and membranous nephropathy are more common in adults and be secondary to other diseases such as:
a. SLE and other connective tissues

b. diabetes

c. allergies to drugs such as penicillamine, tolbutamide, probenecid

d. certain infections

e. cancer (carcinomas and lymphomas)

What are the symptoms of Nephrotic Syndrome?

Symptoms:
1. Urine may show the presence of protein at least 3.5g/day

2. Low protein in blood causes decreased plasma mass pressure resulting in retention of water and salts

3. Swelling of the face and ankle occurs as a result

4. Edema ranges from puffiness of eyes, ascites (water in abdominal cavity),

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