

IV ALL PAKISTAN CONGRESS OF CARDIOLOGY

On the occasion of the 4th All Pakistan Congress of Cardiology two problems will mainly be discussed; firstly Rheumatic Fever and Rheumatic Heart Disease, and secondly Ischaemic Heart Disease.

The magnitude of the problem, the aetiology and the solutions will be discussed. There is no doubt that Rheumatic Fever is as common as it was two decades ago if not more and Ischaemic Heart Disease is gaining epidemic proportions.

With the help of Penicillin, Rheumatic Fever and Rheumatic Heart Disease is practically non-existent in the west and in the present decade deaths due to Ischaemic Heart Disease has registered a definite decline.

While Penicillin is freely useable and available and in terms of cost is one of the cheapest drugs on the market, the reasons for no change in Rheumatic Fever in our country are multiple.

1. In one hundred consecutive cases undergoing Mitral Commissurotomies for severe symptomatic mitral stenosis (NYHA Class III & IV) the diagnosis in 80% of cases was made on the average only 2 years prior to surgery.
2. Rheumatic Fever in childhood was diagnosed in only 5% cases, but Typhoid fever was diagnosed in more than 90% of these cases.
3. None of these patients received long term Penicillin prophylaxis prior to coming under the care of a Cardiologist.

While no study is available as to why the family physician prefers other antibiotics in sore throat than Penicillin, one of the main reasons appears to be the threat of anaphylaxis. It is well documented now that this reaction is extremely rare especially in children having Rheumatic Fever and many of the children labelled allergic were not allergic to Penicillin.

Thus it is imperative to have Rheumatic Fever Clinics on national basis where penicillin is administered to these children. It is also essential to arrange seminars and workshops at all district levels so that the doctors working in the community whether Family Physician or in Government service are stressed the need of Streptococcal recognition and Rheumatic Fever prophylaxis.

The second problem of Coronary Artery Disease would also need coordinated efforts. Facilities of treatment of acute infarction should be made available. However, the most important job to do is the modification of risk factors, especially abstinence from smoking, dietary and exercise programmes for all adult individuals. Walking and going on bicycle to the jobs in big cities was pleaded all his life by Dr. Paul D. White. for this purpose

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