Balaram Jana
Essentials of Practice of Medicine

Reading excerpt

Essentials of Practice of Medicine
of Balaram Jana
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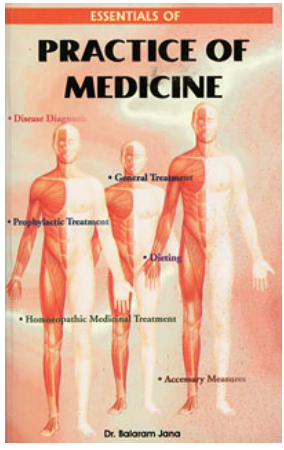

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CHAPTER — I

INFECTIOUS DISEASES

DISCUSSION FOR LEARNDVG

A. DISEASES DUE TO BACTERIA

1. Enteric Fever (Typhoid f e ver)
2. Typhoid Fever
3. Diphtheria
4. Whooplng Cough
5. Rheumatism
6. Influenza
7. Measles
8. Small Pox and Chicken Pox
9. MUMPS (Paroütis)
10. Japanese Encephaliüs
11. Rabies (Hydrophobia)

What Is meant by Infectious diseases?

InfecUous diseases are those which are caused by living agents like bacteria, viruses, ricketisiae, spirochetes, anünal parasites andjungus.

Theymayormaynotbecontagious. **Contagious diseases** are those infectious diseases which spread from person to person without an intermediate vectoc. All infections caused by above agents may cause fever—some due to pyogenic endotoxins which are generaled by bacteria.

Typhoid is a cosmopolitan disease, the incidence is maximum between the ages 5-40 years being slightly more common amongst the males, but no age or sex is immune. Immunity after one attack is only partial. Second attacks are not rare.

2.1. CLINICAL FEATURES:

A. THE FIRST WEEK (Stage of invasion or advance)

1. Onset:- The onset is gradual with malaise, anorexia, frontal headache, lethargy, rarely with epistaxis.

2. Symptoms:- For the first few days the patiënt may be fit to cany on his usual vocaüons; before the symptoms become severe between the 3rd and 7th days.

On 3rd and 7th days-There are intense frontal headache, constipation, scanty high coloured urine (which may contain tracé of albumin), and slightcough due to bronchitis.

3. Signs

i) On examination the patiënt looks toxic, the face becomes anxious, the *longue* is coated in the centre with margins.

ii) The abdomen may be distended and *caecal gwgling* is often present.

iii) The *pulse is dicortic*and *relatively slow*, the usual increase by 10 per degree rise of fever being not present (relative bradycardia).

iv) The *temperature* tends to assume *step ladder fashion* i.e., the evening rise is higher 1 ° C than the next morning's fall.

v) *LeucopeniaandNeutropeniaarepresenlinihc*blood.

RHEUMATIC FEVER

5.1 WHAT IS RHEUMATIC FEVER?

Rheumatic fever is a one type of collagen disease of children between the age of 5 to 14 years and adult up to age 18years by the infection of *beta-haemolylic Streptococci of Lancefield's group* and is characterised by fever, fleeting joint pains, carditis, chorea. erylhema marginatum and rheumatic nodules.

It is sometimes calledjuvenile rheumalism. Carditis is the most dreadful manifestalion, se it is well said that "U licks the joints and bites the heart".

5.2 WHAT ARE IT'S MATJV SIGNS AND SYMPTOMS?

A. Major Manifestations

(a) *Polyarlhritis*—usually migralory and mild in children.

(b) *Carditis*—75% incidence of carditis are found in an initial attack of rheumatic fever in an Indian series. Murmurs', pericardialrub, tachycardia.galloprhythm and heart failure may be present.

(c) *Chorea*—often in girls.

(d) *Subcutaneous nodules*—(3 to 10 mm. infrequent in Indian) occur every bony prominences and signify rheumatic activity.

(e) *Erythema marginatum*—recurrent migratory pink rash seen mainly on trunk, sometimes in extremities, never on face (rare in India).

Other cutaneous manifeslalions, e.g. pelechae. urticarial rashes and erylhema nodosum may occur, but none are specific of the disease.

B. Minor Manifestations

a) History of previous attack—f ever with joint involvement.

b) Fever.

c) Arthralgia.

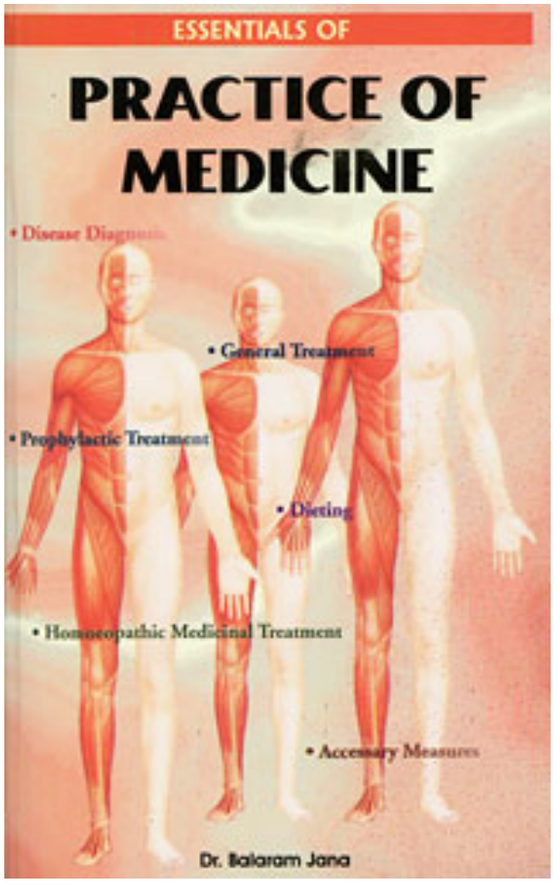
d) Prolonged P-R interval.

e) Increased E.S.R. or presence of C-reactive protein.

The diagnosis of the disease requires the presence of *two major manifestations or one major and two minor manifestations.* So these criteria serve well to minimise both over-diagonsis and under diagnosis.

C. Other Signs and Symnptoms (in details).

1. **Fever**—This is perhaps the most common manifestation, though minor. In severe cases the fever may rise to 104 °F (40 °C) or higher and may persist for several weeks before subsiding. It may be accompanied by toxicity, profuse sweating, epistaxis and purpura.
2. **Arthritis**—It is usually accompanied with fever. The large joints of extremities viz. knee, ankle. elbow, wrists are commonly affected but no joint may be spread. One may find spine, hands, feet, sternoclavicularortermporo-mandibularjoint affections rarely. Joint effusion may occur but not persistent, pain and swelling may affect one joint and subside in a day or two to shift to another joint. This migratory nature is characteristics but number are invariable, as several large joints may be involved simultaneously.
3. Carditis—During the course of acute rheumatic fever the heart may be relatively unaffected or the child may be develop endo-carditis, myo-carditis, pericarditis or pancardifjs. Recovery may be complete or the patiënt may develop valvular lesions. The most constantly affected value is the mitral. foliowed by the aortic and then the tricuspid.



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