J Natl Med Assoc. 2006 Dec;98(12):1973-6. Links

Assessment of cardiac function and rheumatic heart disease in children with adenotonsillar hypertrophy.

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Our aim was to evaluate whether adenotonsillar hypertrophy (ATH) is associated with rheumatic heart disease (RHD) in children. Fifty-three patients with ATH and 50 healthy children as a control group were enrolled in the study. Medical history and clinical findings were investigated, and echocardiographies were done by researchers who were unaware of the diagnosis. The two groups were compared. Valvular findings suggesting RHD were encountered in four patients (7.5%) in the ATH group and in two children (4%) in the control group. This difference was not statistically significant ($p = 0.098$); however, we found physiological mitral regurgitation to be significantly more frequent in the ATH group than in the control group ($p = 0.023$). ATH did not increase the risk of valvulitis related to RHD regardless of adenoid size and frequency of the infection. To preclude the misdiagnosis of mitral regurgitation that results from RHD, diagnostic criteria for pathological mitral regurgitation should be carefully applied.

PMID: 17225844 [PubMed - indexed for MEDLINE]