

RHEUMATIC FEVER

A MEDICAL DICTIONARY, BIBLIOGRAPHY,
AND ANNOTATED RESEARCH GUIDE TO
INTERNET REFERENCES



JAMES N. PARKER, M.D.
AND PHILIP M. PARKER, PH.D., EDITORS

ICON Health Publications
ICON Group International, Inc.
4370 La Jolla Village Drive, 4th Floor
San Diego, CA 92122 USA

Copyright ©2003 by ICON Group International, Inc.

Copyright ©2003 by ICON Group International, Inc. All rights reserved. This book is protected by copyright. No part of it may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without written permission from the publisher.

Printed in the United States of America.

Last digit indicates print number: 10 9 8 7 6 4 5 3 2 1

Publisher, Health Care: Philip Parker, Ph.D.
Editor(s): James Parker, M.D., Philip Parker, Ph.D.

Publisher's note: The ideas, procedures, and suggestions contained in this book are not intended for the diagnosis or treatment of a health problem. As new medical or scientific information becomes available from academic and clinical research, recommended treatments and drug therapies may undergo changes. The authors, editors, and publisher have attempted to make the information in this book up to date and accurate in accord with accepted standards at the time of publication. The authors, editors, and publisher are not responsible for errors or omissions or for consequences from application of the book, and make no warranty, expressed or implied, in regard to the contents of this book. Any practice described in this book should be applied by the reader in accordance with professional standards of care used in regard to the unique circumstances that may apply in each situation. The reader is advised to always check product information (package inserts) for changes and new information regarding dosage and contraindications before prescribing any drug or pharmacological product. Caution is especially urged when using new or infrequently ordered drugs, herbal remedies, vitamins and supplements, alternative therapies, complementary therapies and medicines, and integrative medical treatments.

Cataloging-in-Publication Data

Parker, James N., 1961-
Parker, Philip M., 1960-

Rheumatic Fever: A Medical Dictionary, Bibliography, and Annotated Research Guide to Internet References /
James N. Parker and Philip M. Parker, editors

p. cm.

Includes bibliographical references, glossary, and index.

ISBN: 0-597-83668-X

1. Rheumatic Fever-Popular works. I. Title.

Disclaimer

This publication is not intended to be used for the diagnosis or treatment of a health problem. It is sold with the understanding that the publisher, editors, and authors are not engaging in the rendering of medical, psychological, financial, legal, or other professional services.

References to any entity, product, service, or source of information that may be contained in this publication should not be considered an endorsement, either direct or implied, by the publisher, editors, or authors. ICON Group International, Inc., the editors, and the authors are not responsible for the content of any Web pages or publications referenced in this publication.

Copyright Notice

If a physician wishes to copy limited passages from this book for patient use, this right is automatically granted without written permission from ICON Group International, Inc. (ICON Group). However, all of ICON Group publications have copyrights. With exception to the above, copying our publications in whole or in part, for whatever reason, is a violation of copyright laws and can lead to penalties and fines. Should you want to copy tables, graphs, or other materials, please contact us to request permission (E-mail: iconedit@san.rr.com). ICON Group often grants permission for very limited reproduction of our publications for internal use, press releases, and academic research. Such reproduction requires confirmed permission from ICON Group International Inc. **The disclaimer above must accompany all reproductions, in whole or in part, of this book.**

Acknowledgements

The collective knowledge generated from academic and applied research summarized in various references has been critical in the creation of this book which is best viewed as a comprehensive compilation and collection of information prepared by various official agencies which produce publications on rheumatic fever. Books in this series draw from various agencies and institutions associated with the United States Department of Health and Human Services, and in particular, the Office of the Secretary of Health and Human Services (OS), the Administration for Children and Families (ACF), the Administration on Aging (AOA), the Agency for Healthcare Research and Quality (AHRQ), the Agency for Toxic Substances and Disease Registry (ATSDR), the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the Healthcare Financing Administration (HCFA), the Health Resources and Services Administration (HRSA), the Indian Health Service (IHS), the institutions of the National Institutes of Health (NIH), the Program Support Center (PSC), and the Substance Abuse and Mental Health Services Administration (SAMHSA). In addition to these sources, information gathered from the National Library of Medicine, the United States Patent Office, the European Union, and their related organizations has been invaluable in the creation of this book. Some of the work represented was financially supported by the Research and Development Committee at INSEAD. This support is gratefully acknowledged. Finally, special thanks are owed to Tiffany Freeman for her excellent editorial support.

About the Editors

James N. Parker, M.D.

Dr. James N. Parker received his Bachelor of Science degree in Psychobiology from the University of California, Riverside and his M.D. from the University of California, San Diego. In addition to authoring numerous research publications, he has lectured at various academic institutions. Dr. Parker is the medical editor for health books by ICON Health Publications.

Philip M. Parker, Ph.D.

Philip M. Parker is the Eli Lilly Chair Professor of Innovation, Business and Society at INSEAD (Fontainebleau, France and Singapore). Dr. Parker has also been Professor at the University of California, San Diego and has taught courses at Harvard University, the Hong Kong University of Science and Technology, the Massachusetts Institute of Technology, Stanford University, and UCLA. Dr. Parker is the associate editor for ICON Health Publications.

About ICON Health Publications

To discover more about ICON Health Publications, simply check with your preferred online booksellers, including Barnes & Noble.com and Amazon.com which currently carry all of our titles. Or, feel free to contact us directly for bulk purchases or institutional discounts:

ICON Group International, Inc.
4370 La Jolla Village Drive, Fourth Floor
San Diego, CA 92122 USA
Fax: 858-546-4341
Web site: www.icongrouponline.com/health

Table of Contents

FORWARD	1
CHAPTER 1. STUDIES ON RHEUMATIC FEVER.....	3
<i>Overview</i>	3
<i>The Combined Health Information Database</i>	3
<i>Federally Funded Research on Rheumatic Fever</i>	4
<i>E-Journals: PubMed Central</i>	10
<i>The National Library of Medicine: PubMed</i>	11
CHAPTER 2. NUTRITION AND RHEUMATIC FEVER.....	137
<i>Overview</i>	137
<i>Finding Nutrition Studies on Rheumatic Fever</i>	137
<i>Federal Resources on Nutrition</i>	139
<i>Additional Web Resources</i>	139
CHAPTER 3. ALTERNATIVE MEDICINE AND RHEUMATIC FEVER.....	141
<i>Overview</i>	141
<i>National Center for Complementary and Alternative Medicine</i>	141
<i>Additional Web Resources</i>	141
<i>General References</i>	142
CHAPTER 4. DISSERTATIONS ON RHEUMATIC FEVER.....	143
<i>Overview</i>	143
<i>Dissertations on Rheumatic Fever</i>	143
<i>Keeping Current</i>	143
CHAPTER 5. PATENTS ON RHEUMATIC FEVER	145
<i>Overview</i>	145
<i>Patents on Rheumatic Fever</i>	145
<i>Patent Applications on Rheumatic Fever</i>	147
<i>Keeping Current</i>	148
CHAPTER 6. BOOKS ON RHEUMATIC FEVER	149
<i>Overview</i>	149
<i>Book Summaries: Federal Agencies</i>	149
<i>Book Summaries: Online Booksellers</i>	151
<i>The National Library of Medicine Book Index</i>	152
<i>Chapters on Rheumatic Fever</i>	153
CHAPTER 7. MULTIMEDIA ON RHEUMATIC FEVER	157
<i>Overview</i>	157
<i>Bibliography: Multimedia on Rheumatic Fever</i>	157
CHAPTER 8. PERIODICALS AND NEWS ON RHEUMATIC FEVER	159
<i>Overview</i>	159
<i>News Services and Press Releases</i>	159
<i>Academic Periodicals covering Rheumatic Fever</i>	161
CHAPTER 9. RESEARCHING MEDICATIONS	163
<i>Overview</i>	163
<i>U.S. Pharmacopeia</i>	163
<i>Commercial Databases</i>	164
APPENDIX A. PHYSICIAN RESOURCES	169
<i>Overview</i>	169
<i>NIH Guidelines</i>	169
<i>NIH Databases</i>	171
<i>Other Commercial Databases</i>	173
<i>The Genome Project and Rheumatic Fever</i>	173
APPENDIX B. PATIENT RESOURCES.....	177
<i>Overview</i>	177

viii Contents

<i>Patient Guideline Sources</i>	177
<i>Associations and Rheumatic Fever</i>	179
<i>Finding Associations</i>	180
APPENDIX C. FINDING MEDICAL LIBRARIES	183
<i>Overview</i>	183
<i>Preparation</i>	183
<i>Finding a Local Medical Library</i>	183
<i>Medical Libraries in the U.S. and Canada</i>	183
ONLINE GLOSSARIES	189
<i>Online Dictionary Directories</i>	193
RHEUMATIC FEVER DICTIONARY	195
INDEX	237

FORWARD

In March 2001, the National Institutes of Health issued the following warning: "The number of Web sites offering health-related resources grows every day. Many sites provide valuable information, while others may have information that is unreliable or misleading."¹ Furthermore, because of the rapid increase in Internet-based information, many hours can be wasted searching, selecting, and printing. Since only the smallest fraction of information dealing with rheumatic fever is indexed in search engines, such as **www.google.com** or others, a non-systematic approach to Internet research can be not only time consuming, but also incomplete. This book was created for medical professionals, students, and members of the general public who want to know as much as possible about rheumatic fever, using the most advanced research tools available and spending the least amount of time doing so.

In addition to offering a structured and comprehensive bibliography, the pages that follow will tell you where and how to find reliable information covering virtually all topics related to rheumatic fever, from the essentials to the most advanced areas of research. Public, academic, government, and peer-reviewed research studies are emphasized. Various abstracts are reproduced to give you some of the latest official information available to date on rheumatic fever. Abundant guidance is given on how to obtain free-of-charge primary research results via the Internet. **While this book focuses on the field of medicine, when some sources provide access to non-medical information relating to rheumatic fever, these are noted in the text.**

E-book and electronic versions of this book are fully interactive with each of the Internet sites mentioned (clicking on a hyperlink automatically opens your browser to the site indicated). If you are using the hard copy version of this book, you can access a cited Web site by typing the provided Web address directly into your Internet browser. You may find it useful to refer to synonyms or related terms when accessing these Internet databases. **NOTE:** At the time of publication, the Web addresses were functional. However, some links may fail due to URL address changes, which is a common occurrence on the Internet.

For readers unfamiliar with the Internet, detailed instructions are offered on how to access electronic resources. For readers unfamiliar with medical terminology, a comprehensive glossary is provided. For readers without access to Internet resources, a directory of medical libraries, that have or can locate references cited here, is given. We hope these resources will prove useful to the widest possible audience seeking information on rheumatic fever.

The Editors

¹ From the NIH, National Cancer Institute (NCI): <http://www.cancer.gov/cancerinfo/ten-things-to-know>.

CHAPTER 1. STUDIES ON RHEUMATIC FEVER

Overview

In this chapter, we will show you how to locate peer-reviewed references and studies on rheumatic fever.

The Combined Health Information Database

The Combined Health Information Database summarizes studies across numerous federal agencies. To limit your investigation to research studies and rheumatic fever, you will need to use the advanced search options. First, go to <http://chid.nih.gov/index.html>. From there, select the “Detailed Search” option (or go directly to that page with the following hyperlink: <http://chid.nih.gov/detail/detail.html>). The trick in extracting studies is found in the drop boxes at the bottom of the search page where “You may refine your search by.” Select the dates and language you prefer, and the format option “Journal Article.” At the top of the search form, select the number of records you would like to see (we recommend 100) and check the box to display “whole records.” We recommend that you type “rheumatic fever” (or synonyms) into the “For these words:” box. Consider using the option “anywhere in record” to make your search as broad as possible. If you want to limit the search to only a particular field, such as the title of the journal, then select this option in the “Search in these fields” drop box. The following is what you can expect from this type of search:

- **Rheumatic Fever: No Cause for Complacency**

Source: Patient Care. 34(14): 40-42,45-46,53,57,61. July 30, 2000.

Summary: This journal article provides health professionals with information on the epidemiology, clinical characteristics, diagnosis, treatment, and prevention of rheumatic fever. This inflammatory disorder of the connective tissue can affect the heart, joints, brain, and cutaneous and subcutaneous tissues. Cardiac damage is the only potentially chronic debilitating effect. Factors with a role in the etiology of this disease include socioeconomic status, environmental factors, and heredity. The epidemiology of rheumatic fever is linked to that of streptococcal pharyngitis because it occurs most frequently in the spring following the peak period of streptococcal pharyngitis. Clinical manifestations, which usually occur 1 to 3 weeks after the onset of pharyngitis, include arthritis, carditis, chorea, erythema marginatum, and subcutaneous nodules. Diagnosis

is based on the presence of two major criteria or one major criteria and two minor criteria. Conclusive evidence of a preceding streptococcal infection must be present to confirm the diagnosis of rheumatic fever. Treatment consists of an intramuscular injection of 1.2 million U of long acting benzathine penicillin G. Aspirin should be started as soon as the diagnosis is suspected. Treatment lasts for 3 to 4 weeks, but when carditis is present, treatment may be required for 6 to 8 weeks. Corticosteroids are used primarily when severe carditis with congestive heart failure occurs. Rheumatic fever may recur with subsequent streptococcal infections, so penicillin may be administered. Sulfadiazine and erythromycin may be substituted when penicillin cannot be used. Sequelae include mild mitral insufficiency and aortic insufficiency. 3 figures, 3 tables, and 4 references.

Federally Funded Research on Rheumatic Fever

The U.S. Government supports a variety of research studies relating to rheumatic fever. These studies are tracked by the Office of Extramural Research at the National Institutes of Health.² CRISP (Computerized Retrieval of Information on Scientific Projects) is a searchable database of federally funded biomedical research projects conducted at universities, hospitals, and other institutions.

Search the CRISP Web site at http://crisp.cit.nih.gov/crisp/crisp_query.generate_screen. You will have the option to perform targeted searches by various criteria, including geography, date, and topics related to rheumatic fever.

For most of the studies, the agencies reporting into CRISP provide summaries or abstracts. As opposed to clinical trial research using patients, many federally funded studies use animals or simulated models to explore rheumatic fever. The following is typical of the type of information found when searching the CRISP database for rheumatic fever:

- **Project Title: CHARACTERIZATION OF MUCRS, A VIRULENCE REGULATOR IN GAS**

Principal Investigator & Institution: Miller, Alita; Laboratory Animal Medicine; University of Michigan at Ann Arbor 3003 South State, Room 1040 Ann Arbor, MI 481091274

Timing: Fiscal Year 2001; Project Start 01-MAY-2000

Summary: Streptococcus pyogenes (group A streptococcus or GA) is the causative agent of a number of human diseases, including pharyngitis, **rheumatic fever**, streptococcal toxic shock syndrome and necrotizing fasciitis. Our laboratory recently showed that mucRS is a negative regulatory of three importance virulence factor in GS. The aim of this proposal is to determine the molecular mechanisms involved in mucRS-mediated regulation of gene expression and how this relates in mucRS-mediated regulation of gene expression and how this relates to virulence in GAS. I will (i) characterize the mechanism(s) of repression of MucR, (ii) examine the role of phosphorylation of MucR, (iii) analyze the effect of MucS activity on MucR and (iv) determine the effect of a defined set of environmental conditions of MucRS activity.

² Healthcare projects are funded by the National Institutes of Health (NIH), Substance Abuse and Mental Health Services (SAMHSA), Health Resources and Services Administration (HRSA), Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDCP), Agency for Healthcare Research and Quality (AHRQ), and Office of Assistant Secretary of Health (OASH).

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: GROUP A STREPTOCOCCAL HYALURONATE LYASE**

Principal Investigator & Institution: Ashbaugh, Cameron D.; Brigham and Women's Hospital 75 Francis Street Boston, MA 02115

Timing: Fiscal Year 2001; Project Start 30-SEP-2001; Project End 29-SEP-2003

Summary: (Verbatim from Applicant's Abstract): In the past two decades, there has been a resurgence of serious group A streptococcal (GAS) infections throughout the world. The clinical presentation of these infections has included both aggressive primary disease and the post-infectious syndrome of **rheumatic fever**. Acute invasive infections are characterized by invasion of the organism from superficial to deep foci, the frequent development of hemodynamic instability (streptococcal toxic-shock), and significant morbidity and mortality, often in previously healthy individuals. No single bacterial determinant appears to be uniquely associated with GAS virulence. Indeed, it is likely that the pathogenesis of GAS infection depends on the carefully regulated expression of a number of virulence factors. Because hyaluronic acid is an important component of human extracellular matrix, and because bacteria must negotiate the extracellular space during invasive infection, one long-standing candidate for a bacterial factor contributing to the pathogenesis of invasive GAS disease is hyaluronate lyase, an enzyme that depolymerizes hyaluronate. Although it was recognized many years ago that GAS can express hyaluronate lyase, the gene encoding the enzyme, the nature of its expression in GAS, and the demonstration of its role in virulence has not been established. Preliminary work in this laboratory has identified the chromosomal gene encoding the GAS hyaluronate lyase. The goals of this proposal are to characterize expression of the hyl gene in GAS strains representing prevalent serotypes recovered from invasive GAS disease and to determine the role of the hyl gene product in GAS virulence using several animal models that in sum capture the diverse clinical manifestations of serious human infection. The identification and characterization of novel GAS virulence determinants is a critical component in the continuing effort to understand and prevent GAS pathogenesis.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: KAWASAKI DISEASE: A LIVING HISTORY**

Principal Investigator & Institution: Chin, Gregory; Kawasaki Disease Foundation 6 Beechwood Cir Boxford, MA 01921

Timing: Fiscal Year 2003; Project Start 15-SEP-2003; Project End 14-SEP-2006

Summary: (provided by applicant): Kawasaki disease (KD) is an acute, self-limited illness of infancy and early childhood that has now replaced **rheumatic fever** as the leading cause of acquired heart disease in children in the United States and Japan. Although the acute illness resolves spontaneously, permanent damage to the coronary arteries occurs in 20-25% of untreated children. The cause of KD remains unknown and there is no specific laboratory test to identify affected children. Nonetheless, an effective treatment exists that significantly reduces the risk of coronary artery damage. KD thus presents a unique dilemma: the disease may be difficult to recognize, there is no diagnostic laboratory test, there is an extremely effective therapy, and there is a 25% chance of serious cardiovascular damage or death if the therapy is not administered. This project will support the continued collaboration of an unusual multidisciplinary team with expertise in documentary film making, parent advocacy, pediatric medicine, anthropology, and the history of medicine to produce a web-based archive of interviews

and a television documentary to increase public awareness of KD and to support scholarly research on the origins of this emerging pediatric disease. Funds from this application will support three major interviewing sessions in Japan, Hawaii, and San Diego conducted under the auspices of the KD Foundation. (www.kdfoundation.org). The film will focus on 1) the importance of informed parents in establishing the timely diagnosis of KD, which permits effective treatment and prevention of complications and 2) the history of KD, showing that the ways in which it emerged as an internationally recognized disease mirror the ways in which it is now diagnosed or mis-diagnosed in our contemporary health care system. In the case of KD, informed parent advocacy can mean the difference between life and death for an affected child.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: MECHANISMS OF STREPTOCOCCAL/HOST INTERACTION**

Principal Investigator & Institution: Zabriskie, John; Rockefeller University New York, NY 100216399

Timing: Fiscal Year 2001

Summary: We have now completed our studies on the nature of the nephritogenic protein using the sera and renal biopsies from patients with acute post streptococcal glomerulonephritis (APSGN). All nephritogenic strains produce a protein called nephritis plasmin binding protein (NPBP) which was isolated, sequenced and found to be identical with streptococcal proteinase or streptococcal pyrogenic exotoxin B (SPEB). Using antibodies prepared against recombinant SPEB, 65% of 20 APSGN biopsies were found to contain the antigen in the glomerulus while only 4% of 25 non APSGN biopsies were positive. None of the biopsies were positive for streptokinase, another streptococcal antigen possibly associated with APSGN. APSGN sera reacted preferentially with this antigen when compared to sera from patients with either **rheumatic fever** or uncomplicated streptococcal infections and normal controls. Furthermore, serial serum studies of APSGN patients revealed that while the titers decreased over one year they never returned to baseline values suggesting a possible protective effect against the known fact that recurrences of APSGN are extremely rare. A manuscript detailing these findings has been submitted to *Kidney International*. Studies involving the **rheumatic fever** marker D8/17 have proceeded along two areas of investigation. The first is concerned with the predictive role of the marker for disease susceptibility. Approximately 3,000 children ages 5-10 years who come from high risk areas of **rheumatic fever** in Mexico City have been tested for the marker. Seven percent of these unaffected children are positive for the marker. All children are being followed over time for the appearance of **rheumatic fever**. If our hypothesis is correct, only those positive for the D8/17 marker will be susceptible. The second area of investigation of the marker was unexpected. In collaboration with a group from Child Psychiatry at NIH under the direction of Dr. Sue Swedo, we have examined the presence or absence of this marker in a group of 23 children (and appropriate controls) with obsessive-compulsive disorders (OCD). In a double blind test the marker correctly identified ninety percent of the OCD patients compared to the expected 7% controls. In view of the known cross-reactions between streptococcal antigens and caudate nucleus cells, these studies suggest that other brain-streptococcal cross reactive antigens may be involved in the OCD syndrome. A manuscript detailing these findings has been sent to the *J. Child Psychiatry*. Our more basic approach to the exact nature of the D8/17 antigen and caudate binding antigen in the sera of Sydenham's chorea are being pursued along two main lines of investigation. Concerning the D8/17 antigen our main problem in identifying this antigen has been the fact that the antibody is the IgM class. Thus non-

specific binding of other proteins has resulted in identification of a number of bands. Secondly, this antibody does recognize other antigens expressing a coil-coiled structure. We have recently isolated a IgG clone of the D8/17 antibody and hope this will have the same specificity as the IgM molecule. We are also using the chemiluminescence technique (quite sensitive) to further identify the putative antigen. Concerning the Sydenham's caudate antigen we are screening sera from these patients both on a cDNA library of human caudate as well as immunoblots of human and mouse caudate specimens. In this respect we have identified two bands of 82 and 66 Kda that appear promising.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: MYOSIN--A LINK BETWEEN STREPTOCOCCI AND HEART**

Principal Investigator & Institution: Cunningham, Madeleine W. Professor; Microbiology and Immunology; University of Oklahoma Hlth Sciences Ctr Health Sciences Center Oklahoma City, OK 73126

Timing: Fiscal Year 2001; Project Start 01-AUG-1989; Project End 29-FEB-2004

Summary: Rheumatic fever is a sequela of group A streptococcal infection primarily in children. Manifestations of the disease include carditis, arthritis and chorea. Our hypothesis is that autoimmune mechanisms due to molecular mimicry between the group A streptococcus and human tissues are responsible for the disease. Our data support this hypothesis. We have identified host and streptococcal antigens which react with anti-strep/heart antibodies and T cells, and we have identified streptococcal and human cardiac myosin epitopes which produce carditis and valvulitis in animal models of disease. Despite our progress, we do not know how these crossreactive autoantibodies function in the pathogenesis of acute rheumatic fever (ARF) or the exact nature and antigenic specificities of the T cells in rheumatic carditis. Therefore, the goal and objectives propose to answer questions about the potential role of antibody in disease and to investigate the nature of the T cells which are crossreactive and appear to be responsible for valvulitis. The objectives are 1) to produce a panel of cytotoxic/crossreactive monoclonal antibodies (mAbs) from humans and transgenic mice and passively transfer IgM and IgG mAbs to test for tissue deposition *in vivo*; 2) to determine the nucleotide sequences of crossreactive antibody V, D, and J region genes; 3) to produce transgenic mice containing the VDJ genes (H and L) of human and mouse crossreactive and/or cytotoxic mAbs; 4) to investigate the Lewis rat model of valvulitis by producing and characterizing T cell clones from rats immunized with rM6 protein and cardiac myosin and in passive transfer experiments determine if these T cells produce disease; 5) to compare valves immunohistochemically from rheumatic carditis and Lewis rat valvulitis to identify similarities. These studies will attempt to define the steps in the pathogenesis of rheumatic carditis and will continue to support the growing body of evidence that infectious agents play a role in the development of autoimmunity in man.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: PACIFIC CENTER FOR EMERGING INFECTIOUS DISEASES RESEARCH**

Principal Investigator & Institution: Yanagihara, Richard T. Pediatrics; University of Hawaii at Manoa 2500 Campus Rd Honolulu, HI 96822

Timing: Fiscal Year 2003; Project Start 30-SEP-2003; Project End 30-JUN-2008

Summary: (provided by applicant): In response to a regional resurgence of infectious diseases and consistent with a high-priority institutional initiative to establish the Asia-Pacific Institute for Tropical Medicine and Infectious Diseases, this application proposes to develop the Pacific Center for Emerging Infectious Diseases Research at the University of Hawai'i at Manoa. By drawing on the complementary strengths and expertise within the John A. Burns School of Medicine, the Pacific Biomedical Research Center, and the Cancer Research Center of Hawai'i, as well as the State of Hawai'i Department of Health, the new Center will be anchored by the tenets of trans-disciplinary research. Projects will be linked by a unifying research focus on the molecular epidemiology and pathogenesis of infectious diseases, which are of local and regional relevance and which disproportionately affect under-served ethnic minority communities in Hawai'i and the Asia-Pacific region. Specifically, studies will be conducted on the natural history of human papillomavirus infection in heterosexual men, the immunopathogenesis of dengue fever, and the molecular epidemiology and adhesion properties on group A streptococci in relation to high-incidence acute **rheumatic fever** in Hawai'i. Newfound knowledge from these research projects will provide improved strategies for prevention and control of these regionally important infectious diseases. The overall objectives of the proposed Center will be achieved by the following specific aims: 1. Build institutional capacity by mentoring a cadre of promising young faculty to conduct research on infectious diseases of medical importance to the Asia-Pacific region. 2. Improve research competitiveness by enhancing the capacity for mentoring and expanding the capability of the technical support infrastructure. 3. Diversify the research breadth and trans-disciplinary scope of the Center through targeted recruitment and retention of funded faculty with complementary expertise and through centralization of laboratory space and research-support operations.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: PATHOGENESIS KAWASAKI DISEASE**

Principal Investigator & Institution: Rowley, Anne H. Pediatrics; Northwestern University Office of Sponsored Programs Chicago, IL 60611

Timing: Fiscal Year 2001; Project Start 01-FEB-2000; Project End 31-DEC-2003

Summary: Kawasaki Disease (KD) is an acute, potentially fatal vasculitis of young children which predominately affects the coronary arteries. KD affects children of all nations and ethnic groups, and has replaced acute **rheumatic fever** as the most common cause of acquired heart disease in children in the U.S. and Japan. At Children's Memorial Hospital in Chicago alone, 65 new acute KD cases were diagnosed in 1998. Despite the fact that KD has become a significant pediatric problem in the U.S. the etiology and pathogenesis remain undefined. Our long-term objective is to determine the pathogenesis of KD. The overall goal of this proposal is to investigate the role of IgA and IgA plasma cells in the development of KD vasculitis. Recent studies from our laboratory indicate that IgA1 plasma cells infiltrate the vascular wall in acute KD. Preliminary data indicate that IgA genes in the vascular wall in acute KD are oligoclonal, suggesting that the IgA response in KD is directed toward specific antigens, either those of the potential pathogen(s) causing the illness, or host antigens by a molecular mimicry mechanism. Preliminary data also indicate that IgA plasma cells are present in markedly increased numbers in the respiratory and GI tracts of KD patients when compared with age-matched controls. Other preliminary data indicate that serum IgA1 in acute KD sera is aberrantly glycosylated and therefore is likely to have altered properties. Our hypothesis is that KD is an immune-mediated vasculitis triggered by a

mucosal pathogen, and that IgA plays a prominent role in pathogenesis. We propose to determine whether an oligoclonal IgA response is characteristic of KD. We will also determine glycosylation profiles of IgA I in KD sera. We will determine the distribution of IgA plasma cells in KD tissues using our established tissue repository of acute fatal KD cases. We will also characterize glycosylation profiles of IgA in the infiltrating plasma cells and determine whether these plasma cells produce matrix metalloproteinases (MMPs), matrix-degrading enzymes that participate in abdominal aortic aneurysm formation and that are produced by plasma cells in inflammatory diseases. These studies will elucidate the role of IgA and IgA plasma cells in the pathogenesis of KD, and will have important implications for potential diagnostic and treatment strategies for this increasingly recognized, potentially fatal childhood illness.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: STREP THROAT, SYDENHAM CHOREA, AND TOURETTE SYNDROME**

Principal Investigator & Institution: McMahon, William M. Associate Professor; Psychiatry; University of Utah 200 S University St Salt Lake City, UT 84112

Timing: Fiscal Year 2001; Project Start 01-MAR-2000; Project End 28-FEB-2005

Summary: This abstract is not available.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: SYNTHESIS/ ACTIVITY OF N-AMINOTETRAHYDROPYRIDINES**

Principal Investigator & Institution: Redda, Kinfe Ken. Professor of Medicinal Chemistry; Florida Agricultural and Mechanical Univ Tallahassee, FL 32307

Timing: Fiscal Year 2001; Project Start 05-JUN-2000; Project End 30-APR-2005

Summary: The primary objective is the design, synthesis and pharmacological evaluation of novel and medicinally important N-amino-1,2,3,6- tetrahydropyridine derivatives. We reported the synthesis of novel N- iminopyridium ylides using the method employed by Tamura and modified in our laboratory. Sodium borohydride reduction of the ylides afforded the stable N-amino-1, 2,3,6-tetrahydropyridines in good yields. We also recently reported preliminary pharmacological test results of a few tetrahydropyridines that exhibited analgesic and anti-inflammatory activities with no observed toxicity, even at very high dose levels. Our earlier work provides the basis for new and exciting studies so that a series of compounds related to the most active analogs could be prepared, and retested and the octanol-water partition coefficient determined. Once sufficient data are accumulated, the compounds prepared will be subjected to structure activity analysis to study the electronic, steric and lipophilic effects of substituents. The physical and pharmacologic data obtained in this study will then be used to design drugs with more beneficial biological activity. The primary focus of the pharmacological studies will be to develop and easily synthesize effective and safe non- steroidal anti-inflammatory agents for the treatment of rheumatic diseases, including rheumatoid arthritis, osteoarthritis, gout and **rheumatic fever**.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

E-Journals: PubMed Central³

PubMed Central (PMC) is a digital archive of life sciences journal literature developed and managed by the National Center for Biotechnology Information (NCBI) at the U.S. National Library of Medicine (NLM).⁴ Access to this growing archive of e-journals is free and unrestricted.⁵ To search, go to <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Pmc>, and type “rheumatic fever” (or synonyms) into the search box. This search gives you access to full-text articles. The following is a sample of items found for rheumatic fever in the PubMed Central database:

- **Association of rheumatic fever with serum albumin concentration and body iron stores in Bangladeshi children: case-control study.** by Zaman MM, Yoshiike N, Rouf MA, Haque S, Chowdhury AH, Nakayama T, Tanaka H. 1998 Nov 7;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&artid=28708>
- **Characterization of Two Novel Pyrogenic Toxin Superantigens Made by an Acute Rheumatic Fever Clone of *Streptococcus pyogenes* Associated with Multiple Disease Outbreaks.** by Smoot LM, McCormick JK, Smoot JC, Hoe NP, Strickland I, Cole RL, Barbian KD, Earhart CA, Ohlendorf DH, Veasy LG, Hill HR, Leung DY, Schlievert PM, Musser JM. 2002 Dec;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=133074>
- **Genome sequence and comparative microarray analysis of serotype M18 group A *Streptococcus* strains associated with acute rheumatic fever outbreaks.** by Smoot JC, Barbian KD, Van Gompel JJ, Smoot LM, Chaussee MS, Sylva GL, Sturdevant DE, Ricklefs SM, Porcella SF, Parkins LD, Beres SB, Campbell DS, Smith TM, Zhang Q, Kapur V, Daly JA, Veasy LG, Musser JM. 2002 Apr 2;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&artid=123705>
- **Molecular Analysis of Group A *Streptococcus* Type emm18 Isolates Temporally Associated with Acute Rheumatic Fever Outbreaks in Salt Lake City, Utah.** by Smoot JC, Korgenski EK, Daly JA, Veasy LG, Musser JM. 2002 May;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=130927>
- **Reactivity of Rheumatic Fever and Scarlet Fever Patients' Sera with Group A Streptococcal M Protein, Cardiac Myosin, and Cardiac Tropomyosin: a Retrospective Study.** by Jones KF, Whitehead SS, Cunningham MW, Fischetti VA. 2000 Dec;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=97825>
- **Repertoire of transcribed peripheral blood T-cell receptor beta chain variable-region genes in acute rheumatic fever.** by Abbott WG, Skinner MA, Voss L, Lennon D, Tan PL, Fraser JD, Simpson IJ, Ameratunga R, Geursen A. 1996 Jul;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=abstract&artid=174152>

³ Adapted from the National Library of Medicine: <http://www.pubmedcentral.nih.gov/about/intro.html>.

⁴ With PubMed Central, NCBI is taking the lead in preservation and maintenance of open access to electronic literature, just as NLM has done for decades with printed biomedical literature. PubMed Central aims to become a world-class library of the digital age.

⁵ The value of PubMed Central, in addition to its role as an archive, lies in the availability of data from diverse sources stored in a common format in a single repository. Many journals already have online publishing operations, and there is a growing tendency to publish material online only, to the exclusion of print.

- **Rheumatic fever --associated Streptococcus pyogenes isolates aggregate collagen.** by Dinkla K, Rohde M, Jansen WT, Kaplan EL, Chhatwal GS, Talay SR. 2003 Jun 15; <http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&artid=161421>

The National Library of Medicine: PubMed

One of the quickest and most comprehensive ways to find academic studies in both English and other languages is to use PubMed, maintained by the National Library of Medicine.⁶ The advantage of PubMed over previously mentioned sources is that it covers a greater number of domestic and foreign references. It is also free to use. If the publisher has a Web site that offers full text of its journals, PubMed will provide links to that site, as well as to sites offering other related data. User registration, a subscription fee, or some other type of fee may be required to access the full text of articles in some journals.

To generate your own bibliography of studies dealing with rheumatic fever, simply go to the PubMed Web site at <http://www.ncbi.nlm.nih.gov/pubmed>. Type "rheumatic fever" (or synonyms) into the search box, and click "Go." The following is the type of output you can expect from PubMed for rheumatic fever (hyperlinks lead to article summaries):

- **A 45-year perspective on the streptococcus and rheumatic fever: the Edward H. Kass Lecture in infectious disease history.**
Author(s): Denny FW Jr.
Source: Clinical Infectious Diseases : an Official Publication of the Infectious Diseases Society of America. 1994 December; 19(6): 1110-22.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7888542&dopt=Abstract
- **A case of acute rheumatic fever accompanied by transient aortic regurgitation.**
Author(s): Hayashi M, Miyoshi M, Yoshikawa J, Uchikawa S, Imamura H, Yazaki Y, Kinoshita O, Kubo K.
Source: Japanese Heart Journal. 2003 March; 44(2): 291-7.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12718491&dopt=Abstract
- **A case of acute rheumatic fever: echocardiographic findings for mitral regurgitation in acute rheumatic carditis.**
Author(s): Kajino Y, Iwayani H, Haneda N, Saito M, Nishio T, Mori C, Kijima Y, Nakao A.
Source: Japanese Circulation Journal. 1987 December; 51(12): 1393-6.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3443993&dopt=Abstract

⁶ PubMed was developed by the National Center for Biotechnology Information (NCBI) at the National Library of Medicine (NLM) at the National Institutes of Health (NIH). The PubMed database was developed in conjunction with publishers of biomedical literature as a search tool for accessing literature citations and linking to full-text journal articles at Web sites of participating publishers. Publishers that participate in PubMed supply NLM with their citations electronically prior to or at the time of publication.

- **A clinical, laboratory and echocardiographic profile of children with acute rheumatic fever.**
Author(s): Gururaj AK, Choo KE, Ariffin WA, Sharifah A.
Source: Singapore Med J. 1990 August; 31(4): 364-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2255935&dopt=Abstract
- **A community-based rheumatic fever/rheumatic heart disease cohort: twelve-year experience.**
Author(s): Kumar R, Raizada A, Aggarwal AK, Ganguly NK.
Source: Indian Heart J. 2002 January-February; 54(1): 54-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11999089&dopt=Abstract
- **A comparison of serological tests in cases of rheumatic fever and rheumatoid arthritis.**
Author(s): Shah AM, Bhatia SL, Sharma KB.
Source: The Indian Journal of Medical Research. 1967 April; 55(4): 291-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5596261&dopt=Abstract
- **A family physician's experience with rheumatic fever and acquired valvular heart disease.**
Author(s): Herman J.
Source: Journal of Clinical Epidemiology. 1988; 41(4): 417-20.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3258360&dopt=Abstract
- **A rapid test for the detection of a B-cell marker (D8/17) in rheumatic fever patients.**
Author(s): Herdy GV, Zabriskie JB, Chapman F, Khanna A, Swedo S.
Source: Brazilian Journal of Medical and Biological Research = Revista Brasileira De Pesquisas Medicas E Biologicas / Sociedade Brasileira De Biofisica. [et Al.]. 1992; 25(8): 789-94.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1342610&dopt=Abstract
- **A resurgence of acute rheumatic fever in a mid-South children's hospital.**
Author(s): Leggiadro RJ, Birnbaum SE, Chase NA, Myers LK.
Source: Southern Medical Journal. 1990 December; 83(12): 1418-20.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2251530&dopt=Abstract
- **A subtle presentation of acute rheumatic fever in remote northern Australia.**
Author(s): Bishop W, Currie B, Carapetis J, Kilburn C.
Source: Aust N Z J Med. 1996 April; 26(2): 241-2. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8744631&dopt=Abstract

- **Abdominal pain with free peritoneal fluid detected by ultrasonography as a presenting manifestation of acute rheumatic fever.**
 Author(s): Picard E, Gedalia A, Benmeir P, Zucker N, Barki Y.
 Source: Annals of the Rheumatic Diseases. 1992 March; 51(3): 394-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1575590&dopt=Abstract
- **Absence of antibodies to cardiolipin in patients with Huntington's chorea, Sydenhams chorea and acute rheumatic fever.**
 Author(s): Asherson RA, Hughes GR, Gledhill R, Quinn NP.
 Source: Journal of Neurology, Neurosurgery, and Psychiatry. 1988 November; 51(11): 1458.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2976812&dopt=Abstract
- **Action of oxygen free radical scavengers and inhibitors on the chemiluminescence response of monocytes and neutrophils in rheumatic fever.**
 Author(s): Kumar V, Anand IS, Ganguly NK.
 Source: Cardioscience. 1993 September; 4(3): 171-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8400025&dopt=Abstract
- **Acute encephalomyelitis: extending the neurological manifestations of acute rheumatic fever?**
 Author(s): Munn R, Farrell K, Cimolai N.
 Source: Neuropediatrics. 1992 August; 23(4): 196-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1407386&dopt=Abstract
- **Acute poststreptococcal glomerulonephritis and acute rheumatic fever: occurrence in the same patient.**
 Author(s): Matsell DG, Baldree LA, DiSessa TG, Gaber LS, Stapleton FB.
 Source: Child Nephrol Urol. 1990; 10(2): 112-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2253249&dopt=Abstract
- **Acute rheumatic fever (ARF) in non-aboriginal patients in the Northern Territory.**
 Author(s): Fisher DA, Carapetis JR, Marks PJ, Currie BJ.
 Source: Aust N Z J Med. 1998 February; 28(1): 63-4. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9544393&dopt=Abstract
- **Acute rheumatic fever and Henoch-Schnlein purpura.**
 Author(s): Robson WL, Leung AK.
 Source: Acta Paediatrica (Oslo, Norway : 1992). 2003 April; 92(4): 513.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12801126&dopt=Abstract

- **Acute rheumatic fever and poststreptococcal acute glomerulonephritis caused by T serotype 12 Streptococcus.**
Author(s): Imanaka H, Eto S, Takei S, Yoshinaga M, Hokonohara M, Miyata K.
Source: Acta Paediatr Jpn. 1995 June; 37(3): 381-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7645394&dopt=Abstract
- **Acute rheumatic fever and poststreptococcal reactive arthritis: diagnostic and treatment practices of pediatric subspecialists in Canada.**
Author(s): Birdi N, Hosking M, Clulow MK, Duffy CM, Allen U, Petty RE.
Source: The Journal of Rheumatology. 2001 July; 28(7): 1681-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11469479&dopt=Abstract
- **Acute rheumatic fever and rheumatic heart disease in a rural central Australian aboriginal community.**
Author(s): Brennan RE, Patel MS.
Source: The Medical Journal of Australia. 1990 September 17; 153(6): 335, 338-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2233452&dopt=Abstract
- **Acute rheumatic fever and rheumatic heart disease in the top end of Australia's Northern Territory.**
Author(s): Carapetis JR, Wolff DR, Currie BJ.
Source: The Medical Journal of Australia. 1996 February 5; 164(3): 146-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8628132&dopt=Abstract
- **Acute rheumatic fever and rheumatic heart disease on the Navajo reservation, 1962-77.**
Author(s): Coulehan J, Grant S, Reisinger K, Killian P, Rogers KD, Kaltenbach C.
Source: Public Health Reports (Washington, D.C. : 1974). 1980 January-February; 95(1): 62-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7352189&dopt=Abstract
- **Acute rheumatic fever and the evolution of rheumatic heart disease: a prospective 12 year follow-up report.**
Author(s): Majeed HA, Batnager S, Yousof AM, Khuffash F, Yusuf AR.
Source: Journal of Clinical Epidemiology. 1992 August; 45(8): 871-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1624969&dopt=Abstract
- **Acute rheumatic fever associated with Henoch-Schonlein purpura: report of three cases and review of the literature.**
Author(s): Eisenstein EM, Navon-Elkan P.
Source: Acta Paediatrica (Oslo, Norway : 1992). 2002; 91(11): 1265-7. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12463331&dopt=Abstract

- **Acute rheumatic fever at 3 years of age.**
 Author(s): Halder D, Patwari AK.
 Source: Indian Pediatrics. 1988 April; 25(4): 395-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3225056&dopt=Abstract
- **Acute rheumatic fever despite clarithromycin treatment of beta-hemolytic streptococcal tonsillitis.**
 Author(s): Sungur C.
 Source: The Annals of Pharmacotherapy. 1994 October; 28(10): 1197-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7841580&dopt=Abstract
- **Acute rheumatic fever during childhood in Kuwait: the mild nature of the initial attack.**
 Author(s): Majeed HA, Khan N, Dabbagh M, Najdi K, Khateeb N.
 Source: Annals of Tropical Paediatrics. 1981 March; 1(1): 13-20.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6185040&dopt=Abstract
- **Acute rheumatic fever during childhood in Saudi Arabia.**
 Author(s): al-Eissa YA.
 Source: Annals of Tropical Paediatrics. 1991; 11(3): 225-31.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1719921&dopt=Abstract
- **Acute rheumatic fever in a patient with glycogen storage disease type Ib: causal or coincidental simultaneous occurrence?**
 Author(s): Ndagijimana J, Niehues T, Wendel U, Schroten H.
 Source: European Journal of Pediatrics. 2002 March; 161(3): 147-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11998911&dopt=Abstract
- **Acute rheumatic fever in adults over the age of 45 years: an analysis of 23 patients together with a review of the literature.**
 Author(s): Ben-Dov I, Berry E.
 Source: Seminars in Arthritis and Rheumatism. 1980 November; 10(2): 100-10.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7292018&dopt=Abstract
- **Acute rheumatic fever in adults.**
 Author(s): Whitelaw DA.
 Source: South African Medical Journal. Suid-Afrikaanse Tydskrif Vir Geneeskunde. 1990 September 15; 78(6): 305-8. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2204120&dopt=Abstract

- **Acute rheumatic fever in adults: a resurgence in the Hasidic Jewish community.**
Author(s): Feuer J, Spiera H.
Source: The Journal of Rheumatology. 1997 February; 24(2): 337-40.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9034994&dopt=Abstract
- **Acute rheumatic fever in an Arabian Gulf country--effect of climate, advantageous socioeconomic conditions, and access to medical care.**
Author(s): Eltohami EA, Hajar HA, Folger GM Jr.
Source: Angiology. 1997 June; 48(6): 481-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9194533&dopt=Abstract
- **Acute rheumatic fever in Auckland, New Zealand: spectrum of associated group A streptococci different from expected.**
Author(s): Martin DR, Voss LM, Walker SJ, Lennon D.
Source: The Pediatric Infectious Disease Journal. 1994 April; 13(4): 264-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8036041&dopt=Abstract
- **Acute rheumatic fever in children in the Ankara area in 1990-1992 and comparison with a previous study in 1980-1989.**
Author(s): Karademir S, Demirceken F, Atalay S, Demircin G, Sipahi T, Tezic T.
Source: Acta Paediatrica (Oslo, Norway : 1992). 1994 August; 83(8): 862-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7981564&dopt=Abstract
- **Acute rheumatic fever in Hawaii: 1966 to 1988.**
Author(s): Chun LT, Reddy DV, Yim GK, Yamamoto LG.
Source: Hawaii Med J. 1992 August; 51(8): 206-11.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1399542&dopt=Abstract
- **Acute rheumatic fever in human immunodeficiency virus infection.**
Author(s): Radcliffe KW, McLean KA, Benbow AG.
Source: The Journal of Infection. 1991 March; 22(2): 187-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1673990&dopt=Abstract
- **Acute rheumatic fever in Konya, Turkey.**
Author(s): Karaaslan S, Oran B, Reisli I, Erkul I.
Source: Pediatrics International : Official Journal of the Japan Pediatric Society. 2000 February; 42(1): 71-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10703240&dopt=Abstract

- **Acute rheumatic fever in New York City (1969 to 1988): a comparative study of two decades.**
 Author(s): Griffiths SP, Gersony WM.
 Source: The Journal of Pediatrics. 1990 June; 116(6): 882-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2348290&dopt=Abstract
- **Acute rheumatic fever in New York City.**
 Author(s): Giardina AC, Heaton S.
 Source: N Y State J Med. 1988 July; 88(7): 385-6. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3405514&dopt=Abstract
- **Acute rheumatic fever in Noonan syndrome.**
 Author(s): Tramboo NA, Iqbal K, Malik AR, Naikoo BA, Dar MA.
 Source: Indian J Pediatr. 2000 August; 67(8): 605-7. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10985006&dopt=Abstract
- **Acute rheumatic fever in Saudi Arabia: mild pattern of initial attack.**
 Author(s): al-Eissa YA, al-Zamil FA, al Fadley FA, al Herbish AS, al-Mofada SM, al-Omair AO.
 Source: Pediatric Cardiology. 1993 March; 14(2): 89-92.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8469638&dopt=Abstract
- **Acute rheumatic fever in southern Saudi Arabia.**
 Author(s): Abbag F, Benjamin B, Kardash MM, al Barki A.
 Source: East Afr Med J. 1998 May; 75(5): 279-81.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9746998&dopt=Abstract
- **Acute rheumatic fever in the young: changing prevalence and pattern.**
 Author(s): Eshel G, Barr J, Azizi E, Aladgem M, Algom M, Mundel G.
 Source: European Journal of Pediatrics. 1988 December; 148(3): 208-10.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3215197&dopt=Abstract
- **Acute rheumatic fever in Tunisia. Serotypes of group A streptococci associated with rheumatic fever.**
 Author(s): Kechrid A, Kharrat H, Bousnina S, Kriz P, Kaplan EL.
 Source: Advances in Experimental Medicine and Biology. 1997; 418: 121-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9331613&dopt=Abstract
- **Acute rheumatic fever in West Virginia. Not just a disease of children.**
 Author(s): Mason T, Fisher M, Kujala G.
 Source: Archives of Internal Medicine. 1991 January; 151(1): 133-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1985588&dopt=Abstract

- **Acute rheumatic fever in western Pennsylvania and the tristate area.**
Author(s): Wald ER, Dashefsky B, Feidt C, Chiponis D, Byers C.
Source: Pediatrics. 1987 September; 80(3): 371-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3627888&dopt=Abstract
- **Acute rheumatic fever in western Pennsylvania: a persistent problem into the 1990s.**
Author(s): Zangwill KM, Wald ER, Londino AV Jr.
Source: The Journal of Pediatrics. 1991 April; 118(4 (Pt 1)): 561-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2007930&dopt=Abstract
- **Acute rheumatic fever in Wisconsin.**
Author(s): Tantengco MV, Weinhouse E, Jarenwattananon M, Nudel DB.
Source: Wis Med J. 1989 February; 88(2): 11-5. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2648681&dopt=Abstract
- **Acute rheumatic fever revisited.**
Author(s): Freund BD, Scacco-Neumann A, Pisanelli AS, Benchot R.
Source: Journal of Pediatric Nursing. 1993 June; 8(3): 167-76. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8340882&dopt=Abstract
- **Acute rheumatic fever with advanced degree AV block.**
Author(s): Reddy DV, Chun LT, Yamamoto LG.
Source: Clinical Pediatrics. 1989 July; 28(7): 326-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2736856&dopt=Abstract
- **Acute rheumatic fever with three major criteria: polyarthritis, carditis and chorea. A case report.**
Author(s): Gunal N, Atakan C, Kose G, Atasay B.
Source: Turk J Pediatr. 1998 October-December; 40(4): 585-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10028869&dopt=Abstract
- **Acute rheumatic fever.**
Author(s): Clark RA, Kitchen LW.
Source: American Family Physician. 1989 April; 39(4): 59, 62.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2705364&dopt=Abstract
- **Acute rheumatic fever.**
Author(s): Gambhir IS, Srivastava A, Sadana P.
Source: J Assoc Physicians India. 2002 June; 50: 810. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12240849&dopt=Abstract

- **Acute rheumatic fever.**
 Author(s): Hutchison SJ.
 Source: The Journal of Infection. 1998 May; 36(3): 249-53. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9661932&dopt=Abstract
- **Acute rheumatic fever.**
 Author(s): Wald ER.
 Source: Curr Probl Pediatr. 1993 August; 23(7): 264-70. Review. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8404011&dopt=Abstract
- **Acute rheumatic fever.**
 Author(s): Amigo MC, Martinez-Lavin M, Reyes PA.
 Source: Rheumatic Diseases Clinics of North America. 1993 May; 19(2): 333-50. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8502775&dopt=Abstract
- **Acute rheumatic fever.**
 Author(s): Burge DJ, DeHoratius RJ.
 Source: Cardiovasc Clin. 1993; 23: 3-23. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8416130&dopt=Abstract
- **Acute rheumatic fever.**
 Author(s): Sergent JS.
 Source: Trans Am Clin Climatol Assoc. 1992; 104: 15-23; Discussion 23-5. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1343439&dopt=Abstract
- **Acute rheumatic fever.**
 Author(s): Fisher MA, Lowrey G.
 Source: W V Med J. 1988 April; 84(4): 127-32. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3363958&dopt=Abstract
- **Acute rheumatic fever. A review of pathogenesis, diagnosis, and a modified approach to Jones criteria and management.**
 Author(s): Aryanpur Kashani I.
 Source: Paediatrician. 1981; 10(1-3): 158-76. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7017548&dopt=Abstract
- **Acute rheumatic fever. Still a challenge.**
 Author(s): da Silva NA, Pereira BA.
 Source: Rheumatic Diseases Clinics of North America. 1997 August; 23(3): 545-68. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9287377&dopt=Abstract

- **Acute rheumatic fever. Winnipeg Children's Hospital. 1960-1965.**
Author(s): Carr W, Cumming GR.
Source: Manit Med Rev. 1966 November; 46(9): 573-8. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5979402&dopt=Abstract
- **Acute rheumatic fever: an update.**
Author(s): Alto WA, Gibson R.
Source: American Family Physician. 1992 February; 45(2): 613-20. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1739046&dopt=Abstract
- **Acute rheumatic fever: diagnosis and treatment.**
Author(s): Alsaeid K, Majeed HA.
Source: Pediatric Annals. 1998 May; 27(5): 295-300.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9622813&dopt=Abstract
- **Acute rheumatic fever: is it returning to Virginia?**
Author(s): Lenhart MB, Owen DS Jr.
Source: Va Med. 1990 May; 117(5): 204-5. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2187313&dopt=Abstract
- **Acute rheumatic fever: towards rational therapy.**
Author(s): Somerfield SD.
Source: N Z Med J. 1980 June 25; 91(662): 462-5. Review. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6995882&dopt=Abstract
- **Acute rheumatic fever: whither steroids?**
Author(s): Nalk N, Bahl VK.
Source: Indian Heart J. 2002 July-August; 54(4): 363-7. Review. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12462662&dopt=Abstract
- **Acute rheumatic fever--no epidemic in Ontario.**
Author(s): Hutten-Czapski P.
Source: Canadian Journal of Public Health. Revue Canadienne De Sante Publique. 1989 January-February; 80(1): 71-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2702551&dopt=Abstract

- **Adherence of Streptococcus pyogenes M type 5 to pharyngeal and buccal cells of patients with rheumatic fever and rheumatic heart disease during a one-year follow-up.**
 Author(s): Nanda Kumar KS, Ganguly NK, Anand IS, Wahi PL.
 Source: *Apmis : Acta Pathologica, Microbiologica, Et Immunologica Scandinavica*. 1992 April; 100(4): 353-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1581044&dopt=Abstract
- **Adult acute rheumatic fever: a rare case presenting with left bundle branch block.**
 Author(s): Yahalom M, Jerushalmi J, Roguin N.
 Source: *Pacing and Clinical Electrophysiology : Pace*. 1990 January; 13(1): 123-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1689027&dopt=Abstract
- **Advanced atrioventricular block in a 39-year-old man with acute rheumatic fever.**
 Author(s): Barold SS, Sischy D, Punzi J, Kaplan EL, Chessin L.
 Source: *Pacing and Clinical Electrophysiology : Pace*. 1998 November; 21(11 Pt 1): 2025-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9826853&dopt=Abstract
- **Agalactosyl IgG, antibodies to heat shock proteins, and acute rheumatic fever.**
 Author(s): Bahr GM, Yousof AM, Majeed HA, Behbehani K, Lubani M, Parekh RB, Dwek RA, Rademacher TW, Young DB, Mehlert A, et al.
 Source: *Annals of the Rheumatic Diseases*. 1990 June; 49(6): 383-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2200356&dopt=Abstract
- **Allergic reactions in rheumatic fever patients on long-term benzathine penicillin G: the role of skin testing for penicillin allergy.**
 Author(s): Markowitz M, Lue HC.
 Source: *Pediatrics*. 1996 June; 97(6 Pt 2): 981-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8637786&dopt=Abstract
- **An association between Gc (vitamin D-binding protein) alleles and susceptibility to rheumatic fever.**
 Author(s): Bahr GM, Eales LJ, Nye KE, Majeed HA, Yousof AM, Behbehani K, Rook GA.
 Source: *Immunology*. 1989 May; 67(1): 126-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2737695&dopt=Abstract
- **An easy method for detection of rheumatic antigen(s) in rheumatic fever/rheumatic heart disease patients by dot-ELISA.**
 Author(s): Kumar D, Kaur S, Grover A, Singal PK, Ganguly NK.
 Source: *The Canadian Journal of Cardiology*. 1998 June; 14(6): 807-10. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9676165&dopt=Abstract

- **An epidemiological survey of rheumatic fever and rheumatic heart disease in Sahafa Town, Sudan.**
Author(s): Ibrahim-Khalil S, Elhag M, Ali E, Mahgoub F, Hakiem S, Omer N, Shafie S, Mahgoub E.
Source: Journal of Epidemiology and Community Health. 1992 October; 46(5): 477-9.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1479314&dopt=Abstract
- **An international comparison of the prevalence of streptococcal infections and rheumatic fever in children.**
Author(s): Kassem AS, Zaher SR.
Source: Pediatric Annals. 1992 December; 21(12): 835, 839-42.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1480438&dopt=Abstract
- **An outbreak of acute rheumatic fever in Nova Scotia.**
Author(s): Wong D, Bortolussi R, Lang B.
Source: Can Commun Dis Rep. 1998 March 15; 24(6): 45-7. English, French. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9583241&dopt=Abstract
- **An outbreak of acute rheumatic fever in Tennessee.**
Author(s): Westlake RM, Graham TP, Edwards KM.
Source: The Pediatric Infectious Disease Journal. 1990 February; 9(2): 97-100. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2179847&dopt=Abstract
- **Analysis of costs of acute rheumatic fever and rheumatic heart disease in Auckland.**
Author(s): North DA, Heynes RA, Lennon DR, Neutze J.
Source: N Z Med J. 1993 September 22; 106(964): 400-3.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8377955&dopt=Abstract
- **Angiotensin-converting enzyme genotype predicts valve damage in acute rheumatic fever.**
Author(s): Atalar E, Tokgozoglu SL, Alikasifoglu M, Ovunc K, Aksoyek S, Kes S, Tuncbilek E.
Source: J Heart Valve Dis. 2003 January; 12(1): 7-10.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12578328&dopt=Abstract
- **Antibodies against proteins of streptococcal hyaluronate synthase bind to human fibroblasts and are present in patients with rheumatic fever.**
Author(s): Prehm S, Herrington C, Nickel V, Volker W, Briko NI, Blinnikova EI, Schmiedel A, Prehm P.
Source: Journal of Anatomy. 1995 October; 187 (Pt 2): 271-7.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7591991&dopt=Abstract

- **Antibodies in the sera of acute rheumatic fever patients bind to human cardiac tropomyosin.**
 Author(s): Khanna AK, Nomura Y, Fischetti VA, Zabriskie JB.
 Source: Journal of Autoimmunity. 1997 February; 10(1): 99-106.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9080304&dopt=Abstract
- **Antibodies reactive with streptococcal peptidoglycan-polysaccharide complexes in rheumatic fever, subacute bacterial endocarditis and tuberculosis.**
 Author(s): Evans HB, van der Merwe PL, Strachan AF, Johnson PM.
 Source: Int Arch Allergy Appl Immunol. 1988; 85(3): 316-21.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3280503&dopt=Abstract
- **Antibodies to N-acetylglucosamine and heparin in acute and remission phases of rheumatic fever.**
 Author(s): Shastry P, Iyer SV, Jambotkar SM, Kandoth PW, Kinare SG.
 Source: J Clin Lab Immunol. 1991 June; 35(2): 65-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1668760&dopt=Abstract
- **Antibodies to penicillin in children receiving long-term secondary prophylaxis for rheumatic fever.**
 Author(s): Strannegard IL, Majeed HA, Ahlstedt S.
 Source: Allergy. 1987 October; 42(7): 502-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3120614&dopt=Abstract
- **Antibody levels and in vitro lymphoproliferative responses to Streptococcus pyogenes erythrogenic toxin A and mitogen of patients with rheumatic fever.**
 Author(s): Bahr GM, Yousof AM, Behbehani K, Majeed HA, Sakkalah S, Souan K, Jarrad I, Geoffroy C, Alouf JE.
 Source: Journal of Clinical Microbiology. 1991 September; 29(9): 1789-94.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1774298&dopt=Abstract
- **Antibody titer to group A streptococcal polysaccharide in rheumatic fever and rheumatic heart disease.**
 Author(s): Fujikawa S, Ohkuni M, Lue HC.
 Source: Japanese Circulation Journal. 1987 December; 51(12): 1347-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3327950&dopt=Abstract
- **Anticardiolipin antibodies in acute rheumatic fever and chronic rheumatic heart disease: is there a significant association?**
 Author(s): Narin N, Kutukculer N, Narin F, Keser G, Doganavsargil E.
 Source: Clin Exp Rheumatol. 1996 September-October; 14(5): 567-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8913662&dopt=Abstract

- **Anticardiolipin antibodies in acute rheumatic fever.**
Author(s): Figueroa F, Berrios X, Gutierrez M, Carrion F, Goycolea JP, Riedel I, Jacobelli S.
Source: The Journal of Rheumatology. 1992 August; 19(8): 1175-80.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1365552&dopt=Abstract
- **Anticardiolipin antibodies, rheumatic fever and rheumatic heart disease.**
Author(s): Reyes PA, Amigo MC, Banales JL, Nava A.
Source: The Journal of Rheumatology. 1994 December; 21(12): 2389.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7755767&dopt=Abstract
- **Antigenic epitope mapping of the M24 protein of Streptococcus pyogenes: implications for serodiagnosis of rheumatic fever.**
Author(s): Norton RE, Heuzenroeder M, Manning PA.
Source: Fems Immunology and Medical Microbiology. 1996 December 31; 16(3-4): 267-71.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9116645&dopt=Abstract
- **Antigenic specificity of lymphocytes isolated from valvular specimens of rheumatic fever patients.**
Author(s): Yoshinaga M, Figueroa F, Wahid MR, Marcus RH, Suh E, Zabriskie JB.
Source: Journal of Autoimmunity. 1995 August; 8(4): 601-13.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7492353&dopt=Abstract
- **Anti-inflammatory treatment for carditis in acute rheumatic fever.**
Author(s): Cilliers AM, Manyemba J, Saloojee H.
Source: Cochrane Database Syst Rev. 2003; (2): Cd003176. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12804454&dopt=Abstract
- **Antiphospholipid antibodies in rheumatic fever chorea.**
Author(s): Diniz RE, Goldenberg J, Andrade LE, Leser PG, Silva NP, Roizenblatt S, Hilario MO.
Source: The Journal of Rheumatology. 1994 July; 21(7): 1367-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7818696&dopt=Abstract
- **Anti-streptopolysaccharide antibody in children with rheumatic fever and scarlet fever.**
Author(s): Watanabe N, Mikuni K, Nakamura Y.
Source: Japanese Circulation Journal. 1987 December; 51(12): 1350-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3327951&dopt=Abstract

- **Are the currently recommended doses of benzathine penicillin G adequate for secondary prophylaxis of rheumatic fever?**
 Author(s): Currie BJ.
 Source: Pediatrics. 1996 June; 97(6 Pt 2): 989-91. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8637788&dopt=Abstract

- **Around Pediheart: rest and rheumatic fever.**
 Author(s): McCaffrey F.
 Source: Pediatric Cardiology. 2001 May-June; 22(3): 222.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11343147&dopt=Abstract

- **ASO, ASK and ADNase-B values rheumatic fever, rheumatic heart disease and other infections by hemolytic streptococcus.**
 Author(s): Watanabe N, Arimura A, Kobayashi M, Oshima M.
 Source: Japanese Circulation Journal. 1980 October; 44(10): 808-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7431636&dopt=Abstract

- **Aspirin and rheumatic fever.**
 Author(s): Sepkowitz S.
 Source: Lancet. 1988 February 27; 1(8583): 482-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2893912&dopt=Abstract

- **Aspirin in acute rheumatic fever.**
 Author(s): Singh S.
 Source: Indian Pediatrics. 1998 November; 35(11): 1159-60.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10216563&dopt=Abstract

- **Association of HLA class I and class II antigens with rheumatic fever in a Turkish population.**
 Author(s): Olmez U, Turgay M, Ozenirler S, Tutkak H, Duzgun N, Duman M, Tokgoz G.
 Source: Scandinavian Journal of Rheumatology. 1993; 22(2): 49-52.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8480138&dopt=Abstract

- **Association of HLA-DR7 with rheumatic fever in the Brazilian population.**
 Author(s): Visentainer JE, Pereira FC, Dalalio MM, Tsuneto LT, Donadio PR, Moliterno RA.
 Source: The Journal of Rheumatology. 2000 June; 27(6): 1518-20.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10852281&dopt=Abstract

- **Association of human leukocyte class II antigens with rheumatic fever or rheumatic heart disease in a Brazilian population.**
Author(s): Guilherme L, Weidebach W, Kiss MH, Snitcowsky R, Kalil J.
Source: *Circulation*. 1991 June; 83(6): 1995-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2040052&dopt=Abstract
- **Association of pyrogenic exotoxin genes with pharyngitis and rheumatic fever/rheumatic heart disease among Indian isolates of *Streptococcus pyogenes*.**
Author(s): Nandi S, Chakraborti A, Bakshi DK, Rani A, Kumar R, Ganguly NK.
Source: *Letters in Applied Microbiology*. 2002; 35(3): 237-41.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12180948&dopt=Abstract
- **Association of rheumatic fever with serum albumin concentration and body iron stores in Bangladeshi children: case-control study.**
Author(s): Zaman MM, Yoshiike N, Rouf MA, Haque S, Chowdhury AH, Nakayama T, Tanaka H.
Source: *Bmj (Clinical Research Ed.)*. 1998 November 7; 317(7168): 1287-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9804715&dopt=Abstract
- **Atlanto-axial dislocation in association with rheumatic fever. A case report.**
Author(s): De Coster TA, Cole HC.
Source: *Spine*. 1990 June; 15(6): 591-5. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2205930&dopt=Abstract
- **Autoimmunity associated with infection: leprosy, acute rheumatic fever and Lyme disease.**
Author(s): Ehrenstein M, Isenberg D.
Source: *Current Opinion in Immunology*. 1991 December; 3(6): 930-5. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1793538&dopt=Abstract
- **Awareness about sore-throat, rheumatic fever and rheumatic heart disease in a rural community.**
Author(s): Arya RK.
Source: *Indian J Public Health*. 1992 July-September; 36(3): 63-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1303991&dopt=Abstract
- **Benzathine penicillin for rheumatic fever prophylaxis.**
Author(s): Gunatilake SB.
Source: *Ceylon Med J*. 1994 March; 39(1): 58-60. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8194154&dopt=Abstract

- **Benzathine penicillin G for rheumatic fever prophylaxis: 2-weekly versus 4-weekly regimens.**
Author(s): Kassem AS, Madkour AA, Massoud BZ, Zaher SR.
Source: Indian J Pediatr. 1992 November-December; 59(6): 741-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1340864&dopt=Abstract
- **Blood groups and their secretion in rheumatic fever.**
Author(s): Glynn LE, Holborow EJ.
Source: Rheumatology. 1969; 2: 113-30. Review. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4942292&dopt=Abstract
- **Blood groups in children with rheumatic fever.**
Author(s): Ahmad SH, Khan GM, Khan KA, Khan A, Sanyal SK.
Source: Indian Pediatrics. 1978 February; 15(2): 167-70.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=680962&dopt=Abstract
- **Blood groups, salivary secretion and other immunologic variables in rheumatic fever and rheumatic heart disease.**
Author(s): Robinson WM, Salzano FM, Achutti AC, Franco MH.
Source: Acta Anthropogenet. 1984; 8(3-4): 217-21.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6085869&dopt=Abstract
- **Branch retinal artery occlusion: a case complicating acute rheumatic fever and dental abscess.**
Author(s): Tillett A, Edelsten C.
Source: Hosp Med. 2000 May; 61(5): 360-1. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10953747&dopt=Abstract
- **Bringing up to date the knowledge of rheumatic fever or rheumatic fever, science and society.**
Author(s): Taranta A.
Source: Arch Inst Cardiol Mex. 1973 July-August; 43(4): 628-37. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4750710&dopt=Abstract
- **Can class I epitope of M protein be a diagnostic marker for rheumatic fever in populations endemic for group A streptococci?**
Author(s): Brandt ER, Currie B, Mammo L, Pruksakorn S, Good MF.
Source: Lancet. 1998 June 20; 351(9119): 1860.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9652675&dopt=Abstract

- **Can subclinical valvitis detected by echocardiography be accepted as evidence of carditis in the diagnosis of acute rheumatic fever?**
Author(s): Ozkutlu S, Ayabakan C, Saraclar M.
Source: *Cardiology in the Young*. 2001 May; 11(3): 255-60.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11388618&dopt=Abstract
- **Can we eradicate rheumatic fever in the 21st century?**
Author(s): Stollerman GH.
Source: *Indian Heart J*. 2001 January-February; 53(1): 25-34.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11456137&dopt=Abstract
- **Can we eradicate rheumatic fever in the 21st century?**
Author(s): Thomas G.
Source: *Indian Heart J*. 2001 March-April; 53(2): 241. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11428492&dopt=Abstract
- **Cardiac failure following group A streptococcal infection with echocardiographically proven pericarditis, still insufficient arguments for acute rheumatic fever: a case report and literature update.**
Author(s): Jansen TL, Joosten P, Brouwer J.
Source: *The Netherlands Journal of Medicine*. 2003 February; 61(2): 57-61. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12735424&dopt=Abstract
- **Cardiac involvement in inflammatory disease: systemic lupus erythematosus, rheumatic fever, and Kawasaki disease.**
Author(s): Sondheimer HM, Lorts A.
Source: *Adolescent Medicine (Philadelphia, Pa.)*. 2001 February; 12(1): 69-78. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11224023&dopt=Abstract
- **Cardiovascular findings in children with acute rheumatic fever and rheumatic heart disease.**
Author(s): Pilapil VR, Watson DG.
Source: *Woman Physician*. 1971 August; 26(8): 421-3. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5097870&dopt=Abstract
- **Carditis in acute rheumatic fever in Varanasi, India.**
Author(s): Bhattacharya SK, Jha BN, Somani PN.
Source: *Trop Geogr Med*. 1974 September; 26(3): 271-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4439463&dopt=Abstract

- **Case 2--1987. 59-year-old man with mitral stenosis secondary to rheumatic fever presented for mitral valve replacement.**
 Author(s): Roy RC, Rogers AT, Gravlee GP, Prough DS, Stump DA, Cordell AR, Smith DS.
 Source: J Cardiothorac Anesth. 1987 April; 1(2): 157-64. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2979088&dopt=Abstract
- **Cell mediated immune responses to purified cardiac antigens in acute rheumatic fever & rheumatic heart disease.**
 Author(s): Natu SM, Kumar A, Dhar AK, Gupta AK, Chandra M.
 Source: The Indian Journal of Medical Research. 1984 November; 80: 566-71.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6530271&dopt=Abstract
- **Cell mediated immunity in rheumatic fever.**
 Author(s): Sainani GS, Edul NC, Phadke MA, Khedkar VA.
 Source: Indian Heart J. 1981 November-December; 33(6): 270-3. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6978838&dopt=Abstract
- **Cellular immunity in children with acute rheumatic fever and rheumatic carditis.**
 Author(s): Meric N, Berkel AI.
 Source: Pediatric Research. 1979 January; 13(1): 16-20.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=372910&dopt=Abstract
- **Cellular reactivity studies to streptococcal antigens. Migration inhibition studies in patients with streptococcal infections and rheumatic fever.**
 Author(s): Read SE, Fischetti VA, Utermohlen V, Falk RE, Zabriskie JB.
 Source: The Journal of Clinical Investigation. 1974 August; 54(2): 439-50.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4603169&dopt=Abstract
- **Cessation of rheumatic fever prophylaxis in young adults.**
 Author(s): Bisno AL, Berrios X.
 Source: Trans Assoc Am Physicians. 1991; 104: 125-30. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1845140&dopt=Abstract
- **Changes in T-lymphocyte subsets during acute rheumatic fever.**
 Author(s): Williams RC Jr, Raizada V, Prakash K, van de Rijn I, Zabriskie JB, Stobo JD, Sharma KB.
 Source: Journal of Clinical Immunology. 1982 July; 2(3): 166-72.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6214565&dopt=Abstract

- **Changing pattern of rheumatic fever and rheumatic heart disease in Japan.**
Author(s): Shiokawa Y.
Source: Singapore Med J. 1973 September; 14(3): 411-4. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4777920&dopt=Abstract
- **Changing pattern of rheumatic fever and streptococcal antibodies.**
Author(s): Watanabe N, Arimura A, Kobayashi M, Oshima M.
Source: Japanese Circulation Journal. 1986 December; 50(12): 1246-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3820535&dopt=Abstract
- **Changing streptococci and prospects for the global eradication of rheumatic fever.**
Author(s): Stollerman GH.
Source: Perspectives in Biology and Medicine. 1997 Winter; 40(2): 165-89. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9058950&dopt=Abstract
- **Characterisation of group A streptococcal isolates from tropical Australia with high prevalence of rheumatic fever: probing for signature sequences to identify members of the family of serotype 5.**
Author(s): Hartas J, Goodfellow AM, Currie BJ, Sriprakash KS.
Source: Microbial Pathogenesis. 1995 May; 18(5): 345-54.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7476099&dopt=Abstract
- **Characteristics of the atherosclerotic changes in the aorta and the coronary arteries in rheumatic fever. (Morphometric investigation).**
Author(s): Badakov S.
Source: Folia Med (Plovdiv). 1971; 13(4): 231-8. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5003940&dopt=Abstract
- **Characterization of two novel pyrogenic toxin superantigens made by an acute rheumatic fever clone of Streptococcus pyogenes associated with multiple disease outbreaks.**
Author(s): Smoot LM, McCormick JK, Smoot JC, Hoe NP, Strickland I, Cole RL, Barbian KD, Earhart CA, Ohlendorf DH, Veasy LG, Hill HR, Leung DY, Schlievert PM, Musser JM.
Source: Infection and Immunity. 2002 December; 70(12): 7095-104.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12438391&dopt=Abstract
- **Chemoprevention of rheumatic fever.**
Author(s): Grossman BJ.
Source: The Medical Clinics of North America. 1966 January; 50(1): 279-85. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5324681&dopt=Abstract

- **Childhood acute rheumatic fever in Greece: experience of the past 18 years.**
 Author(s): Giannoulia-Karantana A, Anagnostopoulos G, Kostaridou S, Georgakopoulou T, Papadopoulou A, Papadopoulos G.
 Source: Acta Paediatrica (Oslo, Norway : 1992). 2001 July; 90(7): 809-12.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11519986&dopt=Abstract
- **Childhood acute rheumatic fever: a comparison of recent resurgence areas to cases in West Virginia.**
 Author(s): Hoffman TM, Rhodes LA, Pyles LA, Balian AA, Neal WA, Einzig S.
 Source: W V Med J. 1997 September-October; 93(5): 260-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9383340&dopt=Abstract
- **Childhood systemic lupus erythematosus, vasculitis, and rheumatic fever and neonatal lupus.**
 Author(s): Pelkonen P.
 Source: Current Opinion in Rheumatology. 1995 September; 7(5): 430-6. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8519617&dopt=Abstract
- **Children with acute rheumatic fever and acute poststreptococcal glomerulonephritis and their families in a subtropical zone: a three-year prospective comparative epidemiological study.**
 Author(s): Majeed HA, Khuffash FA, Sharda DC, Farwana SS, el-Sherbiny AF, Ghafour SY.
 Source: International Journal of Epidemiology. 1987 December; 16(4): 561-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3440666&dopt=Abstract
- **Chorea as a manifestation of rheumatic fever--a 30-year survey (1960-1990).**
 Author(s): Eshel G, Lahat E, Azizi E, Gross B, Aladjem M.
 Source: European Journal of Pediatrics. 1993 August; 152(8): 645-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8404967&dopt=Abstract
- **Chorea in fifty consecutive patients with rheumatic fever.**
 Author(s): Cardoso F, Eduardo C, Silva AP, Mota CC.
 Source: Movement Disorders : Official Journal of the Movement Disorder Society. 1997 September; 12(5): 701-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9380051&dopt=Abstract
- **Chronic membranoproliferative glomerulonephritis. A patient with recurrent episodes simulating rheumatic fever and acute nephritis.**
 Author(s): Mendoza N, Mandalenakis N, Kanter A, Pirani CL, Pollak VE.
 Source: The American Journal of Medicine. 1975 August; 59(2): 251-61.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1098457&dopt=Abstract

- **Chronic meningococemia mimicking acute rheumatic fever.**
Author(s): Person DA, Moore MD.
Source: Hawaii Med J. 1998 August; 57(8): 583-4. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9753830&dopt=Abstract
- **Circulating immune complexes in children suffering from rheumatic fever and juvenile rheumatoid arthritis.**
Author(s): Prusek W, Wieczorek E, Podwysocka M.
Source: Arch Immunol Ther Exp (Warsz). 1985; 33(3): 493-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4062514&dopt=Abstract
- **Circulating immune complexes in rheumatic fever.**
Author(s): Kawakami K, Hokonohara M, Miyata K, Terawaki T.
Source: Japanese Circulation Journal. 1982 November; 46(11): 1188-91.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6982348&dopt=Abstract
- **Clinical and epidemiological features of rheumatic fever and rheumatic heart disease in Taiwan and the Far East.**
Author(s): Lue HC, Tseng WP, Lin GJ, Hsieh KH, Hsieh RP, Chiou JF.
Source: Indian Heart J. 1983 May-June; 35(3): 139-46. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6629385&dopt=Abstract
- **Clinical aspects of acute rheumatic fever.**
Author(s): Homer C, Shulman ST.
Source: J Rheumatol Suppl. 1991 April; 29: 2-13. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1870080&dopt=Abstract
- **Clinical aspects of rheumatic fever: an update.**
Author(s): Diehl AM.
Source: Issues in Comprehensive Pediatric Nursing. 1980 April; 4(2): 67-76.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6900623&dopt=Abstract
- **Clinical effects of recurrent attacks of acute rheumatic fever: a prospective epidemiologic study of 105 episodes.**
Author(s): Feinstein AR, Stern EK.
Source: J Chronic Dis. 1967 January; 20(1): 13-27. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6020448&dopt=Abstract

- **Clinical epidemiology of rheumatic fever and rheumatic heart disease in tropical Australia.**
Author(s): Carapetis JR, Currie BJ.
Source: *Advances in Experimental Medicine and Biology*. 1997; 418: 233-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9331640&dopt=Abstract
- **Clinical features of first attack of rheumatic fever in adults.**
Author(s): Al-Rawi ZS, Al-Khateeb N.
Source: *Rheumatol Rehabil*. 1982 November; 21(4): 195-200.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7134740&dopt=Abstract
- **Clinical observations of rheumatic fever in the Kentucky Children's Heart Clinic.**
Author(s): Edwards WM, Vermillion MB.
Source: *J Ky Med Assoc*. 1965 December; 63(12): 947-51. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5838472&dopt=Abstract
- **Clinical pattern of admitted rheumatic fever at Chulalongkorn Hospital.**
Author(s): Sueblinvong V.
Source: *J Med Assoc Thai*. 1986 March; 69(3): 119-24. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3723041&dopt=Abstract
- **Clinical profile of acute rheumatic fever in children.**
Author(s): Jamal M, Abbas KA.
Source: *Journal of Tropical Pediatrics*. 1989 February; 35(1): 10-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2709483&dopt=Abstract
- **Clinical profile of acute rheumatic fever in Pakistan.**
Author(s): Chagani HS, Aziz K.
Source: *Cardiology in the Young*. 2003 February; 13(1): 28-35.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12691285&dopt=Abstract
- **Clinical profile of rheumatic fever and rheumatic heart disease in a population in southeast Teheran. A prospective study.**
Author(s): Daneshpajoo M, Gharagozloo RA, Ghavamian P.
Source: *Indian Heart J*. 1977 July-August; 29(4): 176-81. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=924469&dopt=Abstract
- **Clinical profile of rheumatic fever and rheumatic heart disease: a study of 2,500 cases.**
Author(s): Arora R, Subramanyam G, Khalilullah M, Gupta MP.
Source: *Indian Heart J*. 1981 November-December; 33(6): 264-9. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7341398&dopt=Abstract

- **Clinical profile of rheumatic fever in some hospitalised children of Bangladesh.**
 Author(s): Khatoon M.
 Source: Bangladesh Med Res Counc Bull. 1985 June; 11(1): 33-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4026760&dopt=Abstract

- **Clinical profile of rheumatic fever: a study of 168 cases.**
 Author(s): Lahiri K, Rane HS, Desai AG.
 Source: Journal of Tropical Pediatrics. 1985 October; 31(5): 273-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4068082&dopt=Abstract

- **Clinical references on rheumatic fever.**
 Author(s): Pierce AW Jr.
 Source: J Okla State Med Assoc. 1968 June; 61(6): 281. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4871913&dopt=Abstract

- **Clinical significance of anti-streptococcal esterase (ASE) determination in rheumatic fever and other streptococcal diseases.**
 Author(s): Fujikawa S, Ohkuni M.
 Source: Japanese Circulation Journal. 1984 December; 48(12): 1330-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6392592&dopt=Abstract

- **Clinical-echocardiographic correlations in acute rheumatic fever.**
 Author(s): Vardi P, Markiewicz W, Weiss Y, Levi J, Benderly A.
 Source: Pediatrics. 1983 May; 71(5): 830-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6835770&dopt=Abstract

- **Coincidence of acute rheumatic fever and acute post streptococcal glomerulonephritis.**
 Author(s): Castillejos G, Padilla L, Lerma A, Gonzalez S, Reyes PA.
 Source: The Journal of Rheumatology. 1985 June; 12(3): 587-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4045857&dopt=Abstract

- **Combined acute rheumatic fever and congenitally bicuspid aortic valve: a hitherto unconfirmed combination.**
 Author(s): McReynolds RA, Ali N, Cuadra M, Roberts WC.
 Source: Chest. 1976 July; 70(1): 98-100.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1277944&dopt=Abstract

- **Communicable diseases: rheumatic fever.**
 Author(s): Filice GA.
 Source: Urban Health. 1975 October; 4(5): 25, 42, 47. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10235957&dopt=Abstract

- **Communicating information about sore throats and rheumatic fever to South Auckland high-school students.**
 Author(s): Harre N, Thomas D, Brown K, Raza F, Lennon D.
 Source: N Z Med J. 2000 June 9; 113(1111): 215-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10909935&dopt=Abstract
- **Comparative geography of rheumatic fever and rheumatic heart disease, multiple sclerosis, and rheumatoid arthritis.**
 Author(s): Barlow JS.
 Source: J Chronic Dis. 1968 July; 21(4): 265-79. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5665324&dopt=Abstract
- **Comparison of streptozyme test with ASO in rheumatic fever.**
 Author(s): Ganguly NK, Mohan C, Mahajan RC, Sharma S, Chitkara NL, Arya D, Sapru RP.
 Source: The Indian Journal of Medical Research. 1975 July; 63(7): 1001-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1213785&dopt=Abstract
- **Comparison of tanned red cells haemagglutination test and immunofluorescent technique for the detection of autoantibodies in rheumatic fever and rheumatic heart disease.**
 Author(s): Atal PR, Mathur KS, Wahal PK, Singh MM, Hazra DK, Kumari J.
 Source: Indian J Pathol Bacteriol. 1970 July; 13(3): 87-97. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4941854&dopt=Abstract
- **Complete heart block as a first manifestation of acute rheumatic fever.**
 Author(s): Thakur AK.
 Source: Indian Heart J. 1996 July-August; 48(4): 428-9. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8908839&dopt=Abstract
- **Complete heart block as a first manifestation of acute rheumatic fever.**
 Author(s): Tandon R.
 Source: Indian Heart J. 1996 May-June; 48(3): 303-4. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8755025&dopt=Abstract
- **Complete heart block as a first manifestation of acute rheumatic fever.**
 Author(s): Haque ME, Thakur AK.
 Source: Indian Heart J. 1996 March-April; 48(2): 163-4. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8682559&dopt=Abstract

- **Complex investigations of the humoral response in the poststreptococcal syndrome and the rheumatic fever.**
Author(s): Mihalcu F, Croitorescu M, Ungureanu V, Zamfir G, Palade C, Vasiliu D, Boros A.
Source: Arch Roum Pathol Exp Microbiol. 1982 April-June; 41(2): 147-55. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7149961&dopt=Abstract
- **Compliance of secondary prophylaxis for controlling rheumatic fever and rheumatic heart disease in a rural area of northern India.**
Author(s): Kumar R, Thakur JS, Aggarwal A, Ganguly NK.
Source: Indian Heart J. 1997 May-June; 49(3): 282-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9291651&dopt=Abstract
- **Comprehensive review of morbidity and mortality trends for rheumatic fever, streptococcal disease, and scarlet fever: the decline of rheumatic fever.**
Author(s): Quinn RW.
Source: Reviews of Infectious Diseases. 1989 November-December; 11(6): 928-53. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2690288&dopt=Abstract
- **Concerning rheumatic fever and rheumatic heart disease.**
Author(s): Louis-Gustave A.
Source: American Heart Journal. 1977 April; 93(4): 536.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=842453&dopt=Abstract
- **Concomitant rheumatic fever and acute glomerulonephritis.**
Author(s): Chandrasekhara MK, Cornfeld D.
Source: Clinical Pediatrics. 1969 February; 8(2): 110-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5764712&dopt=Abstract
- **Congenital heart disease with rheumatic fever and rheumatic heart disease: a coincidence or an association?**
Author(s): Bokhandi SS, Tullu MS, Shaharao VB, Bavdekar SB, Kamat JR.
Source: Journal of Postgraduate Medicine. 2002 July-September; 48(3): 238.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12432207&dopt=Abstract
- **Contrasting epidemiology of acute rheumatic fever and acute glomerulonephritis.**
Author(s): Bisno AL, Pearse IA, Wall HP, Moody MD, Stollerman GH.
Source: The New England Journal of Medicine. 1970 September 10; 283(11): 561-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4915873&dopt=Abstract

- **Contributions to the study of genetic and immune factors in rheumatic fever.**
Author(s): Tirnoveanu G, Tirnoveanu M, Selaru T, Mitescu G.
Source: Rev Med Chir Soc Med Nat Iasi. 1974 January-March; 78(1): 49-55. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4844856&dopt=Abstract
- **Control of rheumatic fever and rheumatic heart disease in Egypt.**
Author(s): Strasser T.
Source: Indian J Pediatr. 1972 April; 39(291): 129-30. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5085760&dopt=Abstract
- **Control of rheumatic fever in developing countries.**
Author(s): Sharma KB, Prakash K.
Source: Indian J Pediatr. 1981 May-June; 48(392): 379-84. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7319608&dopt=Abstract
- **Control of rheumatic fever.**
Author(s): Goldfarb PM.
Source: Jama : the Journal of the American Medical Association. 1977 October 10; 238(15): 1631.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=578246&dopt=Abstract
- **Control of rheumatic fever: how are we doing.**
Author(s): Mortimer EA Jr.
Source: Jama : the Journal of the American Medical Association. 1977 April 18; 237(16): 1720.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=576677&dopt=Abstract
- **Cost and effectiveness of a program to prevent rheumatic fever.**
Author(s): Robinson D.
Source: Hsmha Health Rep. 1971 April; 86(4): 385-9. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5554265&dopt=Abstract
- **Cost-effective control of rheumatic fever in the community.**
Author(s): Strasser T.
Source: Health Policy (Amsterdam, Netherlands). 1985; 5(2): 159-64.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10311308&dopt=Abstract
- **Cost-effectiveness of pharyngitis management and prevention of rheumatic fever.**
Author(s): Pantell RH.
Source: Annals of Internal Medicine. 1977 April; 86(4): 497-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=403843&dopt=Abstract

- **Could Tourette syndrome be a neurologic manifestation of rheumatic fever?**
Author(s): Kurlan R.
Source: Adv Neurol. 2001; 85: 307-10. Review. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11530437&dopt=Abstract
- **Coxsackie virus and rheumatic fever. A correlative study.**
Author(s): Suresh L, Chandrasekar S, Rao RS, Ravi V, Badrinath S.
Source: J Assoc Physicians India. 1989 September; 37(9): 582-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2561125&dopt=Abstract
- **Coxsackie virus infections in rheumatic fever.**
Author(s): Zaher SR, Kassem AS, Hughes JJ.
Source: Indian J Pediatr. 1993 March-April; 60(2): 289-98.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8244506&dopt=Abstract
- **C-reactive protein test. A clinical evaluation of its value in rheumatic fever and rheumatic heart disease.**
Author(s): Jain VC, Misra SS.
Source: Indian J Pediatr. 1967 October; 34(237): 355-9. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5594832&dopt=Abstract
- **Criteria for diagnosing rheumatic fever in Ceylon.**
Author(s): Nagaratnam N, Ismail MM.
Source: Trans R Soc Trop Med Hyg. 1973; 67(6): 803-7. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4788759&dopt=Abstract
- **Criteria of rheumatic fever.**
Author(s): Lynfield J.
Source: Lancet. 1970 August 15; 2(7668): 361-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4194456&dopt=Abstract
- **Criteria of rheumatic fever.**
Author(s): Davis E.
Source: Lancet. 1970 May 16; 1(7655): 1043-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4191642&dopt=Abstract
- **Culturing the throat to protect the heart: Dr. Milton Markowitz and the prevention of rheumatic fever.**
Author(s): Murray T, Grey M.
Source: Conn Med. 2000 October; 64(10): 587-90.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11100629&dopt=Abstract

- **Cumulative incidence of rheumatic fever in an endemic region: a guide to the susceptibility of the population?**
 Author(s): Carapetis JR, Currie BJ, Mathews JD.
 Source: *Epidemiology and Infection*. 2000 April; 124(2): 239-44.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10813149&dopt=Abstract
- **Current approach to rheumatic fever prophylaxis.**
 Author(s): Hartman JM.
 Source: *W V Med J*. 1966 August; 62(8): 217-9. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5221076&dopt=Abstract
- **Current guidelines for the treatment of patients with rheumatic fever.**
 Author(s): Thatai D, Turi ZG.
 Source: *Drugs*. 1999 April; 57(4): 545-55. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10235692&dopt=Abstract
- **Current issues in the prevention of rheumatic fever.**
 Author(s): Stollerman GH.
 Source: *Minerva Med*. 2002 October; 93(5): 371-87. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12410170&dopt=Abstract
- **Current status of rheumatic fever control programs in the United States.**
 Author(s): Kaplan EL.
 Source: *Public Health Reports (Washington, D.C. : 1974)*. 1981 May-June; 96(3): 267-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7232688&dopt=Abstract
- **Current status of rheumatic fever.**
 Author(s): Yu B.
 Source: *Chin Med J (Engl)*. 1995 March; 108(3): 169-70. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7796621&dopt=Abstract
- **Cytokines in acute rheumatic fever.**
 Author(s): Yegin O, Coskun M, Ertug H.
 Source: *European Journal of Pediatrics*. 1997 January; 156(1): 25-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9007485&dopt=Abstract
- **Decline in rheumatic fever.**
 Author(s): Inglis TJ.
 Source: *Lancet*. 1985 November 2; 2(8462): 1005-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2865469&dopt=Abstract

- **Declining trend of rheumatic fever observed in Bangladesh, 1991-1997.**
Author(s): Zaman MM, Yoshiike N, Rouf MA, Mahmud S, Hassan MM.
Source: Trop Doct. 2001 July; 31(3): 169-70. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11444344&dopt=Abstract
- **Decreased reactivity of lymphocytes in mixed-leukocyte culture from patients with rheumatic fever.**
Author(s): Lueker RD, Williams RC Jr.
Source: Circulation. 1972 October; 46(4): 655-60.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5072767&dopt=Abstract
- **Decreased serum salicylate concentrations in children with rheumatic fever treated with antacid.**
Author(s): Levy G, Lampman T, Kamath BL, Garrettson LK.
Source: The New England Journal of Medicine. 1975 August 14; 293(7): 323-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=239345&dopt=Abstract
- **Decreasing incidence of a history of acute rheumatic fever in chronic rheumatic heart disease.**
Author(s): Vendsborg P, Hansen LF, Olesen KH.
Source: Cardiology. 1968; 53(6): 332-40.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5745504&dopt=Abstract
- **Degeneration of cardiac muscle followed by cell transformation, regeneration and fibrogenesis in rheumatic fever.**
Author(s): McDonald HG, Calkins HE.
Source: Exp Pathol (Jena). 1978; 15(4): 185-95.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=689133&dopt=Abstract
- **Delayed diagnosis of acute rheumatic fever in adults: a forgotten cause of febrile polyarthritis.**
Author(s): Chan AW, Webb G, Vellend H, Gold WL.
Source: The Journal of Rheumatology. 1996 November; 23(11): 1999-2001.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8923383&dopt=Abstract
- **Dermatoglyphic alterations associated with acute rheumatic fever in children.**
Author(s): Sanyal SK, Mukerjee DP, Ahmed SH.
Source: Am J Dis Child. 1978 July; 132(7): 692-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=665597&dopt=Abstract

- **Dermatoglyphic patterns in rheumatic fever.**
 Author(s): Puri RK, Khanna KK, Narayanan I.
 Source: Indian Pediatrics. 1976 October; 13(10): 763-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1002237&dopt=Abstract
- **Detection of antibodies to muramyl dipeptide, the adjuvant moiety of streptococcal cell wall, in patients with rheumatic fever.**
 Author(s): Bahr GM, Majeed HA, Yousof AM, Chedid L, Behbehani K.
 Source: The Journal of Infectious Diseases. 1986 December; 154(6): 1012-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3782865&dopt=Abstract
- **Detection of C-reactive protein, streptolysin O, and anti-streptolysin O antibodies in immune complexes isolated from the sera of patients with acute rheumatic fever.**
 Author(s): Gupta RC, Badhwar AK, Bisno AL, Berrios X.
 Source: Journal of Immunology (Baltimore, Md. : 1950). 1986 October 1; 137(7): 2173-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3489756&dopt=Abstract
- **Detection of immune complexes in acute rheumatic fever and their relationship to HLA-B5.**
 Author(s): Yoshinoya S, Pope RM.
 Source: The Journal of Clinical Investigation. 1980 January; 65(1): 136-45. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6765956&dopt=Abstract
- **Diagnosis of recurrence of rheumatic fever in rheumatic heart disease--a re-evaluation of Duckett Jones Criteria.**
 Author(s): Mathur KS, Wahal PK, Hazra DK, Singh MM, Sundaram KR.
 Source: The Indian Journal of Medical Research. 1976 November; 64(11): 1634-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1024064&dopt=Abstract
- **Diagnosis of rheumatic fever obscured by liver disease.**
 Author(s): Nickeson RW, Brewer EJ, Ferry GD.
 Source: The Journal of Rheumatology. 1981 January-February; 8(1): 138-40.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7218242&dopt=Abstract
- **Diagnosis of rheumatic fever. A guide to the criteria and manifestations.**
 Author(s): Tadzynski LA, Ryan ME.
 Source: Postgraduate Medicine. 1986 March; 79(4): 295-300.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3952047&dopt=Abstract

- **Diagnosis of rheumatic fever: current status of Jones Criteria and role of echocardiography.**
Author(s): Saxena A.
Source: Indian J Pediatr. 2000 March; 67(3 Suppl): S11-4. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11129913&dopt=Abstract
- **Diagnosis of rheumatic fever: current status of Jones Criteria and role of echocardiography.**
Author(s): Saxena A.
Source: Indian J Pediatr. 2000 April; 67(4): 283-6. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10878870&dopt=Abstract
- **Diagnostic criteria of rheumatic fever in a New Zealand community.**
Author(s): Stanhope JM, Clarkson PM, Philipp R.
Source: Aust N Z J Med. 1981 June; 11(3): 234-42.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6945833&dopt=Abstract
- **Diagnostic dilemma for the 1990s: Lyme disease versus rheumatic fever.**
Author(s): Dlesk A, Balian AA, Sullivan BJ, Mitchell PD, Marx JJ Jr.
Source: Wis Med J. 1991 November; 90(11): 632-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1759468&dopt=Abstract
- **Diagnostic value of skin reactions to distreptase and streptolysin O in rheumatic fever in children.**
Author(s): Gebala A, Kwiatkowski M, Iwanowski H.
Source: Pol Med Sci Hist Bull. 1969 January; 12(1): 44-7. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5763233&dopt=Abstract
- **Did scarlet fever and rheumatic fever exist in Hippocrates' time?**
Author(s): Quinn RW.
Source: Reviews of Infectious Diseases. 1991 November-December; 13(6): 1243-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1775859&dopt=Abstract
- **Differentiation of patients with rheumatic fever from those with inactive rheumatic heart disease using the artificial subcutaneous nodule test, myocardial reactive antibodies, serum immunoglobulin and serum complement levels.**
Author(s): Bhattacharya S, Reddy KS, Sundaram KR, Chopra P, Prakash K, Malaviya AN, Tandon R.
Source: International Journal of Cardiology. 1987 January; 14(1): 71-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3804507&dopt=Abstract

- **Discontinuing rheumatic fever prophylaxis in selected adolescents and young adults. A prospective study.**
 Author(s): Berrios X, del Campo E, Guzman B, Bisno AL.
 Source: Annals of Internal Medicine. 1993 March 15; 118(6): 401-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8439112&dopt=Abstract
- **Distribution of cells bearing "rheumatic" antigens in peripheral blood of patients with rheumatic fever/rheumatic heart disease.**
 Author(s): Regelmann WE, Talbot R, Cairns L, Martin D, Miller LC, Zabriskie JB, Braun D, Gray ED.
 Source: The Journal of Rheumatology. 1989 July; 16(7): 931-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2475627&dopt=Abstract
- **Distribution of cells bearing B-cell alloantigen(s) in North Indian rheumatic fever/rheumatic heart disease patients.**
 Author(s): Kumar D, Kaul P, Grover A, Ganguly NK.
 Source: Molecular and Cellular Biochemistry. 2001 February; 218(1-2): 21-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11330833&dopt=Abstract
- **Disturbances of cellular immunity in rheumatic fever.**
 Author(s): Georgescu C, Gheorghiu M.
 Source: Med Interne. 1976 July-September; 14(3): 219-25.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1024260&dopt=Abstract
- **Does rheumatic fever occur usually between the ages of 5 and 15 years?**
 Author(s): Zaman MM, Rouf MA, Haque S, Khan LR, Chowdhury NA, Razzaque SA, Yoshiike N, Tanaka H.
 Source: International Journal of Cardiology. 1998 September 1; 66(1): 17-21.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9781783&dopt=Abstract
- **Doppler echocardiographic assessment of subclinical valvitis in the diagnosis of acute rheumatic fever.**
 Author(s): Mota CC.
 Source: Cardiology in the Young. 2001 May; 11(3): 251-4. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11388617&dopt=Abstract
- **Doppler echocardiography and the early diagnosis of carditis in acute rheumatic fever.**
 Author(s): Abernethy M, Bass N, Sharpe N, Grant C, Neutze J, Clarkson P, Greaves S, Lennon D, Snow S, Whalley G.
 Source: Aust N Z J Med. 1994 October; 24(5): 530-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7848157&dopt=Abstract

- **Doppler echocardiography distinguishes between physiologic and pathologic "silent" mitral regurgitation in patients with rheumatic fever.**
Author(s): Minich LL, Tani LY, Pagotto LT, Shaddy RE, Veasy LG.
Source: Clin Cardiol. 1997 November; 20(11): 924-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9383585&dopt=Abstract
- **Dr. B. C. Dasgupta Memorial Oration. Control of rheumatic fever and rheumatic heart disease.**
Author(s): Gaur SD.
Source: Indian J Public Health. 1990 July-September; 34(3): 137-43. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2103922&dopt=Abstract
- **Dual atrioventricular nodal pathways in acute rheumatic fever.**
Author(s): Strasberg B, Tandeter H, Pinkhas J, Agmon J.
Source: Isr J Med Sci. 1984 May; 20(5): 435-6. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6469564&dopt=Abstract
- **Duration of therapy in rheumatic fever without carditis.**
Author(s): Kumar H.
Source: J Assoc Physicians India. 1990 February; 38(2): 186. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2380142&dopt=Abstract
- **Early ambulation in the treatment of acute rheumatic fever. A controlled study in children with acute rheumatic fever treated with prednisone.**
Author(s): Grossman BJ.
Source: Am J Dis Child. 1968 May; 115(5): 557-69. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4868793&dopt=Abstract
- **Echocardiographic abnormalities in acute rheumatic fever.**
Author(s): Schieken RM, Kerber RE.
Source: The American Journal of Cardiology. 1976 October; 38(4): 458-62.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=135508&dopt=Abstract
- **Echocardiographic diagnosis of rheumatic fever.**
Author(s): Narula J, Kaplan EL.
Source: Lancet. 2001 December 8; 358(9297): 2000.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11747959&dopt=Abstract

- **Echocardiographic diagnosis of subclinical carditis in acute rheumatic fever.**
 Author(s): Wilson NJ, Neutze JM.
 Source: International Journal of Cardiology. 1995 June 2; 50(1): 1-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7558460&dopt=Abstract
- **Echocardiographic evaluation of patients with acute rheumatic fever and rheumatic carditis.**
 Author(s): Vasan RS, Shrivastava S, Vijayakumar M, Narang R, Lister BC, Narula J.
 Source: Circulation. 1996 July 1; 94(1): 73-82.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8964121&dopt=Abstract
- **Echocardiography for diagnosis and management of rheumatic fever.**
 Author(s): Veasy LG.
 Source: Jama : the Journal of the American Medical Association. 1993 April 28; 269(16): 2084.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8468752&dopt=Abstract
- **Editorial: Acute rheumatic fever and rheumatic heart disease.**
 Author(s): Shulman ST.
 Source: J Fla Med Assoc. 1976 July; 63(7): 564-5. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=950550&dopt=Abstract
- **Editorial: Rheumatic fever remains a health problem.**
 Author(s): Doff SD, Ayoub EM.
 Source: Jfma. 1974 May; 61(5): 383. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4827967&dopt=Abstract
- **Effect of aspirin on renal and hepatic function in children suffering from juvenile rheumatoid arthritis and rheumatic fever.**
 Author(s): Bhabha FS, Kshirsagar NA, Pohujani S, Dastur P, Joshi MU, Kandoth P, Satoskar RS.
 Source: Indian J Pediatr. 1984 May-June; 51(410): 317-21. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6511049&dopt=Abstract
- **Effect of prednisone on serum lipids in children with rheumatic fever.**
 Author(s): Werbin B, Heldenberg D, Burstein Y, Levtow O, Tamir I.
 Source: Isr J Med Sci. 1974 May; 10(5): 482-5. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4413081&dopt=Abstract

- **Effect of tetracycline on the duration of a raised antistreptolysin-o titre in rheumatic fever.**
Author(s): Smith M, Bywaters EG.
Source: Annals of the Rheumatic Diseases. 1966 July; 25(4): 332-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5329952&dopt=Abstract
- **Effectiveness of comprehensive-care programs in preventing rheumatic fever.**
Author(s): Gordis L.
Source: The New England Journal of Medicine. 1973 August 16; 289(7): 331-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4740466&dopt=Abstract
- **Effects of IgM from rheumatic fever patients on intracellular calcium levels of neonatal rat cardiac myocytes.**
Author(s): Bick RJ, Poindexter BJ, Tong S, Kalis NN, Van der Merwe P, Gatchel J, Young DC.
Source: Life Sciences. 2003 September 5; 73(16): 2101-11.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12899933&dopt=Abstract
- **Elevated D8/17 expression on B lymphocytes, a marker of rheumatic fever, measured with flow cytometry in tic disorder patients.**
Author(s): Hoekstra PJ, Bijzet J, Limburg PC, Steenhuis MP, Troost PW, Oosterhoff MD, Korf J, Kallenberg CG, Minderaa RB.
Source: The American Journal of Psychiatry. 2001 April; 158(4): 605-10.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11282696&dopt=Abstract
- **Elevated hemoglobin-A2 levels in rheumatic fever and rheumatic heart disease: a new finding.**
Author(s): Reddi YR, Sudhakar Rao V, Reddi GD, Niranjana Rao P, Nair R, Ahuja YR.
Source: Indian Pediatrics. 1976 February; 13(2): 153-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1278960&dopt=Abstract
- **Elevated levels of IgG specific antimyosin antibodies in acute rheumatic fever (ARF): differential profiles of antibodies to myosin and soluble myocardial antigens in ARF, acute glomerulonephritis and group A streptococcal pharyngitis.**
Author(s): Jambotkar SM, Shastry P, Kamat JR, Kinare SG.
Source: J Clin Lab Immunol. 1993; 40(4): 149-61.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7707341&dopt=Abstract
- **Emergence of rheumatic fever in the nineteenth century.**
Author(s): English PC.
Source: The Milbank Quarterly. 1989; 67 Suppl 1: 33-49.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2682171&dopt=Abstract

- **Emergency mitral and aortic valve replacement during acute rheumatic fever in a 5-year-old child.**
 Author(s): Barak J, Yakirevich V, Gusarsky J, Geron M, Vidne BA.
 Source: Scand J Thorac Cardiovasc Surg. 1984; 18(1): 9-13.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6719080&dopt=Abstract
- **Enhancement of IL-1, IL-2 production and IL-2 receptor generation in patients with acute rheumatic fever and active rheumatic heart disease; a prospective study.**
 Author(s): Morris K, Mohan C, Wahi PL, Anand IS, Ganguly NK.
 Source: Clinical and Experimental Immunology. 1993 March; 91(3): 429-36.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8095193&dopt=Abstract
- **Environment and heredity in rheumatic fever.**
 Author(s): Spagnuolo M, Taranta A.
 Source: The New England Journal of Medicine. 1968 June 6; 278(23): 1291.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5647765&dopt=Abstract
- **Enzyme immunoassay (ELISA) for the detection of anticarbohydrate antibodies in rheumatic fever and rheumatic heart disease.**
 Author(s): Wahi V, Ganguly NK, Sehgal R, Anand IS, Kaur N, Chakravarti RN, Wahi PL.
 Source: Jpn J Exp Med. 1989 August; 59(4): 163-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2689729&dopt=Abstract
- **Epidemiologic analysis of group A streptococcal serotypes associated with severe systemic infections, rheumatic fever, or uncomplicated pharyngitis.**
 Author(s): Johnson DR, Stevens DL, Kaplan EL.
 Source: The Journal of Infectious Diseases. 1992 August; 166(2): 374-82.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1634809&dopt=Abstract
- **Epidemiologic aspects of rheumatic fever and rheumatic heart disease in Israel.**
 Author(s): Halfon ST.
 Source: Isr J Med Sci. 1979 December; 15(12): 999-1002.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=528192&dopt=Abstract
- **Epidemiological approaches to understanding the pathogenesis of rheumatic fever.**
 Author(s): Kaplan EL.
 Source: International Journal of Epidemiology. 1985 December; 14(4): 499-501.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3910596&dopt=Abstract

- **Epidemiology and pathogenesis of acute rheumatic fever. Recent concepts.**
Author(s): Kaplan EL.
Source: Minn Med. 1975 August; 58(8): 592-7. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1152835&dopt=Abstract
- **Epidemiology and prophylaxis of rheumatic fever in Delhi—a five year follow-up.**
Author(s): Padmavati S, Sharma KB, Jayaram O.
Source: Singapore Med J. 1973 September; 14(3): 457-61. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4777936&dopt=Abstract
- **Epidemiology of acute rheumatic fever in a multiethnic, multiracial urban community: the Miami-Dade County experience.**
Author(s): Ferguson GW, Shultz JM, Bisno AL.
Source: The Journal of Infectious Diseases. 1991 October; 164(4): 720-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1894933&dopt=Abstract
- **Epidemiology of rheumatic fever and rheumatic heart disease in a rural community in northern India.**
Author(s): Grover A, Dhawan A, Iyengar SD, Anand IS, Wahi PL, Ganguly NK.
Source: Bulletin of the World Health Organization. 1993; 71(1): 59-66.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8440039&dopt=Abstract
- **Epidemiology of rheumatic fever and rheumatic heart disease in Japan.**
Author(s): Shiokawa Y, Murakami M.
Source: Japanese Circulation Journal. 1969 December; 33(12): 1490-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5396181&dopt=Abstract
- **Epidemiology of rheumatic fever and rheumatic heart disease with surveillance of hemolytic streptococcus.**
Author(s): Shiokawa Y, Yamada T.
Source: Japanese Circulation Journal. 1977 February; 41(2): 167-73.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=321829&dopt=Abstract
- **Epidemiology of rheumatic fever in Japan.**
Author(s): Okuda R, Mori C, Nishioka K.
Source: Japanese Circulation Journal. 1979 May; 43(5): 424-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=470101&dopt=Abstract
- **Epidemiology of streptococcal infection with reference to rheumatic fever.**
Author(s): Bhavé SY, Kinikar A, Sane S, Agarwal M, Amdekar YK.
Source: Indian Pediatrics. 1991 December; 28(12): 1503-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1819574&dopt=Abstract

- **Eradication of rheumatic fever: an unfulfilled hope.**
 Author(s): Markowitz M.
 Source: Circulation. 1970 June; 41(6): 1077-84.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5482905&dopt=Abstract

- **Erythema marginatum in rheumatic fever: early diagnosis by skin biopsy.**
 Author(s): Troyer C, Grossman ME, Silvers DN.
 Source: Journal of the American Academy of Dermatology. 1983 May; 8(5): 724-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6863635&dopt=Abstract

- **Estimation of antistreptococcal esterase in rheumatic fever and rheumatic heart disease.**
 Author(s): Watanabe N, Nakamura Y.
 Source: Japanese Circulation Journal. 1985 December; 49(12): 1262-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3913781&dopt=Abstract

- **Ethnic differences in expression of susceptibility marker(s) in rheumatic fever/rheumatic heart disease patients.**
 Author(s): Kaur S, Kumar D, Grover A, Khanduja KL, Kaplan EL, Gray ED, Ganguly NK.
 Source: International Journal of Cardiology. 1998 March 13; 64(1): 9-14.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9579811&dopt=Abstract

- **Ethnic differences in mortality from acute rheumatic fever and chronic rheumatic heart disease in New Mexico, 1958-1982.**
 Author(s): Becker TM, Wiggins CL, Key CR, Samet JM.
 Source: The Western Journal of Medicine. 1989 January; 150(1): 46-50.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2735024&dopt=Abstract

- **Evaluation of DNA damage using the comet assay in children on long-term benzathine penicillin for secondary prophylaxis of rheumatic fever.**
 Author(s): Dundaroz R, Ulucan H, Denli M, Karapinar K, Aydin HI, Baltaci V.
 Source: Pediatrics International : Official Journal of the Japan Pediatric Society. 2001 June; 43(3): 276-80.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11380924&dopt=Abstract

- **Evaluation of secondary prophylactic schemes, based on benzathine penicillin G, for rheumatic fever in children.**
 Author(s): Meira ZM, Mota Cde C, Tonelli E, Nunan EA, Mitre AM, Moreira NS.
 Source: The Journal of Pediatrics. 1993 July; 123(1): 156-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8320611&dopt=Abstract

- **Evidence of inherited susceptibility of increased streptococcal adherence to pharyngeal cells of children with rheumatic fever.**
Author(s): Hafez M, el-Battoty MF, Hawas S, al-Tonbary Y, Sheishaa A, el-Sallab S, el-Morsi Z, el-Ziny M, Hawas SE.
Source: British Journal of Rheumatology. 1989 August; 28(4): 304-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2663111&dopt=Abstract
- **Evolution and critique of changes in the Jones criteria for the diagnosis of rheumatic fever.**
Author(s): Markowitz M.
Source: N Z Med J. 1988 June 8; 101(847 Pt 2): 392-4. Review. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3045709&dopt=Abstract
- **Experience on follow-up of registered rheumatic fever patients in the Zimbabwean Midlands.**
Author(s): Lutalo SK, Mabonga N.
Source: Trop Geogr Med. 1986 September; 38(3): 277-82.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3750395&dopt=Abstract
- **Factors influencing recurrent rheumatic fever.**
Author(s): Taranta A.
Source: Annual Review of Medicine. 1967; 18: 159-72. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5337519&dopt=Abstract
- **Facts and fallacies about streptococcal infection and rheumatic fever.**
Author(s): Grimes DE, Woolbert LF.
Source: Journal of Pediatric Health Care : Official Publication of National Association of Pediatric Nurse Associates & Practitioners. 1990 July-August; 4(4): 186-92.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2376813&dopt=Abstract
- **Familial Mediterranean fever and acute rheumatic fever: a pathogenetic relationship?**
Author(s): Tekin M, Yalcinkaya F, Tumer N, Cakar N, Kocak H.
Source: Clinical Rheumatology. 1999; 18(6): 446-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10638768&dopt=Abstract
- **Fatal acute rheumatic fever in childhood despite corticosteroid therapy. A note on the spectrum of childhood rheumatic fever.**
Author(s): Glancy DL, Massumi RA, Roberts WC.
Source: American Heart Journal. 1969 April; 77(4): 534-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5775672&dopt=Abstract

- **Fibrinolytic activity of blood in rheumatic fever.**
 Author(s): Goryachkin YK.
 Source: Fed Proc Transl Suppl. 1965 September-October; 24(5): 845-6. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4220954&dopt=Abstract
- **First attack of rheumatic fever in an adult: the case for greater awareness.**
 Author(s): Farrell AJ, Zaphiropoulos GC.
 Source: Annals of the Rheumatic Diseases. 1990 December; 49(12): 1008-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2125407&dopt=Abstract
- **First-attack rheumatic fever in Saudi Arabs.**
 Author(s): Gelpi AP.
 Source: Trop Geogr Med. 1971 September; 23(3): 220-4. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5098991&dopt=Abstract
- **Follow-up study of ASO, ADN-B and ASK levels in children with rheumatic fever.**
 Author(s): Watanabe N, Kobayashi M, Arimura A, Oshima M.
 Source: Japanese Circulation Journal. 1981 December; 45(12): 1379-81.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7321147&dopt=Abstract
- **Frequency of rheumatic fever in Ankara.**
 Author(s): Saraclar M.
 Source: Turk J Pediatr. 1977 July-October; 19(3-4): 97-100. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=618046&dopt=Abstract
- **Fulminant acute rheumatic fever with multisystem involvement.**
 Author(s): Escudero J, Stanislawsky E, Escudero X.
 Source: American Heart Journal. 1983 January; 105(1): 161-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6217736&dopt=Abstract
- **Further observations and characterization of monoclonal antibodies reacting with B cell alloantigens associated with rheumatic fever and rheumatic heart disease.**
 Author(s): Kumar D, Kaur S, Grover A, Bali H, Khanduja KL, Kaplan EL, Gray ED, Ganguly NK.
 Source: The Journal of Laboratory and Clinical Medicine. 2000 March; 135(3): 287-93.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10711868&dopt=Abstract
- **Generalized eruptive histiocytoma of childhood associated with rheumatic fever.**
 Author(s): Matsushima Y, Ohnishi K, Ishikawa O.
 Source: Eur J Dermatol. 1999 October-November; 9(7): 548-50.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10523734&dopt=Abstract

- **Genome sequence and comparative microarray analysis of serotype M18 group A Streptococcus strains associated with acute rheumatic fever outbreaks.**
Author(s): Smoot JC, Barbian KD, Van Gompel JJ, Smoot LM, Chaussee MS, Sylva GL, Sturdevant DE, Ricklefs SM, Porcella SF, Parkins LD, Beres SB, Campbell DS, Smith TM, Zhang Q, Kapur V, Daly JA, Veasy LG, Musser JM.
Source: Proceedings of the National Academy of Sciences of the United States of America. 2002 April 2; 99(7): 4668-73. Epub 2002 March 26.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11917108&dopt=Abstract
- **Global strategies for the control of rheumatic fever.**
Author(s): Stollerman GH.
Source: Jama : the Journal of the American Medical Association. 1983 February 18; 249(7): 931.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6401823&dopt=Abstract
- **Glucocorticoids in rheumatic fever and rheumatoid arthritis.**
Author(s): Hvidberg E.
Source: Acta Med Scand Suppl. 1969; 500: 23-8. Review. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4915715&dopt=Abstract
- **Grand rounds in rheumatology: acute rheumatic fever or post-streptococcal reactive arthritis: a clinical problem revisited.**
Author(s): Jansen TL, Janssen M, van Riel PL.
Source: British Journal of Rheumatology. 1998 March; 37(3): 335-40.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9566678&dopt=Abstract
- **Group A streptococcal infections and acute rheumatic fever.**
Author(s): Bisno AL.
Source: The New England Journal of Medicine. 1991 September 12; 325(11): 783-93. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1870652&dopt=Abstract
- **Group A streptococcal infections as related to rheumatic fever.**
Author(s): Kawakita S, Takeuchi T, Uemura Y, Onishi T, Saito K.
Source: Japanese Heart Journal. 1976 September; 17(5): 592-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=994338&dopt=Abstract
- **Group A streptococcal serotypes isolated from patients and sibling contacts during the resurgence of rheumatic fever in the United States in the mid-1980s.**
Author(s): Kaplan EL, Johnson DR, Cleary PP.
Source: The Journal of Infectious Diseases. 1989 January; 159(1): 101-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2642516&dopt=Abstract

- **Group A streptococcus, pyoderma, and rheumatic fever.**
Author(s): Carapetis JR, Currie BJ.
Source: Lancet. 1996 May 4; 347(9010): 1271-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8622494&dopt=Abstract
- **Guideline maintenance and revision. 50 years of the Jones criteria for diagnosis of rheumatic fever.**
Author(s): Shiffman RN.
Source: Archives of Pediatrics & Adolescent Medicine. 1995 July; 149(7): 727-32.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7795761&dopt=Abstract
- **Guidelines for long-term management of patients with Kawasaki disease. Report from the Committee on Rheumatic Fever, Endocarditis, and Kawasaki Disease, Council on Cardiovascular Disease in the Young, American Heart Association.**
Author(s): Dajani AS, Taubert KA, Takahashi M, Bierman FZ, Freed MD, Ferrieri P, Gerber M, Shulman ST, Karchmer AW, Wilson W, et al.
Source: Circulation. 1994 February; 89(2): 916-22.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8313588&dopt=Abstract
- **Haptoglobin in rheumatic fever.**
Author(s): Anil K, Praveen K, Sadhna, Gupta PK.
Source: Mater Med Pol. 1995 July-September; 27(3): 108-10.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8935147&dopt=Abstract
- **Haptoglobins and rheumatic fever.**
Author(s): Murray RF Jr, Robinson JC, Dublin TD, Pitt EL, Visnich S.
Source: British Medical Journal. 1966 March 26; 5490: 762-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5910104&dopt=Abstract
- **Has the prevalence of rheumatic fever/rheumatic heart disease really changed? A hospital-based study.**
Author(s): Routray SN.
Source: Indian Heart J. 2003 March-April; 55(2): 152-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12921330&dopt=Abstract
- **Heart-directed autoimmunity: the case of rheumatic fever.**
Author(s): Guilherme L, Cunha-Neto E, Tanaka AC, Dulphy N, Toubert A, Kalil J.
Source: Journal of Autoimmunity. 2001 May; 16(3): 363-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11334505&dopt=Abstract

- **Heart-reactive antibodies in rheumatic fever.**
Author(s): Tagg JR, McGiven AR, Guthrie DA.
Source: The Medical Journal of Australia. 1972 March 25; 1(13): 621-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4554124&dopt=Abstract
- **Heart-reactive antibodies: do they cause rheumatic fever and the postpericardiotomy syndrome?**
Author(s): Zabriskie JB.
Source: Med Times. 1977 March; 105(3): (80)11D-(79)19D. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=846326&dopt=Abstract
- **Heart-reactive antibody associated with rheumatic fever: characterization and diagnostic significance.**
Author(s): Zabriskie JB, Hsu KC, Seegal BC.
Source: Clinical and Experimental Immunology. 1970 August; 7(2): 147-59.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4920603&dopt=Abstract
- **Heart-reactive antibody, serum enzymes and isoenzymes in the diagnosis of acute rheumatic fever.**
Author(s): Jose DG, Barry H, Goldblatt E, Penfold J, Welch JS.
Source: Australas Ann Med. 1970 August; 19(3): 215-9. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5470971&dopt=Abstract
- **Height, weight and nutritional status of children with rheumatic fever and rheumatic heart disease admitted to Dr. Sardjito Hospital Yogyakarta, Indonesia.**
Author(s): Wahab AS.
Source: Paediatr Indones. 1986 November-December; 26(11-12): 220-8. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3562036&dopt=Abstract
- **Hemolytic streptococci and immune response in children with rheumatic fever.**
Author(s): Koshi G, Mammen KC.
Source: The Indian Journal of Medical Research. 1969 July; 57(7): 1347-60.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5357166&dopt=Abstract
- **Hepatotoxicity of high dose salicylate therapy in acute rheumatic fever.**
Author(s): Singh H, Chugh JC, Shembesh AH, Ben-Musa AA, Mehta HC.
Source: Annals of Tropical Paediatrics. 1992; 12(1): 37-40.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1376585&dopt=Abstract

- **Hepatotoxicity of salicylate therapy in acute rheumatic fever.**
Author(s): Singh H, Chugh JC.
Source: Indian Pediatrics. 1999 June; 36(6): 611. Erratum In: Indian Pediatr 1999 September; 36(9): 904.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10736599&dopt=Abstract
- **High neopterin levels in acute rheumatic fever.**
Author(s): Narin N, Ciftci A, Patiroglu T, Ustunbas HB, Tutus A, Kilic H, Uzun K, Per H.
Source: Clin Exp Rheumatol. 2000 September-October; 18(5): 652-3. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11072617&dopt=Abstract
- **High pharyngeal carriage rates of Streptococcus pyogenes in Dunedin school children with a low incidence of rheumatic fever.**
Author(s): Dierksen KP, Inglis M, Tagg JR.
Source: N Z Med J. 2000 November 24; 113(1122): 496-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11198543&dopt=Abstract
- **Histochemical study fo mast cells in lungs in rheumatic fever.**
Author(s): Morozova MM.
Source: Fed Proc Transl Suppl. 1965 May-June; 24(3): 515-21. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5212954&dopt=Abstract
- **Histopathology of the aortic valve in patients with a previous history of acute rheumatic fever. An analysis of 63 surgical specimens.**
Author(s): Goffin YA, Leclerc JL, Primo GC.
Source: Acta Cardiol. 1984; 39(5): 329-39.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6334951&dopt=Abstract
- **HLA and rheumatic fever in Turkish Children.**
Author(s): Khosroshahi HE, Kahramanyol O, Doganci L.
Source: Pediatric Cardiology. 1992 October; 13(4): 204-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1518738&dopt=Abstract
- **HLA antigens and acute rheumatic fever: evidence for a recessive susceptibility gene linked to HLA.**
Author(s): Hafez M, Chakravarti A, el-Shennawy F, el-Morsi Z, el-Sallab SH, Al-Tonbary Y.
Source: Genetic Epidemiology. 1985; 2(3): 273-82.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4054602&dopt=Abstract

- **HLA antigens in 88 cases of rheumatic fever observed in Martinique.**
Author(s): Monplaisir N, Valette I, Bach JF.
Source: Tissue Antigens. 1986 October; 28(4): 209-13.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3492779&dopt=Abstract
- **HL-A antigens in Europeans and Maoris with rheumatic fever and rheumatic heart disease.**
Author(s): Caughey DE, Douglas R, Wilson W, Hassall IB.
Source: The Journal of Rheumatology. 1975 September; 2(3): 319-22.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1185745&dopt=Abstract
- **HLA class II antigens in rheumatic fever. Analysis of the DR locus by restriction fragment-length polymorphism and oligotyping.**
Author(s): Weidebach W, Goldberg AC, Chiarella JM, Guilherme L, Snitcowsky R, Pileggi F, Kalil J.
Source: Human Immunology. 1994 August; 40(4): 253-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8002374&dopt=Abstract
- **HLA phenotypes in patients with rheumatic fever, rheumatic heart disease, and Yersinia arthritis.**
Author(s): Leirisalo M, Laitinen O, Tiilikainen A.
Source: J Rheumatol Suppl. 1977; 3: 78-83.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=266605&dopt=Abstract
- **HLA, blood groups and secretor status in patients with established rheumatic fever and rheumatic heart disease.**
Author(s): Jhinghan B, Mehra NK, Reddy KS, Taneja V, Vaidya MC, Bhatia ML.
Source: Tissue Antigens. 1986 March; 27(3): 172-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3087020&dopt=Abstract
- **HLA-DR antigens in rheumatic fever and rheumatic heart disease patients.**
Author(s): Ertug MH.
Source: British Journal of Rheumatology. 1993 April; 32(4): 347-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8461934&dopt=Abstract
- **Host factors in rheumatic fever and heart disease.**
Author(s): Williams RC Jr.
Source: Hosp Pract (Off Ed). 1982 August; 17(8): 125-9, 135-8. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6807807&dopt=Abstract

- **Host-parasite interaction in the pathogenesis of rheumatic fever.**
Author(s): Ayoub EM, Kaplan E.
Source: J Rheumatol Suppl. 1991 August; 30: 6-13. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1941847&dopt=Abstract
- **How long should prophylaxis against rheumatic fever be continued?**
Author(s): Ayoub EM.
Source: Clinical Pediatrics. 1970 September; 9(9): 503-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5453266&dopt=Abstract
- **Human monoclonal antibodies: analysis of two antibodies derived from lymphocytes of a patient with acute rheumatic fever.**
Author(s): Hughes EJ, Eichbaum Q, Beatty DW.
Source: Med Lab Sci. 1991 October; 48(4): 244-55.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1811117&dopt=Abstract
- **Humoral immune response in a sample of Bangladeshi children with rheumatic fever.**
Author(s): Zaman MM, Yoshiike N, Ahmed J, Chowdhury AH, Rouf MA, Haque KM, Tanaka H.
Source: Bangladesh Med Res Counc Bull. 1999 August; 25(2): 42-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11026934&dopt=Abstract
- **Ibuprofen and aspirin in acute rheumatic fever.**
Author(s): Marshall RL.
Source: Jama : the Journal of the American Medical Association. 1990 March 23-30; 263(12): 1633-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2308197&dopt=Abstract
- **Identification of cardiac autoantigens in human heart cDNA libraries using acute rheumatic fever sera.**
Author(s): Eichbaum QG, Beatty DW, Parker MI.
Source: Journal of Autoimmunity. 1994 April; 7(2): 243-61.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8037842&dopt=Abstract
- **Identification of cases of acute rheumatic fever managed on an outpatient basis.**
Author(s): Loeffler AM, Neches WH, Ortenzo M, Serdy C, Wald ER.
Source: The Pediatric Infectious Disease Journal. 1995 November; 14(11): 975-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8584365&dopt=Abstract

- **Identification of children with pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections by a marker associated with rheumatic fever.**
Author(s): Swedo SE, Leonard HL, Mittleman BB, Allen AJ, Rapoport JL, Dow SP, Kanter ME, Chapman F, Zabriskie J.
Source: The American Journal of Psychiatry. 1997 January; 154(1): 110-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8988969&dopt=Abstract
- **Identification of clinical criteria for group A-beta hemolytic streptococcal pharyngitis in children living in a rheumatic fever endemic area.**
Author(s): Bassili A, Barakat S, Sawaf GE, Zaher S, Zaki A, Din Saleh EE.
Source: Journal of Tropical Pediatrics. 2002 October; 48(5): 285-93.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12405171&dopt=Abstract
- **Immuno-electrophoretic studies in rheumatic fever.**
Author(s): Kamel HB, el-Hawary MF, el-Zawahry K, Abdin MA, Ibrahim AM.
Source: Gaz Egypt Paediatr Assoc. 1973 July; 21(3): 5-10. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4618213&dopt=Abstract
- **Immunogenetic study of the response to streptococcal carbohydrate antigen of the cell wall in rheumatic fever.**
Author(s): Hafez M, Abdalla A, el-Shennawy F, al-Tonbary Y, Sheaishaa A, el-Morsi Z, Tawfik S, Settien A, Abou el-Khair M.
Source: Annals of the Rheumatic Diseases. 1990 September; 49(9): 708-14.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2241288&dopt=Abstract
- **Immunoglobulins and complement components in synovial fluid of patients with acute rheumatic fever.**
Author(s): Svartman M, Potter EV, Poon-King T, Earle DP.
Source: The Journal of Clinical Investigation. 1975 July; 56(1): 111-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1141429&dopt=Abstract
- **Immunoglobulins in rheumatic fever.**
Author(s): Schoenfeld AE, Rubinstein A, Raviv U.
Source: Isr J Med Sci. 1968 July-August; 4(4): 815-9. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4179138&dopt=Abstract
- **Immunoglobulins, secretor status, and the incidence of rheumatic fever and rheumatic heart disease.**
Author(s): Grundbacher FJ.
Source: Human Heredity. 1972; 22(4): 399-404.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4647206&dopt=Abstract

- **Immunologic and clinical correlations in rheumatic fever and rheumatic heart disease.**
 Author(s): Veasy LG, Hill HR.
 Source: The Pediatric Infectious Disease Journal. 1997 April; 16(4): 400-7. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9109143&dopt=Abstract
- **Immunologic and immunogenetic studies in rheumatic fever and rheumatic heart disease.**
 Author(s): Reddy KS, Narula J, Bhatia R, Shailendri K, Koicha M, Taneja V, Jhingan B, Pothineni RB, Malaviya AN, Mehra NK, et al.
 Source: Indian J Pediatr. 1990 September-October; 57(5): 693-700.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2094670&dopt=Abstract
- **Immunologic phenomena in the heart in rheumatic fever.**
 Author(s): Sowinska J.
 Source: Mater Med Pol. 1974 January-March; 6(1): 29-33. Review. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4613961&dopt=Abstract
- **Immunological aspects of rheumatic fever.**
 Author(s): Kamel HB.
 Source: Gaz Egypt Paediatr Assoc. 1973 July; 21(3): 1-4. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4805745&dopt=Abstract
- **Immunological basis in the aetiology of rheumatic fever (a review).**
 Author(s): Srivastava DC, Kumar KK.
 Source: Indian J Pediatr. 1979 October; 46(381): 368-71. Review. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=397924&dopt=Abstract
- **Immunological remarks on rheumatic fever in children with reference to heart-reactive serum factors, immunoglobulins and 1C-globulin levels.**
 Author(s): Burgio GR, Vaccaro R.
 Source: Helv Paediatr Acta. 1972 July; 27(3): 315-20. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4118953&dopt=Abstract
- **Immunological studies on acute rheumatic fever and rheumatic heart disease.**
 Author(s): Boonpucknavig S, Udomsangpetch R, Pongpanich B.
 Source: J Clin Lab Immunol. 1984 March; 13(3): 133-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6609239&dopt=Abstract

- **Immunopathogenesis of rheumatic fever and carditis.**
Author(s): Chandra RK.
Source: Indian J Pediatr. 1972 April; 39(291): 110-3. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5085755&dopt=Abstract
- **Immunopathogenesis of rheumatic fever and rheumatic heart disease-current concepts.**
Author(s): Reddy KS, Rao PS, Bhatia ML.
Source: Indian J Pediatr. 1982 November-December; 49(401): 849-62. Review. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6763600&dopt=Abstract
- **Immunopathology of acute rheumatic fever and rheumatic heart disease. The demonstration of Coxsackie group B viral antigen in the myocardium.**
Author(s): Pongpanich B, Boonpucknavig S, Wasi C, Tanphaichitr P, Boonpucknavig V.
Source: Clinical Rheumatology. 1983 September; 2(3): 217-22.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6088158&dopt=Abstract
- **Immunoregulation in rheumatic fever.**
Author(s): Hsieh KH, Lue HC.
Source: Asian Pac J Allergy Immunol. 1985 June; 3(1): 23-9. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3874632&dopt=Abstract
- **Improvement of biological support for the community control of rheumatic fever in Algeria.**
Author(s): Merad B, Berrah H, Issad MS, de Montclos H.
Source: Advances in Experimental Medicine and Biology. 1997; 418: 339-42.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9331665&dopt=Abstract
- **In vitro lymphocyte response to streptococcal antigens in rheumatic fever cases.**
Author(s): Mihalcu F, Galesanu M, Gherghina I.
Source: Arch Roum Pathol Exp Microbiol. 1976 January-June; 35(1-2): 133-42. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1008688&dopt=Abstract
- **Incidence and diagnosis of acute rheumatic fever in Denmark, 1980 and 1983. A retrospective analysis of the fulfillment of the revised Jones criteria in hospitalized patients.**
Author(s): Hoffmann S, Henrichsen J, Schmidt K.
Source: Acta Med Scand. 1988; 224(6): 587-94.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3061291&dopt=Abstract

- **Incidence of acute rheumatic fever.**
 Author(s): Wolfe RR.
 Source: The Journal of Pediatrics. 1993 February; 122(2): 327-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8429458&dopt=Abstract
- **Incidence of acute rheumatic fever.**
 Author(s): Sievers J, Hall P.
 Source: British Heart Journal. 1971 November; 33(6): 833-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5120227&dopt=Abstract
- **Incidence of acute rheumatic fever. A suburban community hospital experience during the 1970s.**
 Author(s): Schwartz RH, Hepner SI, Ziai M.
 Source: Clinical Pediatrics. 1983 December; 22(12): 798-801.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6627812&dopt=Abstract
- **Incidence of acute rheumatic fever: a persistent dilemma.**
 Author(s): Wolfe RR.
 Source: Pediatrics. 2000 June; 105(6): 1375.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10877673&dopt=Abstract
- **Incidence of rheumatic fever and prevalence of rheumatic heart disease in India.**
 Author(s): Vijaykumar M, Narula J, Reddy KS, Kaplan EL.
 Source: International Journal of Cardiology. 1994 March 1; 43(3): 221-8. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8181878&dopt=Abstract
- **Incidence of rheumatic fever and rheumatic heart disease in Oklahoma.**
 Author(s): Silberg SL, Ferguson SW, Anderson PS Jr.
 Source: J Okla State Med Assoc. 1971 December; 64(12): 477-81. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5129748&dopt=Abstract
- **Incidence of rheumatic fever.**
 Author(s): Perry CB.
 Source: Bmj (Clinical Research Ed.). 1990 January 13; 300(6717): 122-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2105764&dopt=Abstract
- **Incidence of rheumatic fever. Summary of an eight year study of incoming freshmen at the University of North Dakota.**
 Author(s): Olmstead EG, Churchill J.
 Source: J Lancet. 1967 September; 87(9): 317-20. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6074866&dopt=Abstract

- **Increase in activated T cells and reduction in suppressor/cytotoxic T cells in acute rheumatic fever and active rheumatic heart disease: a longitudinal study.**
Author(s): Morris K, Mohan C, Wahi PL, Anand IS, Ganguly NK.
Source: The Journal of Infectious Diseases. 1993 April; 167(4): 979-83.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8450263&dopt=Abstract
- **Index of suspicion. Case 1. Acute rheumatic fever.**
Author(s): Ganea GR.
Source: Pediatrics in Review / American Academy of Pediatrics. 1997 August; 18(8): 283-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9255995&dopt=Abstract
- **Index of suspicion. Case 6. Acute rheumatic fever (ARF).**
Author(s): Kim EJ.
Source: Pediatrics in Review / American Academy of Pediatrics. 2000 January; 21(1): 21, 26-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10702075&dopt=Abstract
- **Inefficacy of a 3-day course of azithromycin in preventing acute rheumatic fever after group A streptococcal infection (scarlet fever) in an 8-year-old child.**
Author(s): Ghirga G, Palazzi C, Ghirga P, Turchetti G, Turchetti A, Colaiacomo M.
Source: The Journal of Pediatrics. 1999 January; 134(1): 123-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9880464&dopt=Abstract
- **Infection as a cause of reactive arthritis, ankylosing spondylitis, and rheumatic fever.**
Author(s): Moreland LW, Koopman WJ.
Source: Current Opinion in Rheumatology. 1992 August; 4(4): 534-42. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1503878&dopt=Abstract
- **Influence of socio-economic and other factors on rheumatic fever occurrence.**
Author(s): Vlajinac H, Adanja B, Marinkovic J, Jarebinski M.
Source: European Journal of Epidemiology. 1991 November; 7(6): 702-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1783067&dopt=Abstract
- **International co-operative study on streptococcal infections, rheumatic fever and rheumatic heart disease in Asia.**
Author(s): Shiokawa Y.
Source: Japanese Circulation Journal. 1983 November; 47(11): 1347-50.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6358578&dopt=Abstract

- **Intramuscular penicillin is more effective than oral penicillin in secondary prevention of rheumatic fever—a systematic review.**
 Author(s): Manyemba J, Mayosi BM.
 Source: South African Medical Journal. Suid-Afrikaanse Tydskrif Vir Geneeskunde. 2003 March; 93(3): 212-8. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12768947&dopt=Abstract
- **Intravenous immunoglobulin in acute rheumatic fever: a randomized controlled trial.**
 Author(s): Voss LM, Wilson NJ, Neutze JM, Whitlock RM, Ameratunga RV, Cairns LM, Lennon DR.
 Source: Circulation. 2001 January 23; 103(3): 401-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11157692&dopt=Abstract
- **Is monthly injection of benzathine penicillin adequate for rheumatic fever prophylaxis in our country?**
 Author(s): Saran RK, Sinha N, Hasan M, Bhatia MC, Bhatia KB.
 Source: J Assoc Physicians India. 1985 October; 33(10): 641-3. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4093363&dopt=Abstract
- **Is rheumatic fever a rare disease?**
 Author(s): Kristal H, Hanina A.
 Source: Isr J Med Sci. 1987 March; 23(3): 220-1. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3583706&dopt=Abstract
- **Is there a need to modify the “revised” Jones diagnostic criteria of acute rheumatic fever?**
 Author(s): Sanyal SK, Abu-Melha A.
 Source: Indian J Pediatr. 1988 January-February; 55(1): 9-14. Review. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3288562&dopt=Abstract
- **Juvenile rheumatic fever and rheumatic heart disease at Mulago Hospital, Kampala, Uganda: some aspects on the pattern of the disease.**
 Author(s): D'Arbela PG, Patel AK, Somers K.
 Source: East Afr Med J. 1974 October; 51(10): 710-4. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4442348&dopt=Abstract
- **Juvenile rheumatic fever and rheumatic heart disease at Ramathibodi Hospital, Thailand.**
 Author(s): Ayuthya PS, Ratanabanangkoon K, Pongpanich B.
 Source: Southeast Asian J Trop Med Public Health. 1976 March; (1): 77-80.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1027112&dopt=Abstract

- **Lack of association between mitral valve prolapse and history of rheumatic fever.**
Author(s): Zuppiroli A, Roman MJ, O'Grady M, Devereux RB.
Source: American Heart Journal. 1996 March; 131(3): 525-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8604633&dopt=Abstract
- **Landmark article May 13, 1950: Prevention of rheumatic fever. Treatment of the preceding streptococcal infection. By Floyd W. Denny, Lewis W. Wannamaker, William R. Brink, Charles H. Rammelkamp Jr. and Edward A. Custer.**
Author(s): Denny FW, Wannamaker LW, Brink WR, Rammelkamp CH Jr, Custer EA.
Source: Jama : the Journal of the American Medical Association. 1985 July 26; 254(4): 534-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3892066&dopt=Abstract
- **Landmark perspective: The rise and fall of rheumatic fever.**
Author(s): Bisno AL.
Source: Jama : the Journal of the American Medical Association. 1985 July 26; 254(4): 538-41.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3892067&dopt=Abstract
- **Laramie's rheumatic fever control program.**
Author(s): Nelson MB.
Source: Nursing Outlook. 1966 August; 14(8): 31-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5178114&dopt=Abstract
- **Left atrial myxoma presenting as rheumatic fever.**
Author(s): Lortscher RH, Toews WH, Nora JJ, Wolfe RR, Spangler RD.
Source: Chest. 1974 September; 66(3): 302-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4417014&dopt=Abstract
- **Left ventricular mechanics during and after acute rheumatic fever: contractile dysfunction is closely related to valve regurgitation.**
Author(s): Gentles TL, Colan SD, Wilson NJ, Biosar R, Neutze JM.
Source: Journal of the American College of Cardiology. 2001 January; 37(1): 201-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11153739&dopt=Abstract
- **Lesson of the week: difficulties in diagnosing acute rheumatic fever-arthritis may be short lived and carditis silent.**
Author(s): Williamson L, Bowness P, Mowat A, Ostman-Smith I.
Source: Bmj (Clinical Research Ed.). 2000 February 5; 320(7231): 362-5. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10657336&dopt=Abstract

- **Letter: Acute rheumatic fever.**
 Author(s): Van Nostrand CP, Tompkins DG.
 Source: Can Med Assoc J. 1975 February 22; 112(4): 417. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1111884&dopt=Abstract

- **Letter: Acute rheumatic fever.**
 Author(s): Marks MI.
 Source: Can Med Assoc J. 1975 January 25; 112(2): 139. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1089465&dopt=Abstract

- **Letter: An increase in rheumatic fever?**
 Author(s): Crawford MJ.
 Source: Lancet. 1973 October 13; 2(7833): 842.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4126631&dopt=Abstract

- **Letter: Chronic rheumatic fever with erythema marginatum in an adult.**
 Author(s): Abraham AS, Frankel D, Menczel J.
 Source: Annals of Internal Medicine. 1974 September; 81(3): 406-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4852724&dopt=Abstract

- **Letter: Reduction in the incidence of rheumatic fever.**
 Author(s): Gold H.
 Source: Aust Paediatr J. 1975 June; 11(2): 93-4. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1212117&dopt=Abstract

- **Letter: Rheumatic fever in warm climates.**
 Author(s): Garcia-Palmieri MR.
 Source: Jama : the Journal of the American Medical Association. 1976 January 12; 235(2): 143.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=946013&dopt=Abstract

- **Letter: Trends in rheumatic fever.**
 Author(s): Stanhope JM.
 Source: N Z Med J. 1976 February 25; 83(558): 129. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1063932&dopt=Abstract

- **Letter: Trends in rheumatic fever.**
 Author(s): Hassall IB.
 Source: N Z Med J. 1976 January 14; 83(555): 23. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1062196&dopt=Abstract

- **Lewis Wannamaker in the campaign against rheumatic fever.**
Author(s): McCarty M.
Source: Zentralbl Bakteriol Mikrobiol Hyg [a]. 1985 October; 260(2): 151-64. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3909697&dopt=Abstract
- **Lingering traces of rheumatic fever.**
Author(s): Stollerman GH.
Source: Journal of the American Geriatrics Society. 1985 October; 33(10): 732.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4045091&dopt=Abstract
- **Lipid metabolism in rheumatic fever.**
Author(s): Kamel HB, Kheireldin AA, Abdel-Hay Hafeiz A.
Source: Gaz Egypt Paediatr Assoc. 1973 July; 21(3): 11-6. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4618212&dopt=Abstract
- **Localized gangrene of the cecum and acute articular rheumatic fever.**
Author(s): Hakami M.
Source: Am J Proctol. 1976 August; 27(4): 30-4. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=961841&dopt=Abstract
- **Lofgren's syndrome diagnosed as acute rheumatic fever in a military recruit.**
Author(s): Morris JT, Longfield RN.
Source: Clinical Infectious Diseases : an Official Publication of the Infectious Diseases Society of America. 1992 March; 14(3): 781-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1562667&dopt=Abstract
- **Longitudinal study of poststreptococcal disease in Auckland; rheumatic fever, glomerulonephritis, epidemiology and M typing 1981-86.**
Author(s): Lennon D, Martin D, Wong E, Taylor LR.
Source: N Z Med J. 1988 June 8; 101(847 Pt 2): 396-8. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3045711&dopt=Abstract
- **Long-term outcome of patients with rheumatic fever receiving benzathine penicillin G prophylaxis every three weeks versus every four weeks.**
Author(s): Lue HC, Wu MH, Wang JK, Wu FF, Wu YN.
Source: The Journal of Pediatrics. 1994 November; 125(5 Pt 1): 812-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7965439&dopt=Abstract

- **Long-term prognosis of rheumatic fever patients receiving regular intramuscular benzathine penicillin.**
 Author(s): Tompkins DG, Boxerbaum B, Liebman J.
 Source: Circulation. 1972 March; 45(3): 543-51.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5012243&dopt=Abstract
- **Low cost drug program for rheumatic fever and rheumatic heart disease patients.**
 Author(s): Grant M.
 Source: Med Ann Dist Columbia. 1966 December; 35(12): 689-90. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5231834&dopt=Abstract
- **Low density neutrophils in patients with systemic lupus erythematosus, rheumatoid arthritis, and acute rheumatic fever.**
 Author(s): Hacbarth E, Kajdacsy-Balla A.
 Source: Arthritis and Rheumatism. 1986 November; 29(11): 1334-42.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2430586&dopt=Abstract
- **Lung function in children and adolescents with antecedents of acute rheumatic fever.**
 Author(s): Nosedá A, Yernault JC, Viart P, Baran D.
 Source: European Journal of Pediatrics. 1985 May; 144(1): 53-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4018102&dopt=Abstract
- **Lymphocyte stimulation in rheumatic fever and rheumatic carditis.**
 Author(s): Maziarz DM.
 Source: J Med Soc N J. 1974 January; 71(1): 40-2. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4520976&dopt=Abstract
- **Lymphocyte subsets and plasma IL-1 alpha, IL-2, and TNF-alpha concentrations in acute rheumatic fever and chronic rheumatic heart disease.**
 Author(s): Narin N, Kutukculer N, Ozyurek R, Bakiler AR, Parlar A, Arcasoy M.
 Source: Clinical Immunology and Immunopathology. 1995 November; 77(2): 172-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7586724&dopt=Abstract
- **Lymphocyte subsets in acute rheumatic fever and rheumatic heart disease.**
 Author(s): Bhatia R, Narula J, Reddy KS, Koicha M, Malaviya AN, Pothineni RB, Tandon R, Bhatia ML.
 Source: Clin Cardiol. 1989 January; 12(1): 34-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2912606&dopt=Abstract

- **Lymphocyte surface markers in acute rheumatic fever and post-streptococcal acute glomerulonephritis.**
Author(s): Williams RC Jr, Zabriskie JB, Mahros F, Hassaballa F, Abdin ZH.
Source: Clinical and Experimental Immunology. 1977 January; 27(1): 135-42.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=300301&dopt=Abstract
- **Lymphocyte transformation with streptolysin S preparations and inhibition of streptolysin S by serum in rheumatic fever and other rheumatic diseases.**
Author(s): Cuppari G, Quagliata F, Ieri A, Taranta A.
Source: The Journal of Laboratory and Clinical Medicine. 1972 August; 80(2): 165-78.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4537885&dopt=Abstract
- **Lymphocytes binding C-reactive protein and streptococcal membranes in acute rheumatic fever.**
Author(s): Williams RC Jr, van de Rijn I, Mahros F, Abdin ZH, Reid H, Poon-King T.
Source: The Journal of Laboratory and Clinical Medicine. 1980 November; 96(5): 803-14.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7419963&dopt=Abstract
- **Lymphocytes binding C-reactive protein during acute rheumatic fever.**
Author(s): Williams RC Jr, Kilpatrick KA, Kassaby M, Abdin ZH.
Source: The Journal of Clinical Investigation. 1978 May; 61(5): 1384-93.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=659600&dopt=Abstract
- **Magnitude of rheumatic fever and rheumatic heart disease in Missouri.**
Author(s): Allen WC, Silberg SL.
Source: Mo Med. 1965 October; 62(10): 835-41. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5854889&dopt=Abstract
- **Management of acute rheumatic fever.**
Author(s): Shrivastava S, Tandon R.
Source: Indian J Pediatr. 1982 May-June; 49(398): 461. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7141518&dopt=Abstract
- **Management of acute rheumatic fever.**
Author(s): Shrivastava S, Tandon R.
Source: Indian J Pediatr. 1981 July-August; 48(393): 451-5. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6173321&dopt=Abstract
- **Management of acute rheumatic fever.**
Author(s): Markowitz M.
Source: Zentralbl Bakteriol [orig]. 1970; 214(3): 407-11. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4994147&dopt=Abstract

- **Management of rheumatic fever: a review.**
 Author(s): Christmas BW.
 Source: N Z Med J. 1984 September 12; 97(763): 598-600. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6591041&dopt=Abstract
- **Management of streptococcal pharyngitis: the conundrum of acute rheumatic fever.**
 Author(s): Hutten-Czapski P.
 Source: Family Practice. 1988 September; 5(3): 200-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3265685&dopt=Abstract
- **Management of the patient with a history of rheumatic fever in dental practice.**
 Author(s): Little JW.
 Source: J Oral Med. 1978 April-June; 33(2): 47-53. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=280619&dopt=Abstract
- **M-associated protein antibodies in patients with rheumatic fever.**
 Author(s): Martin DR, Dick KJ.
 Source: Journal of Medical Microbiology. 1984 April; 17(2): 189-99.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6708085&dopt=Abstract
- **Maxwell Finland lecture. An adventure in the pathogenetic maze of rheumatic fever.**
 Author(s): McCarty M.
 Source: The Journal of Infectious Diseases. 1981 March; 143(3): 375-85. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7014729&dopt=Abstract
- **Measurement of the incidence of acute rheumatic fever: a methodological study.**
 Author(s): Spector AJ.
 Source: Am J Public Health Nations Health. 1968 October; 58(10): 1950-64. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5693020&dopt=Abstract
- **Missouri Rheumatic Fever Program: progress report.**
 Author(s): Kaphingst HF.
 Source: Mo Med. 1967 October; 64(10): 827. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6063755&dopt=Abstract
- **Mitral valve prolapse in patients with prior rheumatic fever.**
 Author(s): Lembo NJ, Dell'Italia LJ, Crawford MH, Miller JF, Richards KL, O'Rourke RA.
 Source: Circulation. 1988 April; 77(4): 830-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3349583&dopt=Abstract

- **MMPI profiles of rheumatic fever adolescents and adults.**
Author(s): Stehbens JA, Ehmke DA, Wilson BK.
Source: Journal of Clinical Psychology. 1982 July; 38(3): 592-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7107923&dopt=Abstract
- **Modern concepts in the pathogenesis of rheumatic fever.**
Author(s): Kakvan M, Martin RR.
Source: R I Med J. 1978 January; 61(1): 23-6. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=345397&dopt=Abstract
- **Molecular analysis of group A Streptococcus type emm18 isolates temporally associated with acute rheumatic fever outbreaks in Salt Lake City, Utah.**
Author(s): Smoot JC, Korgenski EK, Daly JA, Veasy LG, Musser JM.
Source: Journal of Clinical Microbiology. 2002 May; 40(5): 1805-10.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11980963&dopt=Abstract
- **Molecular mimicry and rheumatic fever.**
Author(s): Williams RC Jr.
Source: Clin Rheum Dis. 1985 December; 11(3): 573-90. Review. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3907955&dopt=Abstract
- **Monitoring trends in acute rheumatic fever in the United States.**
Author(s): Levine OS, Schwartz B.
Source: The Pediatric Infectious Disease Journal. 1995 September; 14(9): 823-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8559645&dopt=Abstract
- **Mortality due to acute rheumatic fever and rheumatic heart disease in the Northern Territory: a preventable cause of death in aboriginal people.**
Author(s): Carapetis JR, Currie BJ.
Source: Aust N Z J Public Health. 1999 April; 23(2): 159-63.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10330730&dopt=Abstract
- **Mortality rates for rheumatic fever and rheumatic heart disease, 1940-65.**
Author(s): Quinn RW, Sprague HA, Quinn JP.
Source: Public Health Reports (Washington, D.C. : 1974). 1970 December; 85(12): 1091-101.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4991772&dopt=Abstract
- **Mycoplasma pneumoniae infection mimicking acute rheumatic fever.**
Author(s): Moore P, Martland T.
Source: The Pediatric Infectious Disease Journal. 1994 January; 13(1): 81-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8170744&dopt=Abstract

- **Mycoplasma pneumoniae infection presenting as acute rheumatic fever.**
Author(s): Berant M, Cohen N, Wagner Y.
Source: *Helv Paediatr Acta*. 1981; 36(6): 567-72.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7333864&dopt=Abstract
- **Myocardial lysis in acute rheumatic fever followed by regeneration of cardiac muscle and origin of Aschoff bodies.**
Author(s): McDonald HG.
Source: *Journal of Clinical Pathology*. 1975 July; 28(7): 568-75.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1150897&dopt=Abstract
- **NADPH oxidase activity in the monocytes and neutrophils of patients with rheumatic fever.**
Author(s): Kumar V, Ganguly NK, Anand IS, Wahi PL.
Source: *Cardioscience*. 1991 June; 2(2): 93-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1878489&dopt=Abstract
- **Nationwide survey of Kawasaki disease and acute rheumatic fever.**
Author(s): Taubert KA, Rowley AH, Shulman ST.
Source: *The Journal of Pediatrics*. 1991 August; 119(2): 279-82.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1861216&dopt=Abstract
- **Neurologic manifestations of rheumatic fever.**
Author(s): Aita JA.
Source: *Postgraduate Medicine*. 1973 December; 54(6): 82-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4759729&dopt=Abstract
- **Neutrophil, monocyte and lymphocyte locomotion in rheumatic fever and rheumatoid arthritis.**
Author(s): Ertug H, Arman M, Yegin O.
Source: *Turk J Pediatr*. 1990 April-June; 32(2): 73-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2091373&dopt=Abstract
- **New Zealand trends in acute rheumatic fever and chronic rheumatic heart disease 1971-1981.**
Author(s): Wabitsch KR, Prior IA, Stanley DG, Pearce N.
Source: *N Z Med J*. 1984 September 12; 97(763): 594-7. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6591040&dopt=Abstract

- **New Zealand trends in rheumatic fever: 1885-1971.**
Author(s): Stanhope JM.
Source: N Z Med J. 1975 November 12; 82(551): 297-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1060941&dopt=Abstract
- **Notching of the QRS complex in high frequency electrocardiograms of normal children and in children with rheumatic fever.**
Author(s): Holcroft JW, Liebman J.
Source: Journal of Electrocardiology. 1970; 3(2): 133-46.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5517063&dopt=Abstract
- **Nursing care study. Rheumatic fever or sarcoidosis: into the frying pan or into the fire?**
Author(s): Reid S.
Source: Nurs Mirror. 1979 August 9; 149(6): 40-2. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=257619&dopt=Abstract
- **Nursing care study: rheumatic fever.**
Author(s): Herr M.
Source: Nurs Times. 1978 March 30; 74(13): 526-8. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=203900&dopt=Abstract
- **Nursing practice management: Lili, aged 12, was diagnosed with rheumatic fever in the fourth grade.**
Author(s): Gregory EK, Blair C.
Source: J Sch Nurs. 1993 April; 9(2): 40-2. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8499693&dopt=Abstract
- **Nutritional factors associated with rheumatic fever.**
Author(s): Zaman MM, Yoshiike N, Chowdhury AH, Nakayama T, Yokoyama T, Faruque GM, Rouf MA, Haque S, Tanaka H.
Source: Journal of Tropical Pediatrics. 1998 June; 44(3): 142-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9680778&dopt=Abstract
- **Observations on the epidemiology and preventability of rheumatic fever in developing countries.**
Author(s): Markowitz M.
Source: Clinical Therapeutics. 1981; 4(4): 240-51.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7332912&dopt=Abstract

- **Obsessive-compulsive and related symptoms in children and adolescents with rheumatic fever with and without chorea: a prospective 6-month study.**
 Author(s): Asbahr FR, Negrao AB, Gentil V, Zanetta DM, da Paz JA, Marques-Dias MJ, Kiss MH.
 Source: The American Journal of Psychiatry. 1998 August; 155(8): 1122-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9699708&dopt=Abstract
- **Occurrence and erythromycin susceptibility of penicillin-resistant Viridans streptococci in rheumatic fever patients on oral penicillin prophylaxis.**
 Author(s): Paterson PY, Madden GM.
 Source: Antimicrobial Agents Chemother. 1968; 8: 323-5. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5735376&dopt=Abstract
- **Occurrence and prevention of rheumatic fever among ethnic groups of Hawaii.**
 Author(s): Chun LT, Reddy V, Rhoads GG.
 Source: Am J Dis Child. 1984 May; 138(5): 476-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6711504&dopt=Abstract
- **Occurrence of valvar heart disease in acute rheumatic fever without evident carditis: colour-flow Doppler identification.**
 Author(s): Folger GM Jr, Hajar R, Robida A, Hajar HA.
 Source: British Heart Journal. 1992 June; 67(6): 434-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1622689&dopt=Abstract
- **On blind men, elephants, spectrums, and controversies: lessons from rheumatic fever revisited.**
 Author(s): Feinstein AR.
 Source: J Chronic Dis. 1986; 39(5): 337-42. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3700574&dopt=Abstract
- **On rheumatic fever in children.**
 Author(s): Aryanpur-Kashani I.
 Source: American Heart Journal. 1980 December; 100(6 Pt 1): 942-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7446402&dopt=Abstract
- **On the international co-operative study on streptococcal infections, rheumatic fever and rheumatic heart disease in Asia.**
 Author(s): Shiokawa Y.
 Source: Japanese Circulation Journal. 1979 May; 43(5): 431-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=470103&dopt=Abstract

- **One year's rheumatic fever from one general practice in Wairoa, Hawke's Bay.**
Author(s): Chilvers CD.
Source: N Z Med J. 1976 September 8; 84(571): 189-92.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1070588&dopt=Abstract
- **Optical immunoassay for streptococcal pharyngitis: evaluation of accuracy with routine and mucoid strains associated with acute rheumatic fever outbreak in the intermountain area of the United States.**
Author(s): Daly JA, Korgenski EK, Munson AC, Llausas-Magana E.
Source: Journal of Clinical Microbiology. 1994 February; 32(2): 531-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8150968&dopt=Abstract
- **Oral hygiene and Beta-hemolytic streptococcal carrier states during penicillin prophylaxis for rheumatic fever.**
Author(s): Shapiro S, Heling B, Brand-Auraban A, Fuks E, Bergner-Rabinowitz S.
Source: J Oral Med. 1970 January-March; 25(1): 18-20. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5264819&dopt=Abstract
- **Outbreak of acute rheumatic fever in northeast Ohio.**
Author(s): Congeni B, Rizzo C, Congeni J, Sreenivasan VV.
Source: The Journal of Pediatrics. 1987 August; 111(2): 176-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3302191&dopt=Abstract
- **Outbreak of acute rheumatic fever in northern Italy.**
Author(s): Bonora G, Rogari P, Acerbi L, Frattini D, Perletti L.
Source: The Journal of Pediatrics. 1989 February; 114(2): 334-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2915296&dopt=Abstract
- **Outcomes of children with rheumatic fever not diagnosed by revised (1965) Jones criteria.**
Author(s): Lue HC, Chen CL, Wei H.
Source: Japanese Heart Journal. 1976 September; 17(5): 560-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=136531&dopt=Abstract
- **Oxygen free radicals in children with acute rheumatic fever.**
Author(s): Oran B, Atabek E, Karaaslan S, Reisli Y, Gultekin F, Erkul Y.
Source: Cardiology in the Young. 2001 May; 11(3): 285-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11388622&dopt=Abstract

- **PANDAS: the search for environmental triggers of pediatric neuropsychiatric disorders. Lessons from rheumatic fever.**
Author(s): Garvey MA, Giedd J, Swedo SE.
Source: Journal of Child Neurology. 1998 September; 13(9): 413-23. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9733286&dopt=Abstract
- **Participation of health workers, school teachers and pupils in the control of rheumatic fever: evaluation of a training programme.**
Author(s): Iyengar SD, Grover A, Kumar R, Ganguly NK, Wahi PL.
Source: Indian Pediatrics. 1992 July; 29(7): 875-81.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1428137&dopt=Abstract
- **Past, present and future of rheumatic fever and rheumatic heart disease in Japan.**
Author(s): Shiokawa Y.
Source: Japanese Circulation Journal. 1973 February; 37(2): 171-80.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4741071&dopt=Abstract
- **Pathogenesis and immunogenetics of rheumatic fever.**
Author(s): Patarroyo M.
Source: Seminars in Arthritis and Rheumatism. 1983 August; 13(1 Suppl 1): 102-3. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6353580&dopt=Abstract
- **Pathogenesis of rheumatic fever.**
Author(s): Joorabchi B.
Source: Clinical Pediatrics. 1969 July; 8(7): 405-8. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4892355&dopt=Abstract
- **Pathogenesis of rheumatic fever: a review.**
Author(s): Rotta J.
Source: Annals of Tropical Paediatrics. 1983 March; 3(1): 1-8. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6191642&dopt=Abstract
- **Pathology of rheumatic heart disease with particular reference to acute rheumatic fever.**
Author(s): Tandon HD, Roy S.
Source: Indian J Pathol Bacteriol. 1972 January; 15(1): 10-7. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4642966&dopt=Abstract

- **Patient compliance with prophylactic benzathine penicillin for rheumatic fever.**
Author(s): Rolston DD, Brahmadathan KN, Koshi G, Cherian G.
Source: The Medical Journal of Australia. 1981 August 8; 2(3): 160-1.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7289955&dopt=Abstract
- **Patients with rheumatic fever recurrences.**
Author(s): Newman JE, Lennon DR, Wong-Toi W.
Source: N Z Med J. 1984 October 10; 97(765): 678-80.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6435043&dopt=Abstract
- **Pattern of acute rheumatic fever in a local teaching hospital.**
Author(s): Omar A.
Source: Med J Malaysia. 1995 June; 50(2): 125-30.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7565180&dopt=Abstract
- **Penicillin and acute rheumatic fever.**
Author(s): Boxerbaum B.
Source: Pediatrics. 1982 September; 70(3): 506-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7110835&dopt=Abstract
- **Penicillin and the marked decrease in morbidity and mortality from rheumatic fever in the United States.**
Author(s): Massell BF, Chute CG, Walker AM, Kurland GS.
Source: The New England Journal of Medicine. 1988 February 4; 318(5): 280-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3336421&dopt=Abstract
- **Penicillin concentrations after increased doses of benzathine penicillin G for prevention of secondary rheumatic fever.**
Author(s): Currie BJ, Burt T, Kaplan EL.
Source: Antimicrobial Agents and Chemotherapy. 1994 May; 38(5): 1203-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8067767&dopt=Abstract
- **Penicillin for rheumatic fever prophylaxis 3-weekly or 4-weekly schedule?**
Author(s): Padmavati S, Gupta V, Prakash K, Sharma KB.
Source: J Assoc Physicians India. 1987 November; 35(11): 753-5. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3449509&dopt=Abstract
- **Penicillin for secondary prevention of rheumatic fever.**
Author(s): Manyemba J, Mayosi BM.
Source: Cochrane Database Syst Rev. 2002; (3): Cd002227. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12137650&dopt=Abstract

- **Penicillin phenoxymethyl. Use in rheumatic fever prophylaxis.**
Author(s): Phair JP, Carleton J, Wehl C.
Source: Am J Dis Child. 1973 July; 126(1): 48-50. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4198746&dopt=Abstract
- **Perforated gastric ulcer complicating corticosteroid therapy in acute rheumatic fever.**
Author(s): Klar A, Moise J, Brand A, Seror D, Hurvitz H.
Source: Acta Gastroenterol Belg. 2000 April-June; 63(2): 236-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10925477&dopt=Abstract
- **Peripheral blood T & B lymphocytes during acute rheumatic fever, rheumatic heart disease & streptococcal pharyngitis.**
Author(s): Prakash K, Bhatnagar PK, Sharma KB.
Source: The Indian Journal of Medical Research. 1983 July; 78: 1-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6605919&dopt=Abstract
- **Peripheral blood T and B lymphocytes during acute rheumatic fever.**
Author(s): Lueker RD, Abdin ZH, Williams RC Jr.
Source: The Journal of Clinical Investigation. 1975 May; 55(5): 975-85.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1091658&dopt=Abstract
- **Peripheral retinal neovascularization in rheumatic fever.**
Author(s): Kelley JS, Randall HG.
Source: Archives of Ophthalmology. 1979 January; 97(1): 81-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=758897&dopt=Abstract
- **Persistence of heart reactive antibodies (HRA) in acute rheumatic fever (ARF) and rheumatic heart disease (RHD) patients.**
Author(s): Shastry P, Naik S, Joshi M, Kinare S.
Source: J Clin Lab Immunol. 1988 October; 27(2): 87-90.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3246685&dopt=Abstract
- **Persistent complete heart block following acute rheumatic fever in a 12 year old girl.**
Author(s): Shah CK, Gupta R.
Source: J Assoc Physicians India. 1993 June; 41(6): 389-90.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8005983&dopt=Abstract
- **Persistent elevation of immunoglobulin G titer against the C region of recombinant group A streptococcal M protein in patients with rheumatic fever.**
Author(s): Mori K, Kamikawaji N, Sasazuki T.
Source: Pediatric Research. 1996 February; 39(2): 336-42.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8825809&dopt=Abstract

- **Pharmacokinetics of rheumatic fever prophylaxis regimens.**
 Author(s): Thamlikitkul V, Kobwanthanakun S, Pruksachattvuthi S, Lertluknithi R.
 Source: J Int Med Res. 1992 February; 20(1): 20-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1568517&dopt=Abstract
- **Pharyngeal carriage of group C and group G streptococci and acute rheumatic fever in an Aboriginal population.**
 Author(s): Haidan A, Talay SR, Rohde M, Sriprakash KS, Currie BJ, Chhatwal GS.
 Source: Lancet. 2000 September 30; 356(9236): 1167-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11030302&dopt=Abstract
- **Picture of the month. Erythema marginatum in acute rheumatic fever.**
 Author(s): Secord E, Emre U, Shah BR, Tunnessen WW Jr.
 Source: Am J Dis Child. 1992 May; 146(5): 637-8. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1621672&dopt=Abstract
- **Pioneers and modern ideas. Rheumatic fever--a half-century perspective.**
 Author(s): Markowitz M.
 Source: Pediatrics. 1998 July; 102(1 Pt 3): 272-4; Discussion 288-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9719793&dopt=Abstract
- **Plasma adenosine deaminase activity in children with rheumatic fever and rheumatoid arthritis.**
 Author(s): Krawczynska H, Raczynska J, Krawczynski J.
 Source: Pol Med J. 1969; 8(2): 261-7. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4388973&dopt=Abstract
- **Plasma interleukin-7 (IL-7) and IL-8 concentrations in acute rheumatic fever and chronic rheumatic heart disease.**
 Author(s): Kutukculer N, Narin N.
 Source: Scandinavian Journal of Rheumatology. 1995; 24(6): 383-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8610224&dopt=Abstract
- **Plasma lipid and lipoprotein levels in rheumatic fever.**
 Author(s): Olgunturk R, Aykol N, Laleli Y, Ayberk U.
 Source: Turk J Pediatr. 1988 January-March; 30(1): 1-8. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3232220&dopt=Abstract
- **Plasmapheresis in treatment of rheumatic fever.**
 Author(s): Shiokawa Y, Yamagata J.
 Source: Japanese Circulation Journal. 1980 October; 44(10): 797-800.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7431634&dopt=Abstract

- **Pneumonia associated with acute rheumatic fever.**
 Author(s): Yamamoto LG, Seto DS, Reddy DV.
 Source: Clinical Pediatrics. 1987 April; 26(4): 198-200.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3829566&dopt=Abstract
- **Polymorphonuclear leukocyte functions in patients with acute rheumatic fever and rheumatic heart disease.**
 Author(s): Naik S, Jambotkar S, Kamat JR, Joshi MK, Kandoth PW, Kinare SG.
 Source: J Clin Lab Immunol. 1987 December; 24(4): 189-92.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3448235&dopt=Abstract
- **Possible association between rubella vaccination and the decline in rheumatic fever.**
 Author(s): Wedum BG.
 Source: The New England Journal of Medicine. 1985 April 11; 312(15): 991-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3974690&dopt=Abstract
- **Possible association of measles virus infection with rheumatic fever.**
 Author(s): Rowe PC.
 Source: The New England Journal of Medicine. 1985 August 29; 313(9): 580-1.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4022093&dopt=Abstract
- **Possible influence of geographic location and colony counts on guidelines for diagnosis of streptococcal infections in rheumatic fever.**
 Author(s): Lewak N.
 Source: Pediatrics. 1972 April; 49(4): 636-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5013437&dopt=Abstract
- **Possible origin of myocardial Aschoff bodies of rheumatic fever from nerves.**
 Author(s): Hutchins GM, Payne KT.
 Source: Johns Hopkins Med J. 1973 June; 132(6): 315-33. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4712966&dopt=Abstract
- **Post streptococcal diseases. I. Acute rheumatic fever.**
 Author(s): Noble RC, Dzur JR.
 Source: J Ky Med Assoc. 1972 December; 70(12): 931-3. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4643474&dopt=Abstract
- **Post streptococcal glomerulonephritis co-existing with acute rheumatic fever--a case report.**
 Author(s): Narula AS, Mishra A, Anand AC, Gupta HS, Singh W.
 Source: J Assoc Physicians India. 1992 October; 40(10): 685-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1369825&dopt=Abstract

- **Poststreptococcal diseases: pathogenetic aspects of rheumatic fever and acute poststreptococcal glomerulonephritis.**
Author(s): Taranta A.
Source: Pathobiol Annu. 1978; 8: 333-57. Review. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=364376&dopt=Abstract
- **Poststreptococcal nephritis and acute rheumatic fever in two adults.**
Author(s): Ben-Dov I, Berry EM, Kopolovic J.
Source: Archives of Internal Medicine. 1985 February; 145(2): 338-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3977496&dopt=Abstract
- **Poststreptococcal reactive arthritis in children: is it really a different entity from rheumatic fever?**
Author(s): Tutar E, Atalay S, Yilmaz E, Ucar T, Kocak G, Imamoglu A.
Source: Rheumatology International. 2002 June; 22(2): 80-3. Epub 2002 May 08.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12070681&dopt=Abstract
- **Post-streptococcal reactive arthritis: a clinical and serological description, revealing its distinction from acute rheumatic fever.**
Author(s): Jansen TL, Janssen M, de Jong AJ, Jeurissen ME.
Source: Journal of Internal Medicine. 1999 March; 245(3): 261-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10205588&dopt=Abstract
- **Poststreptococcal reactive arthritis: a form of acute rheumatic fever in adulthood.**
Author(s): Verschuren F, Hainaut P, Delhaye L, Rodzynek JJ.
Source: Acta Clin Belg. 1995; 50(1): 28-30.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7725836&dopt=Abstract
- **Presence of a non-HLA B cell antigen in rheumatic fever patients and their families as defined by a monoclonal antibody.**
Author(s): Khanna AK, Buskirk DR, Williams RC Jr, Gibofsky A, Crow MK, Menon A, Fotino M, Reid HM, Poon-King T, Rubinstein P, et al.
Source: The Journal of Clinical Investigation. 1989 May; 83(5): 1710-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2785121&dopt=Abstract
- **Presence of the d8/17 B-cell marker in children with rheumatic fever in Israel.**
Author(s): Harel L, Zeharia A, Kodman Y, Straussberg R, Zabriskie JB, Amir J.
Source: Clinical Genetics. 2002 April; 61(4): 293-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12030895&dopt=Abstract

- **Present status of rheumatic fever and rheumatic heart disease in India.**
 Author(s): Padmavati S.
 Source: Indian Heart J. 1995 July-August; 47(4): 395-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8557287&dopt=Abstract
- **Presumptive evidence for an immunosuppressor susceptibility gene, linked to HLA, in rheumatic fever.**
 Author(s): Hafez M, el-Shennawy F, el-Ziny M, Abo-el-Hasan S, Khashaba M.
 Source: Disease Markers. 1987 September; 5(3): 177-85.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2971499&dopt=Abstract
- **Prevalence of coxsackievirus B antibody in patients with suspected rheumatic fever and rheumatic heart disease.**
 Author(s): Tay L, Yin-Murphy M, Chua PH, Koh LH.
 Source: Singapore Med J. 1983 February; 24(1): 37-40. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6306845&dopt=Abstract
- **Prevalence of rheumatic fever and rheumatic heart disease in school children in a rural community of the hill region of Nepal.**
 Author(s): Shrestha UK, Bhattarai TN, Pandey MR.
 Source: Indian Heart J. 1991 January-February; 43(1): 39-41.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1894300&dopt=Abstract
- **Prevalence of rheumatic fever and rheumatic heart disease in school children of Kathmandu city.**
 Author(s): Regmi PR, Pandey MR.
 Source: Indian Heart J. 1997 September-October; 49(5): 518-20.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9505020&dopt=Abstract
- **Prevalence of rheumatic fever and rheumatic heart diseases in school children in Dhaka city.**
 Author(s): Banoo H, Rahman S, Alam A, Azad AK, Sayeed A, Awwal A.
 Source: Bangladesh Med Res Counc Bull. 1987 December; 13(2): 92-100. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3502640&dopt=Abstract
- **Prevalence survey for chronic rheumatic heart disease and rheumatic fever in northern India.**
 Author(s): Berry JN.
 Source: British Heart Journal. 1972 February; 34(2): 143-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5007791&dopt=Abstract

- **Preventing rheumatic fever and rheumatic heart disease.**
Author(s): Hellmuth GA.
Source: American Family Physician. 1973 March; 7(3): 129-32.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4693793&dopt=Abstract
- **Preventing rheumatic fever in school children.**
Author(s): Feeney R.
Source: The American Journal of Nursing. 1973 February; 73(2): 265.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4486103&dopt=Abstract
- **Prevention of bacterial endocarditis. A statement for health professionals by the Committee on Rheumatic Fever and Bacterial Endocarditis of the Council on Cardiovascular Diseases in the Young of the American Heart Association.**
Author(s): Shulman ST, Amren DP, Bisno AL, Dajani AS, Durack DT, Gerber MA, Kaplan EL, Millard HD, Sanders WE, Schwartz RH, et al.
Source: Am J Dis Child. 1985 March; 139(3): 232-5. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3919566&dopt=Abstract
- **Prevention of Bacterial Endocarditis. A statement for health professionals by the Committee on Rheumatic Fever and Infective Endocarditis of the Council on Cardiovascular Disease in the Young.**
Author(s): Shulman ST, Amren DP, Bisno AL, Dajani AS, Durack DT, Gerber MA, Kaplan EL, Millard HD, Sanders WE, Schwartz RH, et al.
Source: Circulation. 1984 December; 70(6): 1123A-1127A.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6534633&dopt=Abstract
- **Prevention of rheumatic fever and heart disease.**
Author(s): Haque KN.
Source: Clinical Therapeutics. 1985; 7(3): 310-8. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3888392&dopt=Abstract
- **Prevention of rheumatic fever and rheumatic heart disease in India.**
Author(s): Agarwal BL.
Source: J Assoc Physicians India. 1983 February; 31(2): 95-7. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6885715&dopt=Abstract
- **Prevention of rheumatic fever and rheumatic heart diseases: problems, strategies and new developments.**
Author(s): Lore W.
Source: East Afr Med J. 1987 December; 64(12): 795-800. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3505205&dopt=Abstract

- **Prevention of rheumatic fever in Costa Rica.**
Author(s): Arguedas A, Mohs E.
Source: The Journal of Pediatrics. 1992 October; 121(4): 569-72.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1403390&dopt=Abstract
- **Prevention of rheumatic fever revisited.**
Author(s): Gordis L, Markowitz M.
Source: Pediatric Clinics of North America. 1971 November; 18(4): 1243-53.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5138395&dopt=Abstract
- **Prevention of rheumatic fever, with or without vaccines.**
Author(s): Taranta A.
Source: Arch Inst Cardiol Mex. 1978 March-April; 48(2): 387-94. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=666448&dopt=Abstract
- **Prevention of rheumatic fever.**
Author(s): Boxerbaum B.
Source: The Journal of Pediatrics. 1990 November; 117(5): 842.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2231225&dopt=Abstract
- **Prevention of rheumatic fever.**
Author(s): Massell BF.
Source: Jama : the Journal of the American Medical Association. 1972 July 24; 221(4): 410-1.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5067857&dopt=Abstract
- **Prevention of rheumatic fever.**
Author(s): Spagnuolo M.
Source: Med Times. 1970 April; 98(4): 121-6. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5422573&dopt=Abstract
- **Prevention of rheumatic fever. A comparative study of clindamycin palmitat and ampicillin in the treatment of group A beta hemolytic streptococcal pharyngitis.**
Author(s): Jackson H.
Source: Clinical Pediatrics. 1973 August; 12(8): 501-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4579967&dopt=Abstract

- **Prevention of rheumatic fever. A statement for health professionals by the Committee on Rheumatic Fever and Infective Endocarditis of the Council on Cardiovascular Disease in the Young.**
Author(s): Shulman ST, Amren DP, Bisno AL, Dajani AS, Durack DT, Gerber MA, Kaplan EL, Millard HD, Sanders WE, Schwartz RH, et al.
Source: Circulation. 1984 December; 70(6): 1118A-1122A.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6388900&dopt=Abstract
- **Prevention of rheumatic fever. A statement for health professionals by the Committee on Rheumatic Fever, Endocarditis, and Kawasaki Disease of the Council on Cardiovascular Disease in the Young, the American Heart Association.**
Author(s): Danjani AS, Bisno AL, Chung KJ, Durack DT, Gerber MA, Kaplan EL, Millard HD, Randolph MF, Shulman ST, Watanakunakorn C.
Source: Circulation. 1988 October; 78(4): 1082-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3139324&dopt=Abstract
- **Prevention of rheumatic fever: a statement for health professionals by the Committee on Rheumatic Fever, Endocarditis and Kawasaki Disease of the Council on Cardiovascular Disease in the young, the American Heart Association.**
Author(s): Dajani AS, Bisno AL, Chung KJ, Durack DT, Gerber MA, Kaplan EL, Millard HD, Randolph MF, Shulman ST, Watanakunakorn C.
Source: The Pediatric Infectious Disease Journal. 1989 May; 8(5): 263-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2726321&dopt=Abstract
- **Prevention of rheumatic fever: approaches and problems.**
Author(s): Davies AM, Halfon ST, Ever-Hadani P, Kaplan O.
Source: Singapore Med J. 1973 September; 14(3): 142-5. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4777839&dopt=Abstract
- **Prevention of rheumatic recurrence in the allergic, rheumatic fever patient.**
Author(s): Lerman SJ.
Source: The Journal of Pediatrics. 1977 November; 91(5): 854.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=909037&dopt=Abstract
- **Prevention of Streptococcal pharyngitis and acute rheumatic fever in Navy and Marine Corps recruits.**
Author(s): Heggie AD.
Source: Navy Med. 1988 March-April; 79(2): 26-8. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3054588&dopt=Abstract

- **Primary prevention of acute rheumatic fever: Quo vadis?**
 Author(s): Bisno AL.
 Source: The Journal of Laboratory and Clinical Medicine. 1981 September; 98(3): 323-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7264433&dopt=Abstract
- **Primary prevention of rheumatic fever in Jerusalem schoolchildren. 2. Identification of beta-hemolytic streptococci.**
 Author(s): Halfon ST, Davies AM, Kaplan O, Lazarov E, Bergner-Rabinowitz S.
 Source: Isr J Med Sci. 1968 July-August; 4(4): 809-14. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4884603&dopt=Abstract
- **Primary prevention of rheumatic fever in Jerusalem schoolchildren. I. Rationale and results of the pilot study.**
 Author(s): Davies AM, Brandt-Auraban A, Szabo M, Halfon ST, Bergner-Rabinowitz S.
 Source: Isr J Med Sci. 1968 July-August; 4(4): 801-8. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4885711&dopt=Abstract
- **Probable role of streptococcal antigens in patients of rheumatic fever & rheumatic heart disease.**
 Author(s): Prakash K, Bhatnagar PK.
 Source: The Indian Journal of Medical Research. 1987 September; 86: 347-50.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3428969&dopt=Abstract
- **Probably fortuitous association of rheumatic fever and Reiter's syndrome.**
 Author(s): Gerster JC, Payot M, Rappoport G.
 Source: Zeitschrift Fur Rheumatologie. 1980 September-October; 39(9-10): 343-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7456776&dopt=Abstract
- **Problems in the clinical application of revised Jones diagnostic criteria for rheumatic fever.**
 Author(s): Okuni M.
 Source: Japanese Heart Journal. 1971 September; 12(5): 436-41.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5315443&dopt=Abstract
- **Proceedings: Antihyaluronidase antibody in the patients with rheumatic fever.**
 Author(s): Watanabe N.
 Source: Japanese Circulation Journal. 1975 February; 39(2): 157-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1117542&dopt=Abstract

- **Proceedings: Comparison of Streptozyme test and other streptococcal antibodies in acute rheumatic fever.**
Author(s): Biundo JJ Jr, Osterberger JS Jr, Harnish M.
Source: Arthritis and Rheumatism. 1975 September-October; 18(5): 527-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=172093&dopt=Abstract
- **Proceedings: Diagnosis of rheumatic fever.**
Author(s): Nair DV.
Source: Japanese Circulation Journal. 1975 February; 39(2): 159-60.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1117545&dopt=Abstract
- **Proceedings: Diagnosis of rheumatic fever.**
Author(s): Roy SB.
Source: Japanese Circulation Journal. 1975 February; 39(2): 156.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1117540&dopt=Abstract
- **Proceedings: Epidemiological features of rheumatic fever and rheumatic heart disease among school children in Osaka.**
Author(s): Kitada M, Uheda K, Yasutake K, Takashina Y.
Source: Japanese Circulation Journal. 1975 February; 39(2): 187.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1117561&dopt=Abstract
- **Proceedings: Epidemiological study of rheumatic fever and rheumatic heart disease in India.**
Author(s): Roy SB.
Source: Japanese Circulation Journal. 1975 February; 39(2): 188-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1117564&dopt=Abstract
- **Proceedings: Epidemiology of rheumatic fever and rheumatic heart disease in Indonesia.**
Author(s): Hanafiah A.
Source: Japanese Circulation Journal. 1975 February; 39(2): 189-90.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1117565&dopt=Abstract
- **Proceedings: Epidemiology of rheumatic fever and rheumatic heart disease in Japan.**
Author(s): Shiokawa Y.
Source: Japanese Circulation Journal. 1975 February; 39(2): 185-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1117560&dopt=Abstract

- **Proceedings: Epidemiology of rheumatic fever and rheumatic heart disease in Thailand.**
Author(s): Dharmasakti D, Sindhavananda K.
Source: Japanese Circulation Journal. 1975 February; 39(2): 183.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1117558&dopt=Abstract
- **Proceedings: Outcomes of children with rheumatic fever not diagnosed by revised Jones criteria.**
Author(s): Lue HC, Chen CL.
Source: Japanese Circulation Journal. 1975 February; 39(2): 158-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1117543&dopt=Abstract
- **Proceedings: Penicillin prophylaxis in rheumatic fever prevention.**
Author(s): Berk ME, Canete D.
Source: Japanese Circulation Journal. 1975 February; 39(2): 196.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1117571&dopt=Abstract
- **Proceedings: Preventability of streptococcal infection by means of prophylactic medication of oral penicillin against rheumatic fever recurrence.**
Author(s): Oda T.
Source: Japanese Circulation Journal. 1975 February; 39(2): 196.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1117572&dopt=Abstract
- **Proceedings: Prevention of rheumatic fever and rheumatic heart disease in school children.**
Author(s): Nair DV.
Source: Japanese Circulation Journal. 1975 February; 39(2): 193.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1117567&dopt=Abstract
- **Proceedings: Prevention of rheumatic heart disease: follow-up studies of adult rheumatic fever under oral prophylaxis with penicillin.**
Author(s): Homma M, Sakamoto K, Yamagata H.
Source: Japanese Circulation Journal. 1975 February; 39(2): 194-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1117570&dopt=Abstract
- **Proceedings: Problems in the clinical application of revised Jones diagnostic criteria for rheumatic fever.**
Author(s): Okuni M.
Source: Japanese Circulation Journal. 1975 February; 39(2): 157.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1117541&dopt=Abstract

- **Proceedings: Rheumatic fever and rheumatic heart disease in Singapore children.**
Author(s): Loh TF.
Source: Japanese Circulation Journal. 1975 February; 39(2): 182-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1117557&dopt=Abstract
- **Proceedings: Rheumatic fever and streptococcal infection, Anti-streptococcal antibodies in rheumatic fever and rheumatic heart disease.**
Author(s): Kumagai N.
Source: Japanese Circulation Journal. 1975 February; 39(2): 167-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1167917&dopt=Abstract
- **Proceedings: Rheumatic fever and the health of populations.**
Author(s): Strasser T.
Source: Japanese Circulation Journal. 1975 February; 39(2): 174-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1117551&dopt=Abstract
- **Proceedings: Serum antistreptococcal polysaccharide level in the diagnosis for rheumatic fever.**
Author(s): Okuni M, Fujikawa S.
Source: Japanese Circulation Journal. 1975 February; 39(2): 171-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1117549&dopt=Abstract
- **Proceedings: The epidemiology of rheumatic fever and rheumatic heart disease in Korea.**
Author(s): Hong CY.
Source: Japanese Circulation Journal. 1975 February; 39(2): 182.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1117556&dopt=Abstract
- **Proceedings: The role of upper respiratory infections of group A streptococci to rheumatic fever.**
Author(s): Kawakita S, Takeuchi T, Uemura Y, Onishi T, Saito K.
Source: Japanese Circulation Journal. 1975 February; 39(2): 164-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1117547&dopt=Abstract
- **Proceedings: Treatment of rheumatic fever.**
Author(s): Vair DV.
Source: Japanese Circulation Journal. 1975 February; 39(2): 179.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1117554&dopt=Abstract

- **Prophylactic efficiency of 3-weekly benzathine penicillin G in rheumatic fever.**
 Author(s): Oran B, Tastekin A, Karaaslan S, Bas L, Aycicek A, Ceri A, Sutcu A, Erkul I.
 Source: Indian J Pediatr. 2000 March; 67(3): 163-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10838716&dopt=Abstract
- **Prophylaxis in patients with rheumatic fever: every three or every four weeks?**
 Author(s): Ayoub EM.
 Source: The Journal of Pediatrics. 1989 July; 115(1): 89-91.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2738800&dopt=Abstract
- **Prophylaxis of endocarditis and rheumatic fever.**
 Author(s): Dubois RE.
 Source: J Med Assoc Ga. 1976 July; 65(7): 300-2. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=947991&dopt=Abstract
- **Prophylaxis of recurrent rheumatic fever. Therapeutic-continuous oral penicillin vs monthly injections.**
 Author(s): Feinstein AR, Spagnuolo M, Jonas S, Kloth H, Tursky E, Levitt M.
 Source: Jama : the Journal of the American Medical Association. 1968 October 14; 206(3): 565-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5695575&dopt=Abstract
- **Prophylaxis of rheumatic fever.**
 Author(s): Khalilullah M, Kaul UA, Bahl VK.
 Source: Indian Heart J. 1983 January-February; 35(1): 1-3. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6852837&dopt=Abstract
- **Prophylaxis of streptococcal infections and rheumatic fever: a comparison of orally administered clindamycin and penicillin.**
 Author(s): Massell BF.
 Source: Jama : the Journal of the American Medical Association. 1979 April 13; 241(15): 1589-94.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=372593&dopt=Abstract
- **Psittacosis masquerading as rheumatic fever.**
 Author(s): Simpson RW, Huang C, Grahame-Smith DG.
 Source: British Medical Journal. 1978 March 18; 1(6114): 694-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=630300&dopt=Abstract

- **Psoriasis, glomerulonephritis, and rheumatic fever.**
Author(s): Belew PW.
Source: Archives of Dermatology. 1983 January; 119(1): 3.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6849559&dopt=Abstract
- **Prolonged PR index in rheumatic fever.**
Author(s): Benzing G 3rd.
Source: Am J Dis Child. 1976 May; 130(5): 467-8. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1274895&dopt=Abstract
- **Radionuclide joint imaging: acute rheumatic fever simulating septic arthritis.**
Author(s): Wolff JA Jr, Tuomanen EI, Greenberg ID.
Source: Pediatrics. 1980 February; 65(2): 339-41.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7354983&dopt=Abstract
- **Rapidly progressive glomerulonephritis complicating acute rheumatic fever.**
Author(s): Akasheh MS, al-Lozi M, Affarah HB, Hajjiri FK, al-Jitawi S.
Source: Postgraduate Medical Journal. 1995 September; 71(839): 553-4.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7479469&dopt=Abstract
- **Re: Letter to the editor by Dr. Steven M. Pollack and author's response from Drs. Thomas J. Pallasch and Jorgen Slots. Committee on Rheumatic Fever, Endocarditis, and Kawasaki Disease of the American Heart Association.**
Author(s): Dajani AS, Taubert KA.
Source: J Periodontol. 1992 May; 63(5): 488. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1527694&dopt=Abstract
- **Reactivity of rheumatic fever and scarlet fever patients' sera with group A streptococcal M protein, cardiac myosin, and cardiac tropomyosin: a retrospective study.**
Author(s): Jones KF, Whitehead SS, Cunningham MW, Fischetti VA.
Source: Infection and Immunity. 2000 December; 68(12): 7132-6.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11083840&dopt=Abstract
- **Reappearance of rheumatic fever.**
Author(s): Markowitz M, Kaplan EL.
Source: Adv Pediatr. 1989; 36: 39-65. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2675574&dopt=Abstract

- **Recent increase in incidence of acute rheumatic fever in southern West Virginia.**
 Author(s): Eckerd JM, McJunkin JE.
 Source: W V Med J. 1989 August; 85(8): 323-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2773469&dopt=Abstract
- **Recurrence of rheumatic fever after valve replacement.**
 Author(s): Hodes RM.
 Source: Cardiology. 1989; 76(6): 465-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2611799&dopt=Abstract
- **Recurrent abdominal and cervical pains. An unusual clinical presentation of acute rheumatic fever.**
 Author(s): Lahat E, Azizi E, Eshel G, Mundel G.
 Source: Helv Paediatr Acta. 1986 March; 41(6): 549-52.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3583777&dopt=Abstract
- **Recurrent infections, pericarditis and renal disease in a patient with total C2 deficiency and decreased NK cell function consistent with acute rheumatic fever and systemic lupus erythematosus.**
 Author(s): Bittleman DB, Maves KK, Bertolatus JA, Bonsib SM, Densen P, Ballas ZK, Weiler JM.
 Source: Annals of the Rheumatic Diseases. 1994 April; 53(4): 280-1.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8203960&dopt=Abstract
- **Red cell Na⁺/H⁺ exchange and B cell alloantigen 883 (D8/17) in patients with acute rheumatic fever and inactive rheumatic heart disease.**
 Author(s): Koren W, Koldanov R, Postnov I, Morozova E, Zolkina I, Enina L, Shostak N.
 Source: Scandinavian Journal of Rheumatology. 1996; 25(2): 87-91.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8614772&dopt=Abstract
- **Relationship of circulating antisynovial antibodies with clinical joint involvement--a follow up study in cases of rheumatic fever and rheumatic heart disease.**
 Author(s): Wahal PK, Mathur KS, Goyal SP, Hazra DK, Mehrotra PK, Jain VK, Patney NL.
 Source: J Assoc Physicians India. 1979 August; 27(8): 689-93. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=541335&dopt=Abstract
- **Release of oxygen free radicals by macrophages and neutrophils in patients with rheumatic fever.**
 Author(s): Kumar V, Ganguly NK, Anand IS, Wahi PL.
 Source: European Heart Journal. 1991 August; 12 Suppl D: 163-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1915447&dopt=Abstract

- **Renal lesions in acute rheumatic fever.**
Author(s): Gibney R, Reineck HJ, Bannayan GA, Stein JH.
Source: Annals of Internal Medicine. 1981 March; 94(3): 322-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7224377&dopt=Abstract
- **Repertoire of transcribed peripheral blood T-cell receptor beta chain variable-region genes in acute rheumatic fever.**
Author(s): Abbott WG, Skinner MA, Voss L, Lennon D, Tan PL, Fraser JD, Simpson IJ, Ameratunga R, Geursen A.
Source: Infection and Immunity. 1996 July; 64(7): 2842-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8698521&dopt=Abstract
- **Resource utilization and cost of rheumatic fever.**
Author(s): Terreri MT, Ferraz MB, Goldenberg J, Len C, Hilario MO.
Source: The Journal of Rheumatology. 2001 June; 28(6): 1394-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11409136&dopt=Abstract
- **Resurgence of acute rheumatic fever in the intermountain area of the United States.**
Author(s): Veasy LG, Wiedmeier SE, Orsmond GS, Ruttenberg HD, Boucek MM, Roth SJ, Tait VF, Thompson JA, Daly JA, Kaplan EL, et al.
Source: The New England Journal of Medicine. 1987 February 19; 316(8): 421-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3807984&dopt=Abstract
- **Resurgence of acute rheumatic fever in west Alabama.**
Author(s): Hefelfinger DC.
Source: Southern Medical Journal. 1992 March; 85(3): 261-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1546350&dopt=Abstract
- **Resurgence of acute rheumatic fever.**
Author(s): Kavey RE, Kaplan EL.
Source: Pediatrics. 1989 September; 84(3): 585-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2771564&dopt=Abstract
- **Resurgence of acute rheumatic fever.**
Author(s): Hosier DM.
Source: N Y State J Med. 1988 July; 88(7): 352-3. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3405511&dopt=Abstract
- **Resurgence of acute rheumatic fever.**
Author(s): Hosier DM, Craenen JM, Teske DW, Wheller JJ.
Source: Am J Dis Child. 1987 July; 141(7): 730-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3591761&dopt=Abstract

- **Resurgence of rheumatic fever in the United States. The changing picture of a preventable illness.**
 Author(s): Ayoub EM.
 Source: Postgraduate Medicine. 1992 September 1; 92(3): 133-6, 139-42. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1518750&dopt=Abstract
- **Resurgence of rheumatic fever.**
 Author(s): Hosier DM.
 Source: Ohio Med. 1987 October; 83(10): 663. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3684165&dopt=Abstract
- **Return of rheumatic fever: consequences, implications, and needs.**
 Author(s): Kaplan EL, Hill HR.
 Source: The Journal of Pediatrics. 1987 August; 111(2): 244-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3302192&dopt=Abstract
- **Reversibility of mitral regurgitation following rheumatic fever: clinical profile and echocardiographic evaluation.**
 Author(s): Kassem AS, el-Walili TM, Zaher SR, Ayman M.
 Source: Indian J Pediatr. 1995 November-December; 62(6): 717-23.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10829950&dopt=Abstract
- **Rheumatic fever and chronic rheumatic heart disease in Yarrabah aboriginal community, north Queensland.**
 Author(s): Davis RJ, Morahan RJ.
 Source: The Medical Journal of Australia. 1993 June 7; 158(11): 793; Author Reply 793-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8341202&dopt=Abstract
- **Rheumatic fever and chronic rheumatic heart disease in Yarrabah aboriginal community, north Queensland.**
 Author(s): Hanna J, O'Rourke S.
 Source: The Medical Journal of Australia. 1993 June 7; 158(11): 793.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8380041&dopt=Abstract
- **Rheumatic fever and chronic rheumatic heart disease in Yarrabah aboriginal community, north Queensland. Establishment of a prophylactic program.**
 Author(s): Neilson G, Streatfield RW, West M, Johnson S, Glavin W, Baird S.
 Source: The Medical Journal of Australia. 1993 March 1; 158(5): 316-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8474371&dopt=Abstract

- **Rheumatic fever and diet.**
Author(s): Adanja BJ, Vlajinac HD, Marinkovic JP, Jarebinski MS.
Source: *Isr J Med Sci.* 1991 March; 27(3): 161-3. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2016159&dopt=Abstract
- **Rheumatic fever and disorders of the musculoskeletal system.**
Author(s): Coovadia HM.
Source: *Current Opinion in Rheumatology.* 1992 October; 4(5): 718-24. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1419508&dopt=Abstract
- **Rheumatic fever and its sequels in children. A follow-up study with HLA analysis.**
Author(s): Leirisalo M, Kovuranta P, Laitinen O.
Source: *The Journal of Rheumatology.* 1980 July-August; 7(4): 506-14.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7420332&dopt=Abstract
- **Rheumatic fever and post-streptococcal arthritis.**
Author(s): Hilario MO, Terreri MT.
Source: *Best Practice & Research. Clinical Rheumatology.* 2002 July; 16(3): 481-94. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12387812&dopt=Abstract
- **Rheumatic fever and poststreptococcal glomerulonephritis: a case report.**
Author(s): Kujala GA, Doshi H, Brick JE.
Source: *Arthritis and Rheumatism.* 1989 February; 32(2): 236-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2645878&dopt=Abstract
- **Rheumatic fever and poststreptococcal reactive arthritis.**
Author(s): Gibofsky A, Zabriskie JB.
Source: *Current Opinion in Rheumatology.* 1995 July; 7(4): 299-305. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7547107&dopt=Abstract
- **Rheumatic fever and rheumatic heart disease at the Department of Child Health, School of Medicine, University of North Sumatra/Dr. Pirngadi Hospital, Medan (1983-1985).**
Author(s): Naim M, Tjipta GD, Siregar AA, Halim S.
Source: *Paediatr Indones.* 1989 March-April; 29(3-4): 64-71.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2812819&dopt=Abstract
- **Rheumatic fever and rheumatic heart disease in children in Guyana.**
Author(s): Chin WA.
Source: *The West Indian Medical Journal.* 1979 December; 28(4): 228-34.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=543116&dopt=Abstract

- **Rheumatic fever and rheumatic heart disease in developing countries.**
 Author(s): Dodu SR, Bothig S.
 Source: World Health Forum. 1989; 10(2): 203-12.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2514700&dopt=Abstract

- **Rheumatic fever and rheumatic heart disease in rural South Indian children.**
 Author(s): Koshi G, Benjamin V, Cherian G.
 Source: Bulletin of the World Health Organization. 1981; 59(4): 599-603.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7032733&dopt=Abstract

- **Rheumatic fever and rheumatic heart disease in southern Thailand.**
 Author(s): Sanguanchua P.
 Source: J Med Assoc Thai. 1987 April; 70(4): 204-9. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3612006&dopt=Abstract

- **Rheumatic fever and rheumatic heart disease in the western Pacific region.**
 Author(s): Neutze JM.
 Source: N Z Med J. 1988 June 8; 101(847 Pt 2): 404-6. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3412706&dopt=Abstract

- **Rheumatic fever and rheumatic heart disease.**
 Author(s): Miller LC.
 Source: Current Opinion in Rheumatology. 1989 October; 1(3): 257-61. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2701676&dopt=Abstract

- **Rheumatic fever and rheumatic heart disease. A five-year study of rheumatic and non-rheumatic families.**
 Author(s): Quinn RW, Federspiel CF.
 Source: American Journal of Epidemiology. 1967 January; 85(1): 120-36.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6017264&dopt=Abstract

- **Rheumatic fever and rheumatic heart disease: an overview.**
 Author(s): Groves AM.
 Source: Trop Doct. 1999 July; 29(3): 129-32. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10448231&dopt=Abstract

- **Rheumatic fever and rheumatic heart disease: the current status of its immunology, diagnostic criteria, and prophylaxis.**
 Author(s): Haffejee I.
 Source: The Quarterly Journal of Medicine. 1992 September; 84(305): 641-58. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1480739&dopt=Abstract

- **Rheumatic fever and rheumatic valvular disease in Turkey.**
Author(s): Binak K, Ucak A.
Source: New Istanbul Contrib Clin Sci. 1967; 9(4): 215-21. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5609342&dopt=Abstract
- **Rheumatic fever and rubella immunity.**
Author(s): el-Kholy M, Helmy M, Shaker M, Lotfi H, Gadalla M, Darwish M, Khattab AK.
Source: J Egypt Public Health Assoc. 1990; 65(5-6): 609-16.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2134095&dopt=Abstract
- **Rheumatic fever and streptococcal infections in an isolated population group in eastern Siberia.**
Author(s): Krylov MYu, Sramek J, Annenkova IP, Alekseeva LI, Myakotkin VA, Shokh BP, Eshchina AS.
Source: J Hyg Epidemiol Microbiol Immunol. 1990; 34(1): 45-51.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2191034&dopt=Abstract
- **Rheumatic fever as a cause of myocardial infarction with coronary narrowing.**
Author(s): Onouchi Z, Tamiya H, Matsuoka H.
Source: Japanese Heart Journal. 1987 January; 28(1): 127-33.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3599398&dopt=Abstract
- **Rheumatic fever chemoprophylaxis in adults.**
Author(s): Krishnaswami S, Joseph G, Chandy ST, Rajendiran G, Zacharias TU.
Source: J Assoc Physicians India. 1998 July; 46(7): 593-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12152837&dopt=Abstract
- **Rheumatic fever in a 2-year-old child.**
Author(s): Wilschanski MA, Faber J, Itai T, Leifer M, Abramov A.
Source: Isr J Med Sci. 1987 November; 23(11): 1152-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3436798&dopt=Abstract
- **Rheumatic fever in a high incidence population: the importance of monoarthritis and low grade fever.**
Author(s): Carapetis JR, Currie BJ.
Source: Archives of Disease in Childhood. 2001 September; 85(3): 223-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11517105&dopt=Abstract

- **Rheumatic fever in Aboriginal children.**
 Author(s): Currie BJ, Brewster DR.
 Source: Journal of Paediatrics and Child Health. 2002 June; 38(3): 223-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12047686&dopt=Abstract
- **Rheumatic fever in an urban community.**
 Author(s): Ransome OJ, Roode H.
 Source: South African Medical Journal. Suid-Afrikaanse Tydskrif Vir Geneeskunde. 1988 February 6; 73(3): 154-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3340936&dopt=Abstract
- **Rheumatic fever in children and adolescents in Hawaii.**
 Author(s): Chun LT, Reddy DV, Yamamoto LG.
 Source: Pediatrics. 1987 April; 79(4): 549-52.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3822672&dopt=Abstract
- **Rheumatic fever in children.**
 Author(s): Bavdekar SB, Soloman R, Kamat JR.
 Source: J Indian Med Assoc. 1999 December; 97(12): 489-92.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10638124&dopt=Abstract
- **Rheumatic fever in children.**
 Author(s): DiSciascio G, Taranta A.
 Source: American Heart Journal. 1980 May; 99(5): 635-58. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6989222&dopt=Abstract
- **Rheumatic fever in children. A follow-up study with emphasis on cardiac sequelae.**
 Author(s): Chen SC, Donahoe JL, Fagan LF.
 Source: Japanese Heart Journal. 1981 March; 22(2): 167-72.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7230516&dopt=Abstract
- **Rheumatic fever in children: a 15-year experience in a developing country.**
 Author(s): Bitar FF, Hayek P, Obeid M, Gharzeddine W, Mikati M, Dbaibo GS.
 Source: Pediatric Cardiology. 2000 March-April; 21(2): 119-22.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10754079&dopt=Abstract
- **Rheumatic fever in Minnesota. II. Evaluation of hospitalized patients and utilization of a State Rheumatic Fever Registry.**
 Author(s): Rice MJ, Kaplan EL.
 Source: American Journal of Public Health. 1979 August; 69(8): 767-71.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=453408&dopt=Abstract

- **Rheumatic fever in Nigerian children. A prospective study of 66 patients.**
Author(s): Okoroma EO, Ihenacho IN, Anyanwu CH.
Source: Am J Dis Child. 1981 March; 135(3): 236-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7211778&dopt=Abstract
- **Rheumatic fever in school children of Denver, Colorado.**
Author(s): Wedum BG.
Source: Public Health Reports (Washington, D.C. : 1974). 1981 March-April; 96(2): 157-61.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7208800&dopt=Abstract
- **Rheumatic fever in the 1980s.**
Author(s): Pope RM.
Source: Bulletin on the Rheumatic Diseases. 1989; 38(3): 1-8. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2660943&dopt=Abstract
- **Rheumatic fever in the 21st century.**
Author(s): Stollerman GH.
Source: Clinical Infectious Diseases : an Official Publication of the Infectious Diseases Society of America. 2001 September 15; 33(6): 806-14. Epub 2001 August 13. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11512086&dopt=Abstract
- **Rheumatic fever in the Hamilton health district: a nine year prospective study.**
Author(s): Talbot RG.
Source: N Z Med J. 1988 June 8; 101(847 Pt 2): 406-8. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3412707&dopt=Abstract
- **Rheumatic fever in the Kimberley region of Western Australia.**
Author(s): Richmond P, Harris L.
Source: Journal of Tropical Pediatrics. 1998 June; 44(3): 148-52.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9680779&dopt=Abstract
- **Rheumatic fever in the Nazareth area during the last decade.**
Author(s): Habib GS, Saliba WR, Mader R.
Source: Isr Med Assoc J. 2000 June; 2(6): 433-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10897233&dopt=Abstract
- **Rheumatic fever in the pre-war years in Great Britain.**
Author(s): Hart FD.
Source: British Journal of Rheumatology. 1993 May; 32(5): 419-20.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8495264&dopt=Abstract

- **Rheumatic fever in the United States: no longer a disease of the past.**
 Author(s): Kaplan EL, Markowitz M.
 Source: N Z Med J. 1988 June 8; 101(847 Pt 2): 402-4. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3045714&dopt=Abstract
- **Rheumatic fever is a major cause of acquired heart disease in children and young adults throughout the developing world.**
 Author(s): Chadha S, Inechen B.
 Source: Singapore Med J. 1997 March; 38(3): 138. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9269387&dopt=Abstract
- **Rheumatic fever prevention in industrializing countries: problems and approaches.**
 Author(s): Snitcowsky R.
 Source: Pediatrics. 1996 June; 97(6 Pt 2): 996-8. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8637790&dopt=Abstract
- **Rheumatic fever prevention revisited.**
 Author(s): Dajani AS.
 Source: The Pediatric Infectious Disease Journal. 1989 May; 8(5): 266-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2726322&dopt=Abstract
- **Rheumatic fever prophylaxis in South Africa--is bicillin 1,2 million units every 4 weeks appropriate?**
 Author(s): Daniels ED, Mohanlal D, Pettifor JM.
 Source: South African Medical Journal. Suid-Afrikaanse Tydskrif Vir Geneeskunde. 1994 August; 84(8 Pt 1): 477-81.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7825080&dopt=Abstract
- **Rheumatic fever prophylaxis using benzathine penicillin G (BPG): two- week versus four-week regimens: comparison of two brands of BPG.**
 Author(s): Kassem AS, Zaher SR, Abou Shleib H, el-Kholy AG, Madkour AA, Kaplan EL.
 Source: Pediatrics. 1996 June; 97(6 Pt 2): 992-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8637789&dopt=Abstract
- **Rheumatic fever recurrence: a possible cause of restenosis after percutaneous mitral valvuloplasty.**
 Author(s): Nigri A, Alessandri N, Martuscelli E, Pizzuto F, Sardella G, Berni A, Romeo F, Papalia U.
 Source: Ital Heart J. 2001 November; 2(11): 845-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11770870&dopt=Abstract

- **Rheumatic fever revisited.**
Author(s): Mayeux A, Karam GH, D'Ambrosia R.
Source: Orthopedics. 1990 April; 13(4): 477-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2185462&dopt=Abstract
- **Rheumatic fever revisited. Keep this diagnosis on your list of suspects.**
Author(s): Capizzi SA, Levy NT, Enriquez-Sarano M.
Source: Postgraduate Medicine. 1997 December; 102(6): 65-6, 71.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9406563&dopt=Abstract
- **Rheumatic fever situation in Czechoslovakia with special reference to long-term prognosis for rheumatic carditis.**
Author(s): Sramek J, Kopecka B, Bosmansky K, Riegel J, Peychl L.
Source: J Hyg Epidemiol Microbiol Immunol. 1981; 25(4): 449-64.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7320508&dopt=Abstract
- **Rheumatic fever susceptibility in four ascertainment: regressive segregation on a geometric ascertainment pattern.**
Author(s): Sit KH.
Source: The Journal of Heredity. 1990 November-December; 81(6): 428-33.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2250095&dopt=Abstract
- **Rheumatic fever without clinical evidence of carditis: the necessity and efficacy of chemoprophylaxis.**
Author(s): Wenger NK, Leonard R, Bivins B.
Source: American Heart Journal. 1966 November; 72(5): 711-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5923053&dopt=Abstract
- **Rheumatic fever, reactive arthritis, and musculoskeletal infections in children.**
Author(s): Miller LC.
Source: Current Opinion in Rheumatology. 1991 October; 3(5): 826-31. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1751315&dopt=Abstract
- **Rheumatic fever, rheumatic heart disease, and the streptococcal connection: the role of streptococcal antigens cross-reactive with heart tissue.**
Author(s): Kaplan MH.
Source: Reviews of Infectious Diseases. 1979 November-December; 1(6): 988-86. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=399389&dopt=Abstract

- **Rheumatic fever.**
Author(s): Rullan E, Sigal LH.
Source: Curr Rheumatol Rep. 2001 October; 3(5): 445-52. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11564377&dopt=Abstract
- **Rheumatic fever.**
Author(s): Hart FD.
Source: J Rheumatol Suppl. 1992 October; 35: 17. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1404182&dopt=Abstract
- **Rheumatic fever.**
Author(s): Ghosh JB.
Source: Indian J Pediatr. 1998 May-June; 65(3): 465-6. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10772000&dopt=Abstract
- **Rheumatic fever.**
Author(s): Mota CC, Meira ZM.
Source: Cardiology in the Young. 1999 May; 9(3): 239-48.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10386692&dopt=Abstract
- **Rheumatic fever.**
Author(s): Chadha S, Inechen B.
Source: Journal of Public Health Medicine. 1997 September; 19(3): 363-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9347467&dopt=Abstract
- **Rheumatic fever.**
Author(s): Stollerman GH.
Source: Lancet. 1997 March 29; 349(9056): 935-42. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9093263&dopt=Abstract
- **Rheumatic fever.**
Author(s): Haffejee IE.
Source: Baillieres Clin Rheumatol. 1995 February; 9(1): 111-20.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7728874&dopt=Abstract
- **Rheumatic fever.**
Author(s): Brennan RE, Scrimgeour DJ.
Source: The Medical Journal of Australia. 1993 August 16; 159(4): 283.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8412904&dopt=Abstract

- **Rheumatic fever.**
Author(s): Kaplan EL.
Source: Current Opinion in Rheumatology. 1990 October; 2(5): 836-8. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2265083&dopt=Abstract
- **Rheumatic fever.**
Author(s): Froude JR, Gibofsky A, Zabriskie JB.
Source: Current Opinion in Rheumatology. 1989 August; 1(2): 205-8. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2701562&dopt=Abstract
- **Rheumatic fever. The relationships between host, microbe, and genetics.**
Author(s): Gibofsky A, Kerwar S, Zabriskie JB.
Source: Rheumatic Diseases Clinics of North America. 1998 May; 24(2): 237-59. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9606757&dopt=Abstract
- **Rheumatic fever: a case report.**
Author(s): Denick CA.
Source: Del Med J. 1992 July; 64(7): 441-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1451857&dopt=Abstract
- **Rheumatic fever: a challenge.**
Author(s): Wahi PL, Grover A.
Source: Indian Heart J. 1987 November-December; 39(6): 1-6. Review. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3333243&dopt=Abstract
- **Rheumatic fever: a changing approach to secondary prevention.**
Author(s): Gordis L.
Source: Md State Med J. 1967 April; 16(4): 133-5. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6045768&dopt=Abstract
- **Rheumatic fever: a multicenter study in the state of Sao Paulo. Pediatric Committee--Sao Paulo Pediatric Rheumatology Society.**
Author(s): da Silva CH.
Source: Revista Do Hospital Das Clinicas. 1999 May-June; 54(3): 85-90.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10668278&dopt=Abstract
- **Rheumatic fever: a never-ending story?**
Author(s): Harel L.
Source: Isr Med Assoc J. 2000 June; 2(6): 480-1. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10897245&dopt=Abstract

- **Rheumatic fever: atypical presentation in an adult.**
Author(s): Sahi SP.
Source: J R Army Med Corps. 1993 October; 139(3): 132-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8277468&dopt=Abstract
- **Rheumatic fever: autoantibodies against a variety of cardiac, nuclear, and streptococcal antigens.**
Author(s): Eichbaum QG, Hughes EJ, Epstein JE, Beatty DW.
Source: Annals of the Rheumatic Diseases. 1995 September; 54(9): 740-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7495346&dopt=Abstract
- **Rheumatic fever: changes in its incidence and presentation.**
Author(s): Vyse T.
Source: Bmj (Clinical Research Ed.). 1991 March 2; 302(6775): 518-20.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2012851&dopt=Abstract
- **Rheumatic fever: clinical and laboratory manifestations in a New Zealand community.**
Author(s): Stanhope JM, Clarkson PM, Philipp R.
Source: N Z Med J. 1979 November 14; 90(647): 369-72.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=293556&dopt=Abstract
- **Rheumatic fever: recent outbreaks of an old disease.**
Author(s): Markowitz M, Gerber MA.
Source: Conn Med. 1987 April; 51(4): 229-33. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3581830&dopt=Abstract
- **Rheumatic fever: the T cell response leading to autoimmune aggression in the heart.**
Author(s): Guilherme L, Kalil J.
Source: Autoimmunity Reviews. 2002 October; 1(5): 261-6. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12848978&dopt=Abstract
- **Rheumatic fever: the way it was.**
Author(s): Bland EF.
Source: Circulation. 1987 December; 76(6): 1190-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3315293&dopt=Abstract
- **Rheumatic fever-associated Streptococcus pyogenes isolates aggregate collagen.**
Author(s): Dinkla K, Rohde M, Jansen WT, Kaplan EL, Chhatwal GS, Talay SR.
Source: The Journal of Clinical Investigation. 2003 June; 111(12): 1905-12.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12813026&dopt=Abstract

- **Rheumatic fever--decline and resurgence.**
Author(s): Agarwal BL.
Source: J Assoc Physicians India. 1994 October; 42(10): 820-1. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7876054&dopt=Abstract
- **Rheumatic fever--is it still a problem?**
Author(s): Olivier C.
Source: The Journal of Antimicrobial Chemotherapy. 2000 February; 45 Suppl: 13-21. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10759358&dopt=Abstract
- **Rheumatic heart disease: prevalence and preventive measures in the Indian subcontinent. Keywords: rheumatic heart disease; rheumatic fever.**
Author(s): Padmavati S.
Source: Heart (British Cardiac Society). 2001 August; 86(2): 127.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11454820&dopt=Abstract
- **Rheumatic pneumonia: reappearance of a previously recognized complication of acute rheumatic fever.**
Author(s): Burgert SJ, Classen DC, Burke JP, Veasy LG.
Source: Clinical Infectious Diseases : an Official Publication of the Infectious Diseases Society of America. 1995 October; 21(4): 1020-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8645792&dopt=Abstract
- **Rheumatogenic group A streptococci and the return of rheumatic fever.**
Author(s): Stollerman GH.
Source: Adv Intern Med. 1990; 35: 1-25. Review. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2405590&dopt=Abstract
- **Role of oxygen free radicals generated by blood monocytes and neutrophils in the pathogenesis of rheumatic fever and rheumatic heart disease.**
Author(s): Kumar V, Ganguly NK, Sethi AK, Anand IS, Verma J, Wahi PL.
Source: Journal of Molecular and Cellular Cardiology. 1990 June; 22(6): 645-51.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2231734&dopt=Abstract
- **Salicylate hepato toxicity in rheumatic fever.**
Author(s): Hamdan JA, Ahmad MS, Sa'di AR.
Source: Annals of Tropical Paediatrics. 1983 June; 3(2): 89-91.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6197014&dopt=Abstract

- **Salicylate-induced hepatitis in rheumatic fever.**
 Author(s): Hamdan JA, Manasra K, Ahmed M.
 Source: Am J Dis Child. 1985 May; 139(5): 453-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3984967&dopt=Abstract
- **Salivary immunoglobulins and streptococcal antibodies in patients with acute rheumatic fever.**
 Author(s): Svartman M, Potter EV, Poon-King T, Earle DP.
 Source: The Journal of Laboratory and Clinical Medicine. 1975 June; 85(6): 1013-21.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=805815&dopt=Abstract
- **Salivary specific antibodies in relation to adhesion of Streptococcus pyogenes to pharyngeal cells of patients with rheumatic fever and rheumatic heart disease.**
 Author(s): Kumar KS, Ganguly NK, Chandrashekher Y, Anand IS, Wahi PL.
 Source: Advances in Experimental Medicine and Biology. 1995; 371A: 677-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8526017&dopt=Abstract
- **Salmonella infection mimicking acute rheumatic fever.**
 Author(s): Kamili MA, Gazanfar A, Samia R, Reshi GH, Allaqaband GQ.
 Source: J Assoc Physicians India. 1996 August; 44(8): 579-80. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9251439&dopt=Abstract
- **Scleritis, uveitis, and glaucoma in a patient with rheumatic fever.**
 Author(s): Ortiz JM, Kamerling JM, Fischer D, Baxter J.
 Source: American Journal of Ophthalmology. 1995 October; 120(4): 538-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7573320&dopt=Abstract
- **Search for linkage disequilibrium between alleles in the T cell receptor alpha and beta chain loci and susceptibility to rheumatic fever.**
 Author(s): Abbott WG, Geursen A, Peake JS, Simpson IJ, Skinner MA, Tan PL.
 Source: Immunology and Cell Biology. 1995 August; 73(4): 369-71.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7493775&dopt=Abstract
- **Secondary prevention of rheumatic fever.**
 Author(s): Spagnuolo M.
 Source: Conn Med. 1973 February; 37(2): 52-4. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4687906&dopt=Abstract

- **Sequelae of the initial attack of acute rheumatic fever in children from north India. A prospective 5-year follow-up study.**
Author(s): Sanyal SK, Berry AM, Duggal S, Hooja V, Ghosh S.
Source: *Circulation*. 1982 February; 65(2): 375-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7053897&dopt=Abstract
- **Serial studies on the cellular immune response to streptococcal antigens in acute and convalescent rheumatic fever patients in Trinidad.**
Author(s): Read SE, Reid HF, Fischetti VA, Poon-King T, Ramkissoon R, McDowell M, Zabriskie JB.
Source: *Journal of Clinical Immunology*. 1986 November; 6(6): 433-41.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3536986&dopt=Abstract
- **Serologic evidence for a class I group A streptococcal infection among rheumatic fever patients.**
Author(s): Bessen DE, Veasy LG, Hill HR, Augustine NH, Fischetti VA.
Source: *The Journal of Infectious Diseases*. 1995 December; 172(6): 1608-11.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7594728&dopt=Abstract
- **Serological evidence for rheumatic fever & rheumatic heart disease in Kashmir (India).**
Author(s): Mohan C, Hassan M, Panhotra BR, Agarwal SC.
Source: *The Indian Journal of Medical Research*. 1985 March; 81: 297-300.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4018860&dopt=Abstract
- **Serum alpha-tocopherol and beta-carotene levels are not associated with rheumatic fever in Bangladeshi children.**
Author(s): Zaman MM, Yoshiike N.
Source: *The Pediatric Infectious Disease Journal*. 2000 February; 19(2): 175-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10694016&dopt=Abstract
- **Serum antibodies to streptococci in rheumatic fever, glomerulonephritis and chorea.**
Author(s): Wannamaker LW.
Source: *Zentralbl Bakteriol [orig]*. 1970; 214(3): 331-8. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5504565&dopt=Abstract
- **Serum cardiac troponin I in acute rheumatic fever.**
Author(s): Kamblock J.
Source: *The American Journal of Cardiology*. 2002 December 1; 90(11): 1277-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12450620&dopt=Abstract

- **Serum cardiac troponin I in acute rheumatic fever.**
 Author(s): Gupta M, Lent RW, Kaplan EL, Zabriskie JB.
 Source: The American Journal of Cardiology. 2002 March 15; 89(6): 779-82.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11897228&dopt=Abstract
- **Serum cholesterol levels in patients with acute rheumatic fever.**
 Author(s): Panamonta M, Settasatian N, Kaplan EL, Chaikitpinyo A.
 Source: Am J Dis Child. 1993 July; 147(7): 732-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8322742&dopt=Abstract
- **Serum haptoglobin levels in patients with active and inactive rheumatic fever.**
 Author(s): Meric N, Ileriye D, Kacar M, Ozkan K.
 Source: Turk J Pediatr. 1983 January-March; 25(1): 41-8. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6649076&dopt=Abstract
- **Serum immunoglobulin A and antibody to M-associated protein in patients with acute glomerulonephritis or rheumatic fever.**
 Author(s): Potter EV, Shaughnessy MA, Poon-King T, Earle DP.
 Source: Infection and Immunity. 1982 July; 37(1): 227-34.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7107003&dopt=Abstract
- **Serum iron level and total iron binding capacity (TIBC) in children with rheumatic fever.**
 Author(s): Lewenfisz-Wojnarowska T, Kopec M, Wroblewska-Kaluzewska M, Mikolajew M, Kubicka K.
 Source: Reumatologia. 1970; 8(2): 107-14. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5448417&dopt=Abstract
- **Serum lactic dehydrogenase level as a diagnostic test for carditis in rheumatic fever.**
 Author(s): Megahed GE, Yassin AM.
 Source: Circulation. 1965 December; 32(6): 925-31.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5845250&dopt=Abstract
- **Serum levels of immunoglobulins in acute rheumatic fever and rheumatic heart disease.**
 Author(s): Sabbarwal NC, Bhattacharya SK, Singh NK, Sen PC.
 Source: J Assoc Physicians India. 1987 February; 35(2): 171-2. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3693280&dopt=Abstract

- **Serum neopterin in acute rheumatic fever.**
Author(s): Samsonov M, Nasonov E, Dhuzenova B, Belenkov Y, Nasonova V, Wachter H, Fuchs D.
Source: Clinical Chemistry. 1993 April; 39(4): 693-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8472370&dopt=Abstract
- **Serum penicillin concentrations after intramuscular administration of benzathine penicillin G in children with rheumatic fever and controls.**
Author(s): Lamas MC, Hilario MO, Francisco W, Goldenberg J, Naspitz CK.
Source: J Investig Allergol Clin Immunol. 1992 September-October; 2(5): 268-73.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1342909&dopt=Abstract
- **Serum proteinogram in rheumatic fever and rheumatic heart disease.**
Author(s): Mathur KS, Wahal PK, Wahi PN, Atal PR, Kumari J, Hazra DK, Singh MM.
Source: J Assoc Physicians India. 1969 April; 17(4): 219-23. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5791211&dopt=Abstract
- **Serum proteins in children with rheumatic fever treated with encorton.**
Author(s): Wasikowa R.
Source: Pol Med J. 1966; 5(5): 1086-96. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5958795&dopt=Abstract
- **Serum-soluble receptors for tumor necrosis factor-alpha and interleukin-2, and neopterin in acute rheumatic fever.**
Author(s): Samsonov MY, Tilz GP, Pisklavov VP, Reibnegger G, Nasonov EL, Nasonova VA, Wachter H, Fuchs D.
Source: Clinical Immunology and Immunopathology. 1995 January; 74(1): 31-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7994924&dopt=Abstract
- **Seven-year national survey of Kawasaki disease and acute rheumatic fever.**
Author(s): Taubert KA, Rowley AH, Shulman ST.
Source: The Pediatric Infectious Disease Journal. 1994 August; 13(8): 704-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7970970&dopt=Abstract
- **SF eosinophilia in an adult with acute rheumatic fever.**
Author(s): Abner S, Krakauer RS.
Source: The Journal of Rheumatology. 1990 November; 17(11): 1563-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2273506&dopt=Abstract

- **Should prophylactic therapy be given to patients with an uncertain history of rheumatic fever?**
 Author(s): Blackman NS, Kuskin L.
 Source: Clinical Pediatrics. 1972 January; 11(1): 15-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5061322&dopt=Abstract

- **Should we continue to use benzathine penicillin for rheumatic fever prophylaxis?**
 Author(s): Jayakkody RL, Kottegoda S.
 Source: Ceylon Med J. 1993 December; 38(4): 171-3. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8143331&dopt=Abstract

- **Significance of measurement of antihyaluronidase activity in rheumatic fever.**
 Author(s): Watanabe N.
 Source: Japanese Circulation Journal. 1978 January; 42(1): 30-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=633595&dopt=Abstract

- **Significance of serum haptoglobin in rheumatic fever.**
 Author(s): Bernstein SH, Greene E, Roy SB, Gadhoke S.
 Source: Isr J Med Sci. 1969 November-December; 5(6): 1133-7. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5365598&dopt=Abstract

- **Simultaneous occurrence of acute poststreptococcal glomerulonephritis and acute rheumatic fever.**
 Author(s): Said R, Hussein M, Hassan A.
 Source: American Journal of Nephrology. 1986; 6(2): 146-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3706418&dopt=Abstract

- **Single weekly doses of oral sulfamethoxyypyridazine in preventing recurrences of rheumatic fever.**
 Author(s): Feinstein AR, Glazko AJ, Spagnuolo M.
 Source: Clinical Pharmacology and Therapeutics. 1966 July-August; 7(4): 501-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5939973&dopt=Abstract

- **Sister-chromatid exchange analysis on long-term benzathine penicillin for secondary prophylaxis of rheumatic fever.**
 Author(s): Dundaroz R, Ozisik T, Baltaci V, Karapinar K, Aydin HI, Denli M.
 Source: Indian J Pediatr. 2001 February; 68(2): 121-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11284178&dopt=Abstract

- **Skin infections and immunoglobulin A in serum, sweat, and saliva of patients recovered from poststreptococcal acute glomerulonephritis or acute rheumatic fever and their siblings.**
Author(s): Potter EV, Vincente JB, Mayon-White RT, Shaughnessy MA, Poon-King T, Earle DP.
Source: American Journal of Epidemiology. 1982 June; 115(6): 951-9.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7091150&dopt=Abstract
- **Smooth muscle antibody in children with acute rheumatic fever and rheumatic heart disease.**
Author(s): Hwang B, Chiang DK, Ou TY, Lan JL, Wang J, Meng CC.
Source: Zhonghua Min Guo Wei Sheng Wu Ji Mian Yi Xue Za Zhi. 1985 February; 18(1): 25-9.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3896690&dopt=Abstract
- **Social-economic problems of rheumatic fever.**
Author(s): Nagayama T.
Source: Japanese Circulation Journal. 1966 October; 30(10): 1339-40.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6012999&dopt=Abstract
- **Socio-economic deprivation associated with acute rheumatic fever. A hospital-based case-control study in Bangladesh.**
Author(s): Zaman MM, Yoshiike N, Chowdhury AH, Jalil MQ, Mahmud RS, Faruque GM, Rouf MA, Haque KM, Tanaka H.
Source: Paediatric and Perinatal Epidemiology. 1997 July; 11(3): 322-32.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9246693&dopt=Abstract
- **Socio-economic factors and rheumatic fever occurrence. Differences between patients with and without frequent sore throat.**
Author(s): Vlajinac H, Adanja B, Jarebinski M.
Source: J Hyg Epidemiol Microbiol Immunol. 1989; 33(4): 471-6.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2625554&dopt=Abstract
- **Socioeconomic factors in the etiology of rheumatic fever.**
Author(s): Adanja B, Vlajinac H, Jarebinski M.
Source: J Hyg Epidemiol Microbiol Immunol. 1988; 32(3): 329-35.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3198913&dopt=Abstract
- **Solving the problem of the pathogenesis of rheumatic fever.**
Author(s): Badr-Eldin MK.
Source: Annals of Tropical Paediatrics. 1996 June; 16(2): 113-21. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8790674&dopt=Abstract

- **Some aspects of epidemiology and surveillance of rheumatic fever.**
 Author(s): Sitaj S, Urbanek T, Bosmansky K.
 Source: Acta Rheumatol Scand. 1970; 16(1): 30-9. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5445307&dopt=Abstract
- **Some aspects of the epidemiology of streptococcal infections, rheumatic fever and rheumatic heart disease in Egypt.**
 Author(s): Sorour AH, el Kholy AM.
 Source: J Egypt Public Health Assoc. 1968; 43: Suppl: 152-64. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5736439&dopt=Abstract
- **Some clinical observations on rheumatic fever in childhood. Patterns of the disease as seen in Southern Iran.**
 Author(s): Tahernia AC, Moatamed F, Sharif H.
 Source: Clinical Pediatrics. 1971 September; 10(9): 530-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5095164&dopt=Abstract
- **Some uncommon manifestations of rheumatic fever.**
 Author(s): Mahajan CM, Bidwai PS, Walia BN, Berry JN.
 Source: Indian J Pediatr. 1973 March; 40(302): 102-5. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4757435&dopt=Abstract
- **Sore throat, antibiotics and rheumatic fever.**
 Author(s): Foggo BA.
 Source: Family Practice. 1985 June; 2(2): 101-7. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3891481&dopt=Abstract
- **State registries and the control of rheumatic fever.**
 Author(s): MacQueen JC.
 Source: American Journal of Public Health. 1979 August; 69(8): 761-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=453407&dopt=Abstract
- **Steroid treatment in rheumatic fever.**
 Author(s): Kamaras J, Csuros E.
 Source: Acta Paediatr Acad Sci Hung. 1965; 6(3): 359-65. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5857819&dopt=Abstract
- **Stokes Adams attack as the first manifestation of acute rheumatic fever.**
 Author(s): Rohatgi R, Gupta D, Mittal SR.
 Source: International Journal of Cardiology. 1993 February; 38(2): 203-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8454387&dopt=Abstract

- **Strategies for prevention and control of rheumatic fever and rheumatic heart disease.**
 Author(s): Kaul U, Reddy KS, Bhatia ML.
 Source: Indian J Pediatr. 1983 July-August; 50(405): 423-9. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6671729&dopt=Abstract

- **Strep screening to prevent rheumatic fever.**
 Author(s): Boyle MT, Kaufman A.
 Source: The American Journal of Nursing. 1975 September; 75(9): 1487-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1041684&dopt=Abstract

- **Strep screening to prevent rheumatic fever: From project to ongoing program.**
 Author(s): Chobin N, Kangos J, Miller J.
 Source: The American Journal of Nursing. 1975 September; 75(9): 1489-91.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1041685&dopt=Abstract

- **Streptocin production and antistreptolysin O titre in rheumatic fever and rheumatic heart disease.**
 Author(s): Aggarwal P.
 Source: J Commun Dis. 1984 December; 16(4): 307-10. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6399061&dopt=Abstract

- **Streptococcal adherence to pharyngeal cells of children with acute rheumatic fever.**
 Author(s): Reed WP, Selinger DS, Albright EL, Abdin ZH, Williams RC Jr.
 Source: The Journal of Infectious Diseases. 1980 December; 142(6): 803-10.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7007523&dopt=Abstract

- **Streptococcal antibody cross-reactivity with HLA-DR4+VE B-lymphocytes. Basis of the DR4 associated genetic predisposition to rheumatic fever and rheumatic heart disease?**
 Author(s): Rajapakse C, al Balla S, al-Dallan A, Halim K, Kamal H.
 Source: British Journal of Rheumatology. 1990 December; 29(6): 468-70. Erratum In: Br J Rheumatol 1991 June; 30(3): 222.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2257458&dopt=Abstract

- **Streptococcal antibody level in acute rheumatic fever.**
 Author(s): Szekely A.
 Source: Acta Paediatr Acad Sci Hung. 1971; 12(2): 173-81. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5142735&dopt=Abstract

- **Streptococcal antibody tests in rheumatic fever.**
 Author(s): Burdash NM, Teti G, Hund P.
 Source: Ann Clin Lab Sci. 1986 March-April; 16(2): 163-70.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3516055&dopt=Abstract
- **Streptococcal antibody titres in normal subjects and patients with rheumatic fever.**
 Author(s): Arora R, Saha K, Padmavati S.
 Source: The Indian Journal of Medical Research. 1971 June; 59(6): 886-93.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5121766&dopt=Abstract
- **Streptococcal cross-reactive antigens in relation to rheumatic fever.**
 Author(s): Zabriskie JB.
 Source: Zentralbl Bakteriol [orig]. 1970; 214(3): 339-51. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4994142&dopt=Abstract
- **Streptococcal group A polysaccharide antibodies assayed by an ELISA determination of antibodies in rabbit hyperimmune sera; normal levels in man and comparison with levels in patients with rheumatic fever and with poststreptococcal glomerulonephritis.**
 Author(s): Benslimane A, Veysseyre C, Rotta J, Bellaton AM, Carraz M.
 Source: Zentralbl Bakteriol Mikrobiol Hyg [a]. 1986 September; 262(3): 385-95.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3538721&dopt=Abstract
- **Streptococcal infection, rheumatic fever and rheumatic heart disease among 500 Jewish school children in Teheran.**
 Author(s): Gharagozloo RA, Margolis E, Marcus H, Ala AP, Jafari R, Nezam H.
 Source: Isr J Med Sci. 1972 January; 8(1): 18-21. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4554754&dopt=Abstract
- **Streptococcal infections that fail to cause recurrences of rheumatic fever.**
 Author(s): Bisno AL, Pearce IA, Stollerman GH.
 Source: The Journal of Infectious Diseases. 1977 August; 136(2): 278-85.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=330770&dopt=Abstract
- **Streptococcal infections, acute nephritis and rheumatic fever in Trinidad--further observations.**
 Author(s): Earle DP, Potter EV, Poon-King T, Cox R, Mohammed I, Sharrett AR, Svartman M.
 Source: Trans Am Clin Climatol Assoc. 1976; 87: 224-34. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=960421&dopt=Abstract

- **Streptococcal infections, rheumatic fever and school health services.**
Author(s): Markowitz M.
Source: The Journal of School Health. 1979 April; 49(4): 202-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=256588&dopt=Abstract
- **Streptococcal M protein vaccines, rheumatic fever and human histocompatibility antigens.**
Author(s): Fox EN, Peterson RD.
Source: Journal of Immunology (Baltimore, Md. : 1950). 1970 October; 105(4): 1031-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4097139&dopt=Abstract
- **Streptococcal pharyngitis and acute rheumatic fever in Rhode Island.**
Author(s): Holmberg SD, Faich GA.
Source: Jama : the Journal of the American Medical Association. 1983 November 4; 250(17): 2307-12.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6355522&dopt=Abstract
- **Streptococcal pharyngitis in the general population. II. The attack rate of rheumatic fever and acute glomerulonephritis in patients.**
Author(s): Valkenburg HA, Haverkorn MJ, Goslings WR, Lorrier JC, De Moor CE, Maxted WR.
Source: The Journal of Infectious Diseases. 1971 October; 124(4): 348-58.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5143843&dopt=Abstract
- **Streptococcal vaccines and global strategies for prevention of rheumatic fever.**
Author(s): Stollerman GH.
Source: The American Journal of Medicine. 1980 May; 68(5): 636-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6990756&dopt=Abstract
- **Streptococci and rheumatic fever: a review.**
Author(s): Martin DR.
Source: N Z Med J. 1984 September 26; 97(764): 629-30. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6382078&dopt=Abstract
- **Streptococci and viruses in association with rheumatic fever in Wairoa.**
Author(s): Chilvers CD.
Source: N Z Med J. 1975 December 10; 82(553): 377-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1062716&dopt=Abstract

- **Streptococcus, ASO titre, coxsackie virus and rheumatic fever.**
Author(s): Mishra BK.
Source: J Assoc Physicians India. 1991 February; 39(2): 224-5. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1885497&dopt=Abstract
- **Studies in rheumatic fever. V. Significance of the human Anitschkow cell.**
Author(s): Wagner BM, Siew S.
Source: Human Pathology. 1970 March; 1(1): 45-71.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5521722&dopt=Abstract
- **Studies in rheumatic fever. VI. Ultrastructure of chronic rheumatic heart disease.**
Author(s): Fenoglio JJ Jr, Wagner BM.
Source: American Journal of Pathology. 1973 December; 73(3): 623-40.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4767256&dopt=Abstract
- **Studies in the epidemiology and preventability of rheumatic fever. I. Demographic factors and the incidence of acute attacks.**
Author(s): Gordis L, Lilienfeld A, Rodriguez R.
Source: J Chronic Dis. 1969 February; 21(9): 645-54. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5770431&dopt=Abstract
- **Studies in the epidemiology and preventability of rheumatic fever. II. Socio-economic factors and the incidence of acute attacks.**
Author(s): Gordis L, Lilienfeld A, Rodriguez R.
Source: J Chronic Dis. 1969 February; 21(9): 655-66. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5770432&dopt=Abstract
- **Studies in the epidemiology and preventability of rheumatic fever. IV. A quantitative determination of compliance in children on oral penicillin prophylaxis.**
Author(s): Gordis L, Markowitz M, Lilienfeld AM.
Source: Pediatrics. 1969 February; 43(2): 173-82.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5763855&dopt=Abstract
- **Studies of acute rheumatic fever in the adult. The epidemiology of rheumatic heart disease.**
Author(s): Homma M.
Source: Japanese Circulation Journal. 1969 December; 33(12): 1497-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5396182&dopt=Abstract

- **Studies of peripheral blood T lymphocytes in assessment of disease activity in rheumatic fever.**
 Author(s): Hafez M, el-Shannawy F, el-Salab S, el-Morsi Z, el-Ziny M, Al-Tonbary Y, Abdalla A, Abou-el-Enein A.
 Source: British Journal of Rheumatology. 1988 June; 27(3): 181-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2967725&dopt=Abstract
- **Studies of rheumatic fever, rheumatic heart disease and streptococcal infection of Si-Chang Island.**
 Author(s): Vichitbandha P, Podhipleux P, Bukkavesa S.
 Source: J Med Assoc Thai. 1981 February; 64(2): 64-8. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7229567&dopt=Abstract
- **Studies of streptococcal membrane antigen--binding cells in acute rheumatic fever.**
 Author(s): Williams RC Jr, Raizada V, Prakash K, Sharma KB, Anand I, Ganguly NK, Zabriskie JB.
 Source: The Journal of Laboratory and Clinical Medicine. 1985 May; 105(5): 531-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2580924&dopt=Abstract
- **Studies of the antibodies reacting with human heart muscle in rheumatic fever of the child.**
 Author(s): Dobias G, Ballo T, Bertalan T, Lorant O.
 Source: Z Immunitatsforsch Allerg Klin Immunol. 1965 December; 129(5): 452-61. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4225443&dopt=Abstract
- **Studies on the behavior of neuraminic acid in rheumatic fever and rheumatoid arthritis.**
 Author(s): Gebala A, Chwedoruk B.
 Source: Pol Med Sci Hist Bull. 1970 October; 13(4): 169-71. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5489791&dopt=Abstract
- **Studies related to the pathogenesis of rheumatic fever.**
 Author(s): Williams RC Jr.
 Source: Trans Stud Coll Physicians Phila. 1984 June; 6(2): 125-37. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6374990&dopt=Abstract
- **Study of antibody response to 4 streptococcal antigens in rheumatic fever and Kawasaki disease with or without cardiovascular lesions.**
 Author(s): Hokonohara M, Yoshinaga M, Baba Y.
 Source: Japanese Circulation Journal. 1987 December; 51(12): 1353-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3327952&dopt=Abstract

- **Study of ceruloplasmin in rheumatic fever.**
 Author(s): Privalenko MN, Volkova ZI, Astakhova TA.
 Source: Clinica Chimica Acta; International Journal of Clinical Chemistry. 1974 November 20; 57(1): 11-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4430139&dopt=Abstract
- **Subcutaneous nodules and the differentiation of rheumatoid arthritis from rheumatic fever.**
 Author(s): Benedek TG.
 Source: Seminars in Arthritis and Rheumatism. 1984 May; 13(4): 305-21. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6374898&dopt=Abstract
- **Subcutaneous nodules in acute rheumatic fever--an analysis of age old dictums.**
 Author(s): Behera M.
 Source: Indian Heart J. 1993 November-December; 45(6): 463-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8070822&dopt=Abstract
- **Subcutaneous nodules in rheumatic fever.**
 Author(s): Daniel E.
 Source: Ethiop Med J. 1989 April; 27(2): 91-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2714264&dopt=Abstract
- **Sulfadiazine rheumatic fever prophylaxis during pregnancy: does it increase the risk of kernicterus in the newborn?**
 Author(s): Baskin CG, Law S, Wenger NK.
 Source: Cardiology. 1980; 65(4): 222-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7388849&dopt=Abstract
- **Superantigen-induced T cell responses in acute rheumatic fever and chronic rheumatic heart disease patients.**
 Author(s): Bhatnagar A, Grover A, Ganguly NK.
 Source: Clinical and Experimental Immunology. 1999 April; 116(1): 100-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10209512&dopt=Abstract
- **Surveillance for rheumatic fever.**
 Author(s): Leiner S.
 Source: The New England Journal of Medicine. 1996 January 25; 334(4): 273-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8532018&dopt=Abstract

- **Susceptibility to rheumatic fever.**
Author(s): Markowitz M.
Source: Circulation. 1968 July; 38(1): 3-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11712291&dopt=Abstract
- **Symposium on rheumatic heart disease as an economical disease. 3. Cost of rheumatic fever and rheumatic heart disease.**
Author(s): Kawakita S.
Source: Japanese Circulation Journal. 1966 October; 30(10): 1331-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6012998&dopt=Abstract
- **T cell subsets in acute rheumatic fever, rheumatic heart disease and acute glomerulonephritis cases.**
Author(s): Bhatnagar PK, Nijhawan R, Prakash K.
Source: Immunology Letters. 1987 July; 15(3): 217-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3499388&dopt=Abstract
- **T cell subsets in rheumatic fever in New Caledonia.**
Author(s): Garraud O, Ribiere O, Bach JF.
Source: Immunology Letters. 1986 August; 13(1-2): 75-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2944822&dopt=Abstract
- **T lymphocyte subsets, suppressor and contrasuppressor cell functions, and production of interleukin-2 in the peripheral blood of rheumatic fever patients and their apparently healthy siblings.**
Author(s): Alarcon-Riquelme ME, Alarcon-Segovia D, Loredano-Abdala A, Alcocer-Varela J.
Source: Clinical Immunology and Immunopathology. 1990 April; 55(1): 120-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2137738&dopt=Abstract
- **T. Duckett Jones and his criteria for the diagnosis of acute rheumatic fever.**
Author(s): Shulman ST.
Source: Pediatric Annals. 1999 January; 28(1): 9-12.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9926367&dopt=Abstract
- **T. Duckett Jones and rheumatic fever in 1986. T. Duckett Jones Memorial Lecture.**
Author(s): Denny FW.
Source: Circulation. 1987 November; 76(5): 963-70.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3311452&dopt=Abstract

- **T. Duckett Jones Memorial Lecture. Global assessment of rheumatic fever and rheumatic heart disease at the close of the century. Influences and dynamics of populations and pathogens: a failure to realize prevention?**
 Author(s): Kaplan EL.
 Source: Circulation. 1993 October; 88(4 Pt 1): 1964-72. Erratum In: Circulation 1994 March; 89(3): A98.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8403347&dopt=Abstract
- **T-cells and T-cell clones in rheumatic fever valvulitis. Getting to the heart of the matter?**
 Author(s): Zabriskie JB.
 Source: Circulation. 1995 August 1; 92(3): 281-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7634437&dopt=Abstract
- **The antistreptococcal immune responses in children with acute rheumatic fever in Kuwait.**
 Author(s): Majeed HA, Karaoui R, Yousof AM, Moussa MA, Farwana S, Khuffash FA.
 Source: Annals of Tropical Paediatrics. 1982 September; 2(3): 133-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6191629&dopt=Abstract
- **The carditis/cardiomyopathy of rheumatic fever: relationship to pathogenesis.**
 Author(s): Kaplan EL.
 Source: Postgraduate Medical Journal. 1992; 68 Suppl 1: S21-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1409210&dopt=Abstract
- **The challenge of rheumatic fever and rheumatic heart disease in India.**
 Author(s): Padmavati S.
 Source: Indian Heart J. 1982 November-December; 34(6): 364-6. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6926978&dopt=Abstract
- **The changing face of rheumatic fever in the 20th century.**
 Author(s): Stollerman GH.
 Source: Journal of Medical Microbiology. 1998 August; 47(8): 655-7. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9877185&dopt=Abstract
- **The changing picture of rheumatic fever.**
 Author(s): Markowitz M.
 Source: Arthritis and Rheumatism. 1977 March; 20(2 Suppl): 369-74.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=263914&dopt=Abstract

- **The changing prevalence and pattern of acute rheumatic fever and rheumatic heart disease in Hong Kong--(1968-1978).**
Author(s): Woo KS, Kong SM, Wai KH.
Source: Aust N Z J Med. 1983 April; 13(2): 151-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6577834&dopt=Abstract
- **The Chicago rheumatic fever program: a 20 plus year history.**
Author(s): Levinson SS, Bearfield JL, Ausbrook DK, Muriel H, Shireman L, Pacelli C, Stanton H, Masterson J.
Source: J Chronic Dis. 1982; 35(3): 199-206. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7061677&dopt=Abstract
- **The clinical patterns of acute rheumatic fever: a reappraisal. 1962.**
Author(s): Feinstein AR, Spagnuolo M.
Source: Medicine; Analytical Reviews of General Medicine, Neurology, Psychiatry, Dermatology, and Pediatrics. 1993 July; 72(4): 272-83, 262-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8341144&dopt=Abstract
- **The coexistence of acute rheumatic fever and acute glomerulonephritis.**
Author(s): Bisno AL.
Source: Arthritis and Rheumatism. 1989 February; 32(2): 230-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2645877&dopt=Abstract
- **The community control of rheumatic fever and rheumatic heart disease: report of a WHO international cooperative project.**
Author(s): Strasser T, Dondog N, El Kholy A, Gharagozloo R, Kalbian VV, Ogunbi O, Padmavati S, Stuart K, Dowd E, Bekessy A.
Source: Bulletin of the World Health Organization. 1981; 59(2): 285-94.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6972819&dopt=Abstract
- **The concurrent associations of group A streptococcal serotypes in children with acute rheumatic fever or pharyngitis-associated glomerulonephritis and their families in Kuwait.**
Author(s): Majeed HA, Khuffash FA, Yousof AM, Farwana SS, Chugh TD, Moussa MA, Rotta J, Havlickova H.
Source: Zentralbl Bakteriol Mikrobiol Hyg [a]. 1986 September; 262(3): 346-56.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3538720&dopt=Abstract
- **The control of rheumatic fever and rheumatic heart disease: an outline of WHO activities.**
Author(s): Strasser T, Rotta J.
Source: Who Chron. 1973 February; 27(2): 49-54. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4695970&dopt=Abstract

- **The control of rheumatic fever.**
 Author(s): Shulman ST, Ayoub EM.
 Source: Clinical Pediatrics. 1975 April; 14(4): 319-20.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1120375&dopt=Abstract

- **The co-occurrence of acute rheumatic fever and AIDS.**
 Author(s): Georgescu L, Riker C, Gibofsky A, Barland P.
 Source: The Journal of Rheumatology. 1997 February; 24(2): 404-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9035006&dopt=Abstract

- **The cross tolerance hypothesis in IR-gene systems, rheumatic fever and ankylosing spondylitis.**
 Author(s): Ebringer A.
 Source: Riv Biol. 1982 Summer; 75(2): 197-229. English, Italian. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6215706&dopt=Abstract

- **The decline of acute rheumatic fever in Israel.**
 Author(s): Yarrow A, Slater PE.
 Source: Public Health Rev. 1990-91; 18(3): 239-49.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2135808&dopt=Abstract

- **The decline of rheumatic fever. What impact on our management of pharyngitis?**
 Author(s): Shulman ST.
 Source: Am J Dis Child. 1984 May; 138(5): 426-7. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6711497&dopt=Abstract

- **The decline of rheumatic fever: role of medical intervention. Lewis W. Wannamaker Memorial Lecture.**
 Author(s): Markowitz M.
 Source: The Journal of Pediatrics. 1985 April; 106(4): 545-50. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3884760&dopt=Abstract

- **The diagnosis of rheumatic fever.**
 Author(s): Mirkinson L.
 Source: Pediatrics in Review / American Academy of Pediatrics. 1998 September; 19(9): 310-1.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9745314&dopt=Abstract

- **The diagnosis of rheumatic fever--evolution of the Jones criteria.**
 Author(s): Bhattacharya S, Tandon R.
 Source: International Journal of Cardiology. 1986 September; 12(3): 285-94.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3759266&dopt=Abstract

- **The dilemma of rheumatic fever.**
Author(s): Melnick A.
Source: J Am Osteopath Assoc. 1967 June; 66(10): 1129-32. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5182823&dopt=Abstract
- **The effect of added corticosteroids on the rates of recovery from beta-hemolytic streptococci in children with rheumatic fever under penicillin prophylaxis.**
Author(s): Brand-Auraban A, Heling B, Fuchs E, Bergner-Rabinowitz S.
Source: Clinical Pediatrics. 1977 September; 16(9): 812-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=891084&dopt=Abstract
- **The epidemiology and prevention of rheumatic fever. 1952.**
Author(s): Rammelkamp CH, Wannamaker LW, Denny FW.
Source: Bull N Y Acad Med. 1997 Summer; 74(1): 119-33; Discussion 134-6. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9211007&dopt=Abstract
- **The etiology of rheumatic fever: a review of theories and evidence. 1949.**
Author(s): Waksman BH.
Source: Medicine; Analytical Reviews of General Medicine, Neurology, Psychiatry, Dermatology, and Pediatrics. 1993 July; 72(4): 262-72; Discussion 278-83.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8341143&dopt=Abstract
- **The etiology of rheumatic fever: A review of theories and evidence. 1949.**
Author(s): Waksman BH.
Source: Medicine; Analytical Reviews of General Medicine, Neurology, Psychiatry, Dermatology, and Pediatrics. 1993 July; 72(4): 262-72.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8341142&dopt=Abstract
- **The fall and rise of rheumatic fever in the United States: a commentary.**
Author(s): Kaplan EL, Markowitz M.
Source: International Journal of Cardiology. 1988 October; 21(1): 3-10. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3065250&dopt=Abstract
- **The families of patients with acute rheumatic fever or glomerulonephritis in Trinidad.**
Author(s): Potter EV, Svartman M, Poon-King T, Earle DP.
Source: American Journal of Epidemiology. 1977 August; 106(2): 130-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=888815&dopt=Abstract

- **The first attack of acute rheumatic fever in childhood--clinical and laboratory profile.**
Author(s): Nair PM, Philip E, Bahuleyan CG, Thomas M, Shanmugham JS, Suguna Bai NS.
Source: Indian Pediatrics. 1990 March; 27(3): 241-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2351445&dopt=Abstract
- **The future of rheumatic heart disease and rheumatic fever in the Orient.**
Author(s): Alimurung MM.
Source: Mod Med Asia. 1978 February; 14(2): 13-5. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=642908&dopt=Abstract
- **The future streptococcal M. vaccine against rheumatic fever.**
Author(s): Imran M, Jan A.
Source: J Pak Med Assoc. 1988 July; 38(7): 176-7. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3149682&dopt=Abstract
- **The genetics of rheumatic fever: relationship to streptococcal infection and autoimmune disease.**
Author(s): Gibofsky A, Khanna A, Suh E, Zabriskie JB.
Source: J Rheumatol Suppl. 1991 August; 30: 1-5. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1941846&dopt=Abstract
- **The geographic distribution of rheumatic fever in Hawaii.**
Author(s): Chun LT, Reddy V.
Source: Hawaii Med J. 1985 May; 44(5): 188, 190. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3874191&dopt=Abstract
- **The immunology of rheumatic fever.**
Author(s): Cairns LM.
Source: N Z Med J. 1988 June 8; 101(847 Pt 2): 388-91. Review. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3045708&dopt=Abstract
- **The incidence of acute rheumatic fever in a suburban area of Los Angeles. A ten-year study.**
Author(s): Odio A.
Source: The Western Journal of Medicine. 1986 February; 144(2): 179-84.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3953087&dopt=Abstract

- **The incidence of acute rheumatic fever in Swedish children 1952-1961. A survey from four hospitals.**
Author(s): Ekelund H, Enocksson E, Michaelsson M, Voss H.
Source: Acta Med Scand. 1967 January; 181(1): 89-92. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6017003&dopt=Abstract
- **The influence of rapid diagnosis of streptococcal infection on pharyngitis and rheumatic fever.**
Author(s): Campos JM.
Source: Advances in Experimental Medicine and Biology. 1990; 263: 37-50. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2191544&dopt=Abstract
- **The Jones criteria for guidance in the diagnosis of rheumatic fever. Another perspective.**
Author(s): Markowitz M, Gerber MA.
Source: Archives of Pediatrics & Adolescent Medicine. 1995 July; 149(7): 725-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7795760&dopt=Abstract
- **The Kansas Secondary Rheumatic Fever Program. Past, present and future.**
Author(s): Stanley WA, Wilcox DE, Diehl AM.
Source: J Kans Med Soc. 1972 October; 73(10): 451-2 Passim. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5075920&dopt=Abstract
- **The mathematical analysis of the data concerning the rheumatic fever diagnostic criteria.**
Author(s): Mihalcu F, Costeschi L.
Source: Arch Roum Pathol Exp Microbiol. 1985 January-March; 44(1): 23-30. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4038047&dopt=Abstract
- **The mechanism of mitral regurgitation in carditis of acute rheumatic fever (ARF).**
Author(s): Kalbian VV.
Source: American Heart Journal. 1973 January; 85(1): 139-40.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4734143&dopt=Abstract
- **The modern face of rheumatic fever.**
Author(s): Wannamaker LW, Kaplan EL.
Source: Cardiovasc Clin. 1973; 5(2): 1-14. Review. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4360615&dopt=Abstract

- **The mystery of acute rheumatic fever and poststreptococcal glomerulonephritis.**
 Author(s): Denny FW.
 Source: The Journal of Laboratory and Clinical Medicine. 1986 December; 108(6): 523-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3783025&dopt=Abstract
- **The national programme and the control of rheumatic fever and rheumatic heart disease in two project areas of Thailand.**
 Author(s): Vongprateep C, Dharmasakti D, Sindhavanonda K.
 Source: N Z Med J. 1988 June 8; 101(847 Pt 2): 408-10. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3412708&dopt=Abstract
- **The natural histories of acute rheumatic fever.**
 Author(s): Feinstein AR.
 Source: Bulletin on the Rheumatic Diseases. 1966 November; 17(3): 423-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5978713&dopt=Abstract
- **The natural history of acute rheumatic fever in Kuwait: a prospective six year follow-up report.**
 Author(s): Majeed HA, Yousof AM, Khuffash FA, Yusuf AR, Farwana S, Khan N.
 Source: J Chronic Dis. 1986; 39(5): 361-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3700577&dopt=Abstract
- **The natural history of rheumatic fever and juvenile rheumatic heart disease in Taiwan.**
 Author(s): Lue HC, Chen CL, Wei H.
 Source: Singapore Med J. 1973 September; 14(3): 415-6. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4777921&dopt=Abstract
- **The natural history of rheumatic fever and rheumatic heart disease in Malmo.**
 Author(s): Persson B, Aspelin P.
 Source: Acta Med Scand Suppl. 1982; 666: 1-172. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6961764&dopt=Abstract
- **The natural history of rheumatic fever and rheumatic heart disease in the Orient.**
 Author(s): Lue HC, Chen CL, Wei H, Okuni M, Mabilangan LM, Dharmasakti D, Hanafiah A.
 Source: Japanese Heart Journal. 1979 May; 20(3): 237-52.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=459093&dopt=Abstract

- **The new streptozyme test for streptococcal antibodies. Studies in the value of this multiple antigen test in glomerulonephritis, acute pharyngitis, and acute rheumatic fever.**
Author(s): Bergner-Rabinowitz S, Fleiderman S, Ferne M, Brabinowitz K, Ginsburg I.
Source: Clinical Pediatrics. 1975 September; 14(9): 804-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1157431&dopt=Abstract
- **The Northland rheumatic fever register.**
Author(s): Flight RJ.
Source: N Z Med J. 1984 October 10; 97(765): 671-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6592478&dopt=Abstract
- **The pattern of rheumatic fever in a paediatric unit in Colombo.**
Author(s): Soysa PE, de Silva DG, Ariyananda PL, de Silva DD.
Source: Ceylon Med J. 1980 March-June; 25(1-2): 26-8. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6965236&dopt=Abstract
- **The potential for vaccine development against rheumatic fever.**
Author(s): Medina E, Chhatwal GS.
Source: Indian Heart J. 2002 January-February; 54(1): 93-8. Review. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11999099&dopt=Abstract
- **The prevention of rheumatic fever.**
Author(s): Brett B.
Source: Canadian Journal of Public Health. Revue Canadienne De Sante Publique. 1972 November-December; 63(6): 486-92.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4644514&dopt=Abstract
- **The prevention of rheumatic fever: opportunities, frustrations, and challenges.**
Author(s): Taranta A, Gordis L.
Source: Cardiovasc Clin. 1972; 4(3): 1-10. Review. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4595631&dopt=Abstract
- **The problem of compliance in rheumatic fever.**
Author(s): Walker KG, Human DG, De Moor MM, Sprenger KJ.
Source: South African Medical Journal. Suid-Afrikaanse Tydskrif Vir Geneeskunde. 1987 December 5; 72(11): 781-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3686281&dopt=Abstract

- **The prophylaxis of acute rheumatic fever in a pair of monozygotic twins. The public health implications.**
 Author(s): Denbow CE, Barton EN, Smikle MF.
 Source: The West Indian Medical Journal. 1999 December; 48(4): 242-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10639851&dopt=Abstract
- **The psychiatric symptoms of rheumatic fever.**
 Author(s): Mercadante MT, Busatto GF, Lombroso PJ, Prado L, Rosario-Campos MC, do Valle R, Marques-Dias MJ, Kiss MH, Leckman JF, Miguel EC.
 Source: The American Journal of Psychiatry. 2000 December; 157(12): 2036-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11097972&dopt=Abstract
- **The psychological adjustment of rheumatic fever patients with and without chorea. Comparisons ten years later.**
 Author(s): Stehbens JA, Macqueen JC.
 Source: Clinical Pediatrics. 1972 November; 11(11): 638-40.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4404345&dopt=Abstract
- **The quality of management of rheumatic fever/ heart disease in the Kimberley.**
 Author(s): Mincham CM, Mak DB, Plant AJ.
 Source: Aust N Z J Public Health. 2002 October; 26(5): 417-20.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12413284&dopt=Abstract
- **The reemergence of serious group A streptococcal infections and acute rheumatic fever.**
 Author(s): Bronze MS, Dale JB.
 Source: The American Journal of the Medical Sciences. 1996 January; 311(1): 41-54. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8571986&dopt=Abstract
- **The reference value of erythrocyte sedimentation rate for differential diagnosis of rheumatic fever among Bangladeshi children.**
 Author(s): Zaman MM, Yoshiike N, Chowdhury AH, Ahmed J, Hassan MM, Faruque GM, Mahmud RS, Rouf MA, Haque S, Tanaka H.
 Source: J Epidemiol. 1996 June; 6(2): 109-13.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8795950&dopt=Abstract
- **The relationship between mitral valve prolapse and acute rheumatic fever in pediatric patients.**
 Author(s): Uysal S, Baysal K, Balat A, Yukel M.
 Source: Japanese Heart Journal. 1992 September; 33(5): 585-90.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1289591&dopt=Abstract

- **The resurgence of acute rheumatic fever in the United States.**
Author(s): Congeni BL.
Source: Pediatric Annals. 1992 December; 21(12): 816-20. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1480435&dopt=Abstract
- **The resurgence of acute rheumatic fever in the United States.**
Author(s): Bisno AL.
Source: Annual Review of Medicine. 1990; 41: 319-29. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2184733&dopt=Abstract
- **The resurgence of rheumatic fever.**
Author(s): Wald ER.
Source: Heart Dis Stroke. 1992 November-December; 1(6): 391-4. Review. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1344137&dopt=Abstract
- **The return of acute rheumatic fever in young adults.**
Author(s): Wallace MR, Garst PD, Papadimos TJ, Oldfield EC 3rd.
Source: Jama : the Journal of the American Medical Association. 1989 November 10; 262(18): 2557-61.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2681847&dopt=Abstract
- **The return of rheumatic fever.**
Author(s): Carlson MJ.
Source: Ohio Med. 1989 March; 85(3): 183-4. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2726134&dopt=Abstract
- **The return of rheumatic fever.**
Author(s): Stollerman GH.
Source: Hosp Pract (Off Ed). 1988 November 15; 23(11): 100-6, 109-13. Review. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3141440&dopt=Abstract
- **The rise and fall (and rise?) of rheumatic fever.**
Author(s): Bisno AL, Shulman ST, Dajani AS.
Source: Jama : the Journal of the American Medical Association. 1988 February 5; 259(5): 728-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3275821&dopt=Abstract

- **The role of heart binding antibodies in rheumatic fever.**
 Author(s): Zabriskie JB, Friedman JE.
 Source: *Advances in Experimental Medicine and Biology*. 1983; 161: 457-70. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6346818&dopt=Abstract
- **The search for host determinants of susceptibility to rheumatic fever: the missing link. T. Duckett Jones Memorial Lecture.**
 Author(s): Ayoub EM.
 Source: *Circulation*. 1984 January; 69(1): 197-201.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6605816&dopt=Abstract
- **The use of naproxen in the treatment of children with rheumatic fever.**
 Author(s): Uziel Y, Hashkes PJ, Kassem E, Padeh S, Goldman R, Wolach B, Vollach B.
 Source: *The Journal of Pediatrics*. 2000 August; 137(2): 269-71. Erratum In: *J Pediatr* 2001 Aug; 139(2): 340.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10931426&dopt=Abstract
- **The value of an indirect hemagglutination test for streptococcal antibodies in children with acute rheumatic fever.**
 Author(s): Pongpanich B, Na Ayuthya PS, Khupulsup K, Tanphaichitr P, Petchclai B.
 Source: *Southeast Asian J Trop Med Public Health*. 1980 March; 11(1): 28-31.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6996109&dopt=Abstract
- **The value of the Jones criteria in the recognition of acute rheumatic fever: fifty years later.**
 Author(s): Martinez-Lavin M, Amigo MC.
 Source: *Clin Exp Rheumatol*. 1994 July-August; 12(4): 355-6. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7955596&dopt=Abstract
- **The virtual disappearance of rheumatic fever in the United States: lessons in the rise and fall of disease. T. Duckett Jones memorial lecture.**
 Author(s): Gordis L.
 Source: *Circulation*. 1985 December; 72(6): 1155-62.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4064266&dopt=Abstract
- **Therapeutic strategies for the prevention of rheumatic fever.**
 Author(s): Bisno AL.
 Source: *Annals of Internal Medicine*. 1977 April; 86(4): 494-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=848815&dopt=Abstract

- **Therapy of rheumatic fever. Reply from the author.**
Author(s): Kumar H.
Source: J Assoc Physicians India. 1991 May; 39(5): 429-30. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1960177&dopt=Abstract
- **Three- versus four-week administration of benzathine penicillin G: effects on incidence of streptococcal infections and recurrences of rheumatic fever.**
Author(s): Lue HC, Wu MH, Wang JK, Wu FF, Wu YN.
Source: Pediatrics. 1996 June; 97(6 Pt 2): 984-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8637787&dopt=Abstract
- **Throat swab cultures and ASO titres in rheumatic fever in adolescents and adults.**
Author(s): Attal HC, Suryawanshi SD, Marathe SV.
Source: Indian Heart J. 1980 May-June; 32(3): 173-6. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6997187&dopt=Abstract
- **Thrombocytosis in rheumatic fever.**
Author(s): Penchas S, Ehrenfeld M.
Source: Archives of Internal Medicine. 1977 November; 137(11): 1639.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=921458&dopt=Abstract
- **Time to take soundings in acute rheumatic fever.**
Author(s): Veasy LG.
Source: Lancet. 2001 June 23; 357(9273): 1994-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11438128&dopt=Abstract
- **Tonsillectomy: a reappraisal of its role in the prophylaxis of first attacks of rheumatic fever and acute glomerular nephritis.**
Author(s): Nissenbaum M.
Source: South African Medical Journal. Suid-Afrikaanse Tydskrif Vir Geneeskunde. 1972 June 19; 45(24): 661-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5030719&dopt=Abstract
- **Tonsils and rheumatic fever.**
Author(s): Feinstein AR, Levitt M.
Source: The New England Journal of Medicine. 1970 April 2; 282(14): 814.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5416984&dopt=Abstract
- **Tonsils and rheumatic fever.**
Author(s): Rapkin RH.
Source: The New England Journal of Medicine. 1970 April 2; 282(14): 814.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5416983&dopt=Abstract

- **Torsade de pointes in a child with acute rheumatic fever.**
Author(s): Liberman L, Hordof AJ, Alfayyadh M, Salafia CM, Pass RH.
Source: The Journal of Pediatrics. 2001 February; 138(2): 280-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11174632&dopt=Abstract
- **Towards a vaccine for rheumatic fever: identification of a conserved target epitope on M protein of group A streptococci.**
Author(s): Pruksakorn S, Currie B, Brandt E, Martin D, Galbraith A, Phornphutkul C, Hunsakunachai S, Manmontri A, Good MF.
Source: Lancet. 1994 September 3; 344(8923): 639-42.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7520963&dopt=Abstract
- **Towards understanding the pathogenesis of rheumatic fever.**
Author(s): Carapetis JR, Currie BJ, Good MF.
Source: Scandinavian Journal of Rheumatology. 1996; 25(3): 127-31; Discussion 132-3. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8668953&dopt=Abstract
- **Transatlantic warning bells sound on rheumatic fever.**
Author(s): Bissenden JG.
Source: British Medical Journal (Clinical Research Ed.). 1988 April 30; 296(6631): 1215.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3133020&dopt=Abstract
- **Transient complete heart block complicating acute rheumatic fever.**
Author(s): Malik JA, Hassan C, Khan GQ.
Source: Indian Heart J. 2002 January-February; 54(1): 91-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11999098&dopt=Abstract
- **Transient complete heart block during acute rheumatic fever: a case report.**
Author(s): Kok OP, Ramanathan M.
Source: Med J Malaysia. 1987 September; 42(3): 215-6. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3506649&dopt=Abstract
- **Transient diaphyseal tibial Tc-99m MDP uptake and bone marrow edema in acute rheumatic fever.**
Author(s): Peller PJ, Anderson JH.
Source: Clinical Nuclear Medicine. 1992 August; 17(8): 634-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1505128&dopt=Abstract

- **Transient immunoregulatory perturbation during the acute phase of rheumatic fever.**
Author(s): Etzioni A, Benderly A, Levy J, Grief Z, Katz R, Pollack S.
Source: J Clin Lab Immunol. 1986 May; 20(1): 7-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2942691&dopt=Abstract
- **Treatment of acute streptococcal pharyngitis and prevention of rheumatic fever: a statement for health professionals. Committee on Rheumatic Fever, Endocarditis, and Kawasaki Disease of the Council on Cardiovascular Disease in the Young, the American Heart Association.**
Author(s): Dajani A, Taubert K, Ferrieri P, Peter G, Shulman S.
Source: Pediatrics. 1995 October; 96(4 Pt 1): 758-64.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7567345&dopt=Abstract
- **Treatment of rheumatic fever and rheumatic carditis.**
Author(s): Nair DV, Thankam S.
Source: Indian Heart J Teach Ser. 1976 June; 1(1): 30-3. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1052325&dopt=Abstract
- **Trends in acute rheumatic fever and chronic rheumatic heart disease: a national perspective.**
Author(s): Gillum RF.
Source: American Heart Journal. 1986 February; 111(2): 430-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3946192&dopt=Abstract
- **Trends in acute rheumatic fever. The Barbados experience.**
Author(s): Noah PK.
Source: Journal of Tropical Pediatrics. 1994 April; 40(2): 94-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8015038&dopt=Abstract
- **Trends in rheumatic fever during the past 10 years: long term follow up of 156 cases.**
Author(s): Chen DG, Zhang LR.
Source: Chin Med J (Engl). 1981 November; 94(11): 745-8. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6460600&dopt=Abstract
- **Tropical acute rheumatic fever and associated streptococcal infections compared with concurrent acute glomerulonephritis.**
Author(s): Potter EV, Svartman M, Mohammed I, Cox R, Poon-King T, Earle DP.
Source: The Journal of Pediatrics. 1978 February; 92(2): 325-33.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=340631&dopt=Abstract

- **Two studies of compliance with daily prophylaxis in rheumatic fever patients in Iowa.**
Author(s): Ehmke DA, Stehbens JA, Young L.
Source: American Journal of Public Health. 1980 November; 70(11): 1189-93.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7425192&dopt=Abstract
- **Type-specific antibodies to purified streptococcal M proteins from potentially rheumatogenic M-types in patients with rheumatic fever and rheumatic heart disease.**
Author(s): Thakur A, Singhal S, Prakash K.
Source: Journal of Medical Microbiology. 1996 December; 45(6): 483-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8958254&dopt=Abstract
- **Type-specific antibodies to structurally defined fragments of streptococcal M proteins in patients with acute rheumatic fever.**
Author(s): Bisno AL, Berrios X, Quesney F, Monroe DM Jr, Dale JB, Beachey EH.
Source: Infection and Immunity. 1982 November; 38(2): 573-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6754620&dopt=Abstract
- **U.S. trends in rheumatic fever and heart disease.**
Author(s): Gillum RF.
Source: American Heart Journal. 1993 December; 126(6): 1496-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8249824&dopt=Abstract
- **Ultrastructure of naturally occurring subcutaneous nodule in acute rheumatic fever.**
Author(s): Chopra P, Narula JP, Tandon R.
Source: International Journal of Cardiology. 1991 January; 30(1): 124-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1991663&dopt=Abstract
- **Uniting against rheumatic fever.**
Author(s): Litchfield B.
Source: N Z Nurs J. 1988 July; 81(7): 15-6. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3419704&dopt=Abstract
- **Unsuspected rheumatic fever carditis ending in heart transplantation.**
Author(s): Silva LM, Mansur AJ, Bocchi EA, Stolf NA, Bellotti G.
Source: The Thoracic and Cardiovascular Surgeon. 1994 June; 42(3): 191-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7940493&dopt=Abstract
- **Urticarial eruption associated with rheumatic fever in a child.**
Author(s): Nousari HC, Kimyai-Asadi A, Ketabchi N, Cohen BA.
Source: Pediatric Dermatology. 1999 July-August; 16(4): 288-91.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10469414&dopt=Abstract

- **Vaccine strategies to prevent rheumatic fever.**
Author(s): Brandt ER, Good MF.
Source: Immunologic Research. 1999; 19(1): 89-103.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10374697&dopt=Abstract
- **Variable epidemiology of streptococcal disease and the changing pattern of rheumatic fever.**
Author(s): Stollerman GH, Siegel AC, Johnson EE.
Source: Mod Concepts Cardiovasc Dis. 1965 October; 34(10): 45-8. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5827280&dopt=Abstract
- **Variation in group A streptococci and the prevalence of rheumatic fever: a half-century vigil.**
Author(s): Stollerman GH.
Source: Annals of Internal Medicine. 1993 March 15; 118(6): 467-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8439122&dopt=Abstract
- **Variations in the clinical course of the first attack of rheumatic fever in children in the last 12 years.**
Author(s): Balukiewicz I.
Source: Pol Med Sci Hist Bull. 1965 October; 8(4): 151-3. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5857858&dopt=Abstract
- **Various rheumatic syndromes in adult patients associated with high antistreptolysin O titres and their differential diagnosis with rheumatic fever.**
Author(s): Valtonen JM, Koskimies S, Miettinen A, Valtonen VV.
Source: Annals of the Rheumatic Diseases. 1993 July; 52(7): 527-30.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8346980&dopt=Abstract
- **Ventricular tachycardia in acute rheumatic fever.**
Author(s): Freed MS, Sacks P, Ellman MH.
Source: Archives of Internal Medicine. 1985 October; 145(10): 1904-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4037951&dopt=Abstract
- **What does the adult population of Budapest know about follicular tonsillitis? Health educational problems of the primary prevention of rheumatic fever.**
Author(s): Simon T.
Source: Sante Publique (Bucur). 1977; 20(2): 225-31. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=607522&dopt=Abstract

- **What parents of rheumatic fever patients don't understand about the disease and its prophylactic management.**
Author(s): Kennell JH, Soroker E, Thomas P, Wasman M.
Source: Pediatrics. 1969 February; 43(2): 160-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5763853&dopt=Abstract
- **Where has all the rheumatic fever gone? An editorial commentary.**
Author(s): Bisno AL.
Source: Clinical Pediatrics. 1983 December; 22(12): 804-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6627813&dopt=Abstract
- **Will genetic testing alter the management of disease caused by infectious agents? A cost-effectiveness analysis of gene-testing strategies for prevention of rheumatic Fever.**
Author(s): King CH, Fischler DF, Gerkin RD.
Source: Clinical Infectious Diseases : an Official Publication of the Infectious Diseases Society of America. 2002 June 1; 34(11): 1491-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12015696&dopt=Abstract
- **With what was rheumatic fever confused?**
Author(s): Stanhope JM, Chilvers CD, Aitchison WR.
Source: N Z Med J. 1981 August 26; 94(690): 139-40.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6946305&dopt=Abstract
- **Worldwide control of rheumatic fever.**
Author(s): Bisno AL.
Source: Annals of Internal Medicine. 1979 December; 91(6): 918-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=391119&dopt=Abstract
- **Yersinia arthritis mimicking acute rheumatic fever. A case report.**
Author(s): Forman MB, Kalk WJ.
Source: South African Medical Journal. Suid-Afrikaanse Tydskrif Vir Geneeskunde. 1981 April 11; 59(16): 576.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7221767&dopt=Abstract

CHAPTER 2. NUTRITION AND RHEUMATIC FEVER

Overview

In this chapter, we will show you how to find studies dedicated specifically to nutrition and rheumatic fever.

Finding Nutrition Studies on Rheumatic Fever

The National Institutes of Health's Office of Dietary Supplements (ODS) offers a searchable bibliographic database called the IBIDS (International Bibliographic Information on Dietary Supplements; National Institutes of Health, Building 31, Room 1B29, 31 Center Drive, MSC 2086, Bethesda, Maryland 20892-2086, Tel: 301-435-2920, Fax: 301-480-1845, E-mail: ods@nih.gov). The IBIDS contains over 460,000 scientific citations and summaries about dietary supplements and nutrition as well as references to published international, scientific literature on dietary supplements such as vitamins, minerals, and botanicals.⁷ The IBIDS includes references and citations to both human and animal research studies.

As a service of the ODS, access to the IBIDS database is available free of charge at the following Web address: <http://ods.od.nih.gov/databases/ibids.html>. After entering the search area, you have three choices: (1) IBIDS Consumer Database, (2) Full IBIDS Database, or (3) Peer Reviewed Citations Only.

Now that you have selected a database, click on the "Advanced" tab. An advanced search allows you to retrieve up to 100 fully explained references in a comprehensive format. Type "rheumatic fever" (or synonyms) into the search box, and click "Go." To narrow the search, you can also select the "Title" field.

⁷ Adapted from <http://ods.od.nih.gov>. IBIDS is produced by the Office of Dietary Supplements (ODS) at the National Institutes of Health to assist the public, healthcare providers, educators, and researchers in locating credible, scientific information on dietary supplements. IBIDS was developed and will be maintained through an interagency partnership with the Food and Nutrition Information Center of the National Agricultural Library, U.S. Department of Agriculture.

The following information is typical of that found when using the "Full IBIDS Database" to search for "rheumatic fever" (or a synonym):

- **Acute rheumatic fever with advanced degree AV block.**
Author(s): Department of Pediatrics, University of Hawaii, John A. Burns School of Medicine, Kapiolani Medical Center For Women and Children, Honolulu.
Source: Reddy, D V Chun, L T Yamamoto, L G Clin-Pediatr-(Phila). 1989 July; 28(7): 326-8 0009-9228
- **Agalactosyl IgG, antibodies to heat shock proteins, and acute rheumatic fever.**
Author(s): Department of Microbiology, Faculty of Medicine, Kuwait University.
Source: Bahr, G M Yousof, A M Majeed, H A Behbehani, K Lubani, M Parekh, R B Dwek, R A Rademacher, T W Young, D B Mehlert, A et al. Ann-Rheum-Dis. 1990 June; 49(6): 383-6 0003-4967
- **An association between Gc (vitamin D-binding protein) alleles and susceptibility to rheumatic fever.**
Author(s): Department of Microbiology, Faculty of Medicine, Kuwait University.
Source: Bahr, G M Eales, L J Nye, K E Majeed, H A Yousof, A M Behbehani, K Rook, G A Immunology. 1989 May; 67(1): 126-8 0019-2805
- **Antigenic specificity of lymphocytes isolated from valvular specimens of rheumatic fever patients.**
Author(s): Kagoshima University, Japan.
Source: Yoshinaga, M Figueroa, F Wahid, M R Marcus, R H Suh, E Zabriskie, J B J-Autoimmun. 1995 August; 8(4): 601-13 0896-8411
- **Association of rheumatic fever with serum albumin concentration and body iron stores in Bangladeshi children: case-control study.**
Author(s): Department of Epidemiology, Medical Research Institute, Tokyo Medical and Dental University, 2-3-10 Kandasurugadai, Tokyo 101, Japan. mzaman@bangla.net
Source: Zaman, M M Yoshiike, N Rouf, M A Haque, S Chowdhury, A H Nakayama, T Tanaka, H BMJ. 1998 November 7; 317(7168): 1287-8 0959-8138
- **Nutritional factors associated with rheumatic fever.**
Author(s): Tokyo Medical and Dental University, Tokyo (Japan)
Source: Zaman, M.M. Yoshiike, N. Chowdhury, A.H. Nakayama, T. Yokoyama, T. Faruque, G.M. Rouf, M.A. Haque, S. Tanaka, H. Journal-of-Tropical-Pediatrics (United Kingdom). (1998). volume 44(3) page 142-147. bacterioses health services mankind bangladesh pathogenesis streptococcus neck body measurements diet eggs milk chicken meat grain legumes fruits bread soybean oil malnutrition protein deficiencies nutritional status
- **Perforated gastric ulcer complicating corticosteroid therapy in acute rheumatic fever.**
Author(s): Department of Paediatrics, Bikur Cholim General Hospital, Jerusalem, Israel.
Source: Klar, A Moise, J Brand, A Seror, D Hurvitz, H Acta-Gastroenterol-Belg. 2000 Apr-June; 63(2): 236-8 0001-5644
- **Rheumatic fever and diet.**
Author(s): Institute of Epidemiology, School of Medicine, Belgrade University, Yugoslavia.
Source: Adanja, B J Vlajinac, H D Marinkovic, J P Jarebinski, M S Isr-J-Med-Sci. 1991 Mar; 27(3): 161-3 0021-2180
- **Serum cholesterol levels in patients with acute rheumatic fever.**
Author(s): Department of Pediatrics, Faculty of Medicine, Khon Kaen University, Thailand.

Source: Panamonta, M Settasatian, N Kaplan, E L Chaikitpinyo, A Am-J-Dis-Child. 1993 July; 147(7): 732-6 0002-922X

Federal Resources on Nutrition

In addition to the IBIDS, the United States Department of Health and Human Services (HHS) and the United States Department of Agriculture (USDA) provide many sources of information on general nutrition and health. Recommended resources include:

- healthfinder®, HHS's gateway to health information, including diet and nutrition: <http://www.healthfinder.gov/scripts/SearchContext.asp?topic=238&page=0>
- The United States Department of Agriculture's Web site dedicated to nutrition information: www.nutrition.gov
- The Food and Drug Administration's Web site for federal food safety information: www.foodsafety.gov
- The National Action Plan on Overweight and Obesity sponsored by the United States Surgeon General: <http://www.surgeongeneral.gov/topics/obesity/>
- The Center for Food Safety and Applied Nutrition has an Internet site sponsored by the Food and Drug Administration and the Department of Health and Human Services: <http://vm.cfsan.fda.gov/>
- Center for Nutrition Policy and Promotion sponsored by the United States Department of Agriculture: <http://www.usda.gov/cnpp/>
- Food and Nutrition Information Center, National Agricultural Library sponsored by the United States Department of Agriculture: <http://www.nal.usda.gov/fnic/>
- Food and Nutrition Service sponsored by the United States Department of Agriculture: <http://www.fns.usda.gov/fns/>

Additional Web Resources

A number of additional Web sites offer encyclopedic information covering food and nutrition. The following is a representative sample:

- AOL: <http://search.aol.com/cat.adp?id=174&layer=&from=subcats>
- Family Village: http://www.familyvillage.wisc.edu/med_nutrition.html
- Google: <http://directory.google.com/Top/Health/Nutrition/>
- Healthnotes: <http://www.healthnotes.com/>
- Open Directory Project: <http://dmoz.org/Health/Nutrition/>
- Yahoo.com: <http://dir.yahoo.com/Health/Nutrition/>
- WebMD® Health: <http://my.webmd.com/nutrition>
- WholeHealthMD.com: <http://www.wholehealthmd.com/reflib/0,1529,00.html>

CHAPTER 3. ALTERNATIVE MEDICINE AND RHEUMATIC FEVER

Overview

In this chapter, we will begin by introducing you to official information sources on complementary and alternative medicine (CAM) relating to rheumatic fever. At the conclusion of this chapter, we will provide additional sources.

National Center for Complementary and Alternative Medicine

The National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health (<http://nccam.nih.gov/>) has created a link to the National Library of Medicine's databases to facilitate research for articles that specifically relate to rheumatic fever and complementary medicine. To search the database, go to the following Web site: <http://www.nlm.nih.gov/nccam/camonpubmed.html>. Select "CAM on PubMed." Enter "rheumatic fever" (or synonyms) into the search box. Click "Go." The following references provide information on particular aspects of complementary and alternative medicine that are related to rheumatic fever:

- **Rheumatic fever: observations on the histogenesis, pathogenesis, and use of ascorbic acid and bioflavonoids.**
Author(s): RINEHART JF.
Source: Annals of the New York Academy of Sciences. 1955 July 8; 61(3): 684-99.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=13249305&dopt=Abstract

Additional Web Resources

A number of additional Web sites offer encyclopedic information covering CAM and related topics. The following is a representative sample:

- Alternative Medicine Foundation, Inc.: <http://www.herbmed.org/>
- AOL: <http://search.aol.com/cat.adp?id=169&layer=&from=subcats>

- Chinese Medicine: <http://www.newcenturynutrition.com/>
- drkoop.com[®]: <http://www.drkoop.com/InteractiveMedicine/IndexC.html>
- Family Village: http://www.familyvillage.wisc.edu/med_altn.htm
- Google: <http://directory.google.com/Top/Health/Alternative/>
- Healthnotes: <http://www.healthnotes.com/>
- MedWebPlus:
http://medwebplus.com/subject/Alternative_and_Complementary_Medicine
- Open Directory Project: <http://dmoz.org/Health/Alternative/>
- HealthGate: <http://www.tnp.com/>
- WebMD[®]Health: http://my.webmd.com/drugs_and_herbs
- WholeHealthMD.com: <http://www.wholehealthmd.com/reflib/0,1529,00.html>
- Yahoo.com: http://dir.yahoo.com/Health/Alternative_Medicine/

General References

A good place to find general background information on CAM is the National Library of Medicine. It has prepared within the MEDLINEplus system an information topic page dedicated to complementary and alternative medicine. To access this page, go to the MEDLINEplus site at <http://www.nlm.nih.gov/medlineplus/alternativemedicine.html>. This Web site provides a general overview of various topics and can lead to a number of general sources.

CHAPTER 4. DISSERTATIONS ON RHEUMATIC FEVER

Overview

In this chapter, we will give you a bibliography on recent dissertations relating to rheumatic fever. We will also provide you with information on how to use the Internet to stay current on dissertations. **IMPORTANT NOTE:** When following the search strategy described below, you may discover non-medical dissertations that use the generic term “rheumatic fever” (or a synonym) in their titles. To accurately reflect the results that you might find while conducting research on rheumatic fever, we have not necessarily excluded non-medical dissertations in this bibliography.

Dissertations on Rheumatic Fever

ProQuest Digital Dissertations, the largest archive of academic dissertations available, is located at the following Web address: <http://wwwlib.umi.com/dissertations>. From this archive, we have compiled the following list covering dissertations devoted to rheumatic fever. You will see that the information provided includes the dissertation’s title, its author, and the institution with which the author is associated. The following covers recent dissertations found when using this search procedure:

- **Prevention and Treatment of Streptococcal Sore Throat and Rheumatic Fever -- a Decision Theoretic Approach** by Giauque, William Cannon, Dba from Harvard University, 1972, 303 pages
<http://wwwlib.umi.com/dissertations/fullcit/7310499>

Keeping Current

Ask the medical librarian at your library if it has full and unlimited access to the *ProQuest Digital Dissertations* database. From the library, you should be able to do more complete searches via <http://wwwlib.umi.com/dissertations>.

CHAPTER 5. PATENTS ON RHEUMATIC FEVER

Overview

Patents can be physical innovations (e.g. chemicals, pharmaceuticals, medical equipment) or processes (e.g. treatments or diagnostic procedures). The United States Patent and Trademark Office defines a patent as a grant of a property right to the inventor, issued by the Patent and Trademark Office.⁸ Patents, therefore, are intellectual property. For the United States, the term of a new patent is 20 years from the date when the patent application was filed. If the inventor wishes to receive economic benefits, it is likely that the invention will become commercially available within 20 years of the initial filing. It is important to understand, therefore, that an inventor's patent does not indicate that a product or service is or will be commercially available. The patent implies only that the inventor has "the right to exclude others from making, using, offering for sale, or selling" the invention in the United States. While this relates to U.S. patents, similar rules govern foreign patents.

In this chapter, we show you how to locate information on patents and their inventors. If you find a patent that is particularly interesting to you, contact the inventor or the assignee for further information. **IMPORTANT NOTE:** When following the search strategy described below, you may discover non-medical patents that use the generic term "rheumatic fever" (or a synonym) in their titles. To accurately reflect the results that you might find while conducting research on rheumatic fever, we have not necessarily excluded non-medical patents in this bibliography.

Patents on Rheumatic Fever

By performing a patent search focusing on rheumatic fever, you can obtain information such as the title of the invention, the names of the inventor(s), the assignee(s) or the company that owns or controls the patent, a short abstract that summarizes the patent, and a few excerpts from the description of the patent. The abstract of a patent tends to be more technical in nature, while the description is often written for the public. Full patent descriptions contain much more information than is presented here (e.g. claims, references, figures, diagrams, etc.). We will tell you how to obtain this information later in the chapter. The following is an

⁸Adapted from the United States Patent and Trademark Office:
<http://www.uspto.gov/web/offices/pac/doc/general/whatis.htm>.

example of the type of information that you can expect to obtain from a patent search on rheumatic fever:

- **Antigen of hybrid M protein and carrier for Group A streptococcal vaccine**

Inventor(s): Dale; James B. (Memphis, TN)

Assignee(s): University of Tennessee Research Corporation (Knoxville, TN)

Patent Number: 6,419,932

Date filed: August 19, 1997

Abstract: Recombinant hybrid streptococcal M protein antigens are provided which elicit protective antibodies against Group A streptococci and prevent rheumatic fever. Recombinant hybrid genes which encode the antigen are provided. Vaccine compositions and methods of administering the compositions are provided to elicit immunity against Group A streptococci.

Excerpt(s): The present invention relates broadly to the field of recombinant vaccines. The vaccines are directed to preventing Group A streptococcal infections, which may otherwise result in rheumatic fever. ... Acute rheumatic fever (ARF) is the major cause of heart disease in children around the world. The disease is rampant in developing countries where prevalence rates of rheumatic heart disease may be as high as 35-40 per thousand individuals. By one estimate, it affects nearly six million school-age children in India. Although the incidence of ARF in the United States and other Western countries declined markedly during the later half of the twentieth century, there has been a remarkable resurgence of the disease in the United States. ... Streptococci are a group of bacteria with the capacity to grow in chains. Many varieties are part of the normal bacterial flora in humans and are not especially harmful. However, a particular subgroup of streptococcal bacteria, called Group A and represented by *Streptococcus pyogenes*, is a human pathogen. Between 20 and 30 million cases of Group A streptococcal infections occur every year in the United States alone. These cases include infections of the skin and throat, forms of pneumonia and a recently identified disease resembling toxic shock. The most common infection is acute streptococcal pharyngitis, or strep throat, which occurs predominantly in school-age children. Strep throat qualifies as a major worldwide health problem if judged only by time lost from school and work and by the amount spent on related doctor's fees.

Web site: http://www.delphion.com/details?pn=US06419932__

- **Test for rheumatic fever and monoclonal antibodies useful therefor**

Inventor(s): Buskirk; Daniel R. (New York, NY), Zabriskie; John B. (New York, NY)

Assignee(s): The Rockefeller University (New York, NY)

Patent Number: 4,743,538

Date filed: April 17, 1985

Abstract: Monoclonal antibodies which react specifically with a complementary rheumatic fever associated antigen on human B-lymphocytes derived from hybridoma cell line HB8783, process for preparing such antibodies, the use of antibodies for detecting rheumatic fever in mammals and test kit containing the antibodies.

Excerpt(s): This invention is concerned with monoclonal antibodies useful to detect humans who are susceptible to attacks of rheumatic fever. It is concerned also with methods of producing and using such antibodies, compositions containing them, hybridoma cell lines useful for producing them and diagnostic kits containing them. ... The techniques for producing hybridoma cell lines and monoclonal antibodies utilizing mouse myeloma cells and spleen cells from immunized mice were first described by Kohler and Milstein in *Nature* 256, 495 (1975). Subsequently considerable effort has been expended in the production of new cell lines and monoclonal antibodies. The general techniques applicable to such production are well known and understood. However, knowledge of the procedures is not a guarantee of success. There are many difficulties and unexpected impediments. In fact, there is no assurance, prior to attempting to prepare a given hybridoma, that it will produce antibody if obtained, or that the antibody produced will have the desired specificity. The degree of success depends on the type of antigen employed, the fusion technology applied, and the selectin techniques used for identifying and isolating the hybridoma with the desired specificity which subsequently must be maintained by long term culture technology. ... Individuals susceptible to attacks by rheumatic fever presently constitute a large segment of the world population. In India there are an estimated 8 million new cases of rheumatic fever per year, in Mexico there are 3 million cases, and in Africa 10 million. At least 60% of these individuals will ultimately develop serious chronic heart disease.

Web site: http://www.delphion.com/details?pn=US04743538__

Patent Applications on Rheumatic Fever

As of December 2000, U.S. patent applications are open to public viewing.⁹ Applications are patent requests which have yet to be granted. (The process to achieve a patent can take several years.) The following patent applications have been filed since December 2000 relating to rheumatic fever:

- **Antigen of hybrid M protein and carrier for group A streptococcal vaccine**

Inventor(s): Dale, James B. ; (Memphis, TN)

Correspondence: SEED INTELLECTUAL PROPERTY LAW GROUP PLLC; 701 FIFTH AVE; SUITE 6300; SEATTLE; WA; 98104-7092; US

Patent Application Number: 20020176863

Date filed: May 7, 2002

Abstract: Recombinant hybrid streptococcal M protein antigens are provided which elicit protective antibodies against Group A streptococci and prevent rheumatic fever. Recombinant hybrid genes which encode the antigen are provided. Vaccine compositions and methods of administering the compositions are provided to elicit immunity against Group A streptococci.

Excerpt(s): This application is a continuation of U.S. patent application Ser. No. 08/914,479, filed Aug. 19, 1997, now allowed; which is a continuation of U.S. patent application Ser. No. 08/409,270, filed Mar. 23, 1995, now abandoned; which is a continuation of U.S. patent application Ser. No. 07/945,860, filed Sep. 16, 1992, now abandoned. These applications are incorporated herein by reference in their entireties. ...

⁹ This has been a common practice outside the United States prior to December 2000.

The present invention relates broadly to the field of recombinant vaccines. The vaccines are directed to preventing Group A streptococcal infections, which may otherwise result in rheumatic fever. ... Acute rheumatic fever (ARF) is the major cause of heart disease in children around the world. The disease is rampant in developing countries where prevalence rates of rheumatic heart disease may be as high as 35-40 per thousand individuals. By one estimate, it affects nearly six million school-age children in India. Although the incidence of ARF in the United States and other Western countries declined markedly during the later half of the twentieth century, there has been a remarkable resurgence of the disease in the United States.

Web site: <http://appft1.uspto.gov/netahtml/PTO/search-bool.html>

Keeping Current

In order to stay informed about patents and patent applications dealing with rheumatic fever, you can access the U.S. Patent Office archive via the Internet at the following Web address: <http://www.uspto.gov/patft/index.html>. You will see two broad options: (1) Issued Patent, and (2) Published Applications. To see a list of issued patents, perform the following steps: Under "Issued Patents," click "Quick Search." Then, type "rheumatic fever" (or synonyms) into the "Term 1" box. After clicking on the search button, scroll down to see the various patents which have been granted to date on rheumatic fever.

You can also use this procedure to view pending patent applications concerning rheumatic fever. Simply go back to <http://www.uspto.gov/patft/index.html>. Select "Quick Search" under "Published Applications." Then proceed with the steps listed above.

CHAPTER 6. BOOKS ON RHEUMATIC FEVER

Overview

This chapter provides bibliographic book references relating to rheumatic fever. In addition to online booksellers such as www.amazon.com and www.bn.com, excellent sources for book titles on rheumatic fever include the Combined Health Information Database and the National Library of Medicine. Your local medical library also may have these titles available for loan.

Book Summaries: Federal Agencies

The Combined Health Information Database collects various book abstracts from a variety of healthcare institutions and federal agencies. To access these summaries, go directly to the following hyperlink: <http://chid.nih.gov/detail/detail.html>. You will need to use the "Detailed Search" option. To find book summaries, use the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer. For the format option, select "Monograph/Book." Now type "rheumatic fever" (or synonyms) into the "For these words:" box. You should check back periodically with this database which is updated every three months. The following is a typical result when searching for books on rheumatic fever:

- **Dental Management of the Medically Compromised Patient. 5th ed**

Source: St. Louis, MO: Mosby, Inc. 1997. 668 p.

Contact: Available from Harcourt Health Sciences. 11830 Westline Industrial Drive, St. Louis, MO 63146. (800) 325-4177. Fax (800) 874-6418. Website: www.harcourthealth.com. PRICE: \$48.00 plus shipping and handling. ISBN: 0815156340.

Summary: A working knowledge of the multitude of compromised health states is essential for dental professionals, as the majority of medically compromised patients need or want oral health care. This knowledge will support high standards for dental and oral health care delivery, which include recognizing and understanding conditions that reflect compromised states, preventing adverse side effects of procedures and drugs used in dentistry, and formulating treatment plans that are consistent with a patient's medical status. This text offers 28 chapters that provide the dental practitioner with an

up to date reference work describing the dental management of patients with selected medical problems. After an introductory chapter on the interrelationships between medicine and dentistry, the text covers infective endocarditis, **rheumatic fever** and rheumatic heart disease, congenital heart disease, surgically corrected cardiac and vascular disease, hypertension, ischemic heart disease, cardiac arrhythmias, congestive heart failure, pulmonary disease, chronic renal failure and dialysis, liver disease, gastrointestinal disease, sexually transmitted diseases, AIDS and related conditions, arthritis, neurologic disorders, diabetes, adrenal insufficiency, thyroid disease, pregnancy and breastfeeding, allergy, bleeding disorders, blood dyscrasias, oral cancer, behavioral and psychiatric disorders, organ transplantation, and prosthetic implants. Two appendices offer an overview of infection control and a review of the therapeutic management of common oral lesions. Each chapter includes black and white photographs and concludes with references. A subject index concludes the volume.

- **Kidney in Collagen-Vascular Diseases**

Source: New York, NY: Raven Press, Ltd. 1993. 258 p.

Contact: Available from Raven Press. 1185 Avenue of the Americas, Dept. 5B, New York, NY 10036. (800) 777-2836 or (212) 930-9500. Fax (212) 869-3495. PRICE: \$107.50 plus \$4.95 shipping and handling (as of 1995). ISBN: 0781700213.

Summary: This book brings together current thinking about the effects of various collagen-vascular diseases on the kidney and the diagnostic and therapeutic procedures currently available. These diseases comprise a heterogeneous group of acute and chronic inflammatory, degenerative, and sclerosing processes in the connective tissues and the walls of blood vessels. Eleven chapters cover experimental animal models of systemic lupus erythematosus (SLE); immunology and pathogenesis; lupus-like syndrome; SLE in humans; scleroderma (systemic sclerosis); rheumatoid arthritis and ankylosing spondylitis; mixed connective tissue disease; Sjogren's syndrome; systemic vasculitis; and other collagen diseases, including relapsing polychondritis, acute **rheumatic fever**, and polymyositis/dermatomyositis. Each chapter includes numerous references and a subject index concludes the volume.

- **Dental Management of the Medically Compromised Patient. 4th ed**

Source: St. Louis, MO: Mosby-Year Book, Inc. 1993. 605 p.

Contact: Available from Mosby-Year Book, Inc. 11830 Westline Industrial Drive, St. Louis, MO 63146-9934. (800) 426-4545 or (314) 872-8370; Fax (800) 535-9935 or (314) 432-1380; E-mail: customer.support@mosby.com; <http://www.mosby.com>. PRICE: \$39.95 plus shipping and handling. ISBN: 0801668379.

Summary: This book was written to provide the dental practitioner with an up-to-date, concise reference work describing the dental management of patients with selected medical problems. Twenty-seven chapters cover the interrelationships of medicine and dentistry; infective endocarditis; **rheumatic fever**, rheumatic heart disease, and murmurs; congenital heart disease; surgically-corrected cardiac and vascular disease; hypertension; ischemic heart disease; cardiac arrhythmias; congestive heart failure; pulmonary disease; chronic renal failure and dialysis; liver disease; sexually transmitted diseases; AIDS and related conditions; arthritis; neurologic disorders; diabetes; adrenal insufficiency; thyroid disease; pregnancy and breast-feeding; allergy; bleeding disorders; blood dyscrasias; oral cancer; behavioral and psychiatric disorders; organ transplantation; and prosthetic implants. Where appropriate, medical problems are organized to provide a brief overview of the basic disease process, pathophysiology,

signs and symptoms, laboratory findings, and currently accepted medical therapy for each disorder. This is followed by a detailed explanation and recommendations for specific dental management. Two appendices cover infection control and the therapeutic management of common oral lesions. A detailed subject index concludes the text.

Book Summaries: Online Booksellers

Commercial Internet-based booksellers, such as Amazon.com and Barnes&Noble.com, offer summaries which have been supplied by each title's publisher. Some summaries also include customer reviews. Your local bookseller may have access to in-house and commercial databases that index all published books (e.g. Books in Print®). **IMPORTANT NOTE:** Online booksellers typically produce search results for medical and non-medical books. When searching for "rheumatic fever" at online booksellers' Web sites, you may discover non-medical books that use the generic term "rheumatic fever" (or a synonym) in their titles. The following is indicative of the results you might find when searching for "rheumatic fever" (sorted alphabetically by title; follow the hyperlink to view more details at Amazon.com):

- **Everything You Need to Know About Rheumatic Fever (Need to Know Library)** by Phillip Margulies (2004); ISBN: 082394509X;
<http://www.amazon.com/exec/obidos/ASIN/082394509X/icongroupinterna>
- **Pharyngitis: Management in an Era of Declining Rheumatic Fever** by Stanford Shulman (Editor) (1984); ISBN: 0275914526;
<http://www.amazon.com/exec/obidos/ASIN/0275914526/icongroupinterna>
- **Prevention and Control of Rheumatic Fever in the Community** (1985); ISBN: 9275113998;
<http://www.amazon.com/exec/obidos/ASIN/9275113998/icongroupinterna>
- **Rheumatic Fever**; ISBN: 0852004311;
<http://www.amazon.com/exec/obidos/ASIN/0852004311/icongroupinterna>
- **Rheumatic Fever** by Narula (2000); ISBN: 1881041476;
<http://www.amazon.com/exec/obidos/ASIN/1881041476/icongroupinterna>
- **Rheumatic Fever and Rheumatic Heart Disease: Report of a WHO Study Group (Technical Report Series)** by P.L. Wahi; ISBN: 9241207647;
<http://www.amazon.com/exec/obidos/ASIN/9241207647/icongroupinterna>
- **Rheumatic fever and streptococcal infection** by Gene H. Stollerman; ISBN: 0808908758;
<http://www.amazon.com/exec/obidos/ASIN/0808908758/icongroupinterna>
- **Rheumatic Fever and Streptococcal Infection: Unraveling the Mysteries of a Dread Disease** by Benedict F. Massell (1997); ISBN: 0674768779;
<http://www.amazon.com/exec/obidos/ASIN/0674768779/icongroupinterna>
- **Rheumatic Fever in America and Britain: A Biological, Epidemiological, and Medical History** by Peter C. English; ISBN: 0813527104;
<http://www.amazon.com/exec/obidos/ASIN/0813527104/icongroupinterna>
- **Rheumatic Fever**, by Milton Markowitz; ISBN: 0721660916;
<http://www.amazon.com/exec/obidos/ASIN/0721660916/icongroupinterna>

The National Library of Medicine Book Index

The National Library of Medicine at the National Institutes of Health has a massive database of books published on healthcare and biomedicine. Go to the following Internet site, <http://locatorplus.gov/>, and then select "Search LOCATORplus." Once you are in the search area, simply type "rheumatic fever" (or synonyms) into the search box, and select "books only." From there, results can be sorted by publication date, author, or relevance. The following was recently catalogued by the National Library of Medicine:¹⁰

- **Childhood mortality from rheumatic fever and heart diseases.** Author: Wolff, George;; Year: 1968; [Washington, U. S. Govt. Print. Off., 1948]
- **Collected works on rheumatic fever.** Author: Taran, Leo M.;; Year: 1966; Flushing, N.Y., International Professional Publications [c1967]
- **Facts about rheumatic fever.** Author: United States. Children's Bureau.;; Year: 1963; [Washington, 1945]
- **Investigations on the relations of rheumatoid arthritis and rheumatic fever to allergy.** Author: Järvinen, Klaus Alarik Johannes;; Year: 1965; Helsinki, 1950
- **Manual for Washington State Rheumatic Fever Control Program.** Author: Washington (State). Dept. of Health.;; Year: 1964; Olympia, 1966
- **Report. relating to the investigation of rheumatic fever.** Author: California. Dept. of Public Health.;; Year: 1956; [San Francisco, 1949]
- **Rheumatic fever and rheumatic heart disease; a review of research grants supported by the National Heart Institute 1949 to 1966, by May Sherman. Subject index by Ellen M. Barnes. Bibliography by Judith L. Ellin.** Author: National Heart Institute (U.S.); Year: 1966; Bethesda, Md., National Heart Institute, Extramural Programs [1966]
- **Rheumatic fever in Scotland; report of a sub-committee.** Author: Scotland. Standing Medical Advisory Committee.;; Year: 1965; Edinburgh, H. M. Stationery Off., 1967
- **Rheumatic fever, a heart disease, by John L. Chester.** Author: Chester, John Leonard;; Year: 1970; [Detroit, 1929]
- **Rheumatic fever.** Author: Rantz, Lowell Addison.;; Year: 1961; Chicago, Year Book Publishers, 1954
- **Rheumatic fever; a symposium held at the University of Minnesota on November 29, 30, and December 1, 1951, under the sponsorship of the Minnesota Heart Association, ed. by Lewis Thomas.** Author: Thomas, Lewis.;; Year: 1968; Minneapolis, Univ. of Minnesota Press [c1952]
- **Rheumatic fever; clinical, ecological and familial aspects.** Author: Davis, Eli.;; Year: 1954; Springfield, Ill., Thomas [c1969]
- **Rheumatic fever; diagnosis, management and prevention, by Milton Markowitz and Ann Gayler Kuttner, with a special chapter on community health services by Leon Gordis.** Author: Markowitz, Milton.;; Year: 1965; Philadelphia, Saunders [1967, c1965]

¹⁰ In addition to LOCATORPlus, in collaboration with authors and publishers, the National Center for Biotechnology Information (NCBI) is currently adapting biomedical books for the Web. The books may be accessed in two ways: (1) by searching directly using any search term or phrase (in the same way as the bibliographic database PubMed), or (2) by following the links to PubMed abstracts. Each PubMed abstract has a "Books" button that displays a facsimile of the abstract in which some phrases are hypertext links. These phrases are also found in the books available at NCBI. Click on hyperlinked results in the list of books in which the phrase is found. Currently, the majority of the links are between the books and PubMed. In the future, more links will be created between the books and other types of information, such as gene and protein sequences and macromolecular structures. See <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Books>.

- **Selected references on rheumatic fever, glomerulonephritis, and streptococcal infections; bibliography compiled from the English language, 1961.** Author: United States. Heart Disease Control Program.; Year: 1964; Washington 1963
- **Splenin A in rheumatic fever; the testing of splenin A as an anti-inflammatory agent, by Alvin F. Coburn [and others].** Author: Coburn, Alvin Frederick.; Year: 1967; Springfield, Ill., Thomas [c1955]
- **Studies in haemolytic streptococcus fibrinolysin, antifibrinolysin and antistreptolysin, with particular reference to rheumatic fever.** By Sten Winblad. Author: Winblad, Sten Gustaf.; Year: 1950; Lund, H. Ohlssons boktryckeri, 1941
- **The Automation of rheumatic fever registries; report of a seminar, May 21 and 22, 1968. Sponsored by Heart Disease and Stroke Control Program, Division of Chronic Disease Programs, Regional Medical Programs Service, Health Services and Mental Health Administration, Arlington, Virginia.** Author: United States. Heart Disease and Stroke Control Program.; Year: 1964; Arlington, U. S. Public Health Service; for sale by the Supt. of Docs., U. S. Govt. Print. Off., Washington [1969]
- **The management and control of rheumatic fever.** Author: Stollerman, Gene Howard.; Year: 1951; [Basle, Geigy, 1960?]
- **The streptococcus, rheumatic fever and glomerulonephritis; a symposium held at the New York University School of Medicine, November 27 and 28, 1962.** Author: Uhr, Jonathan William.; Year: 1966; Baltimore, Williams and Wilkins, 1964
- **Vocational counseling for children with heart disease or a history of rheumatic fever; a pilot study. Conducted by the Vocational Advisory Service; sponsored by the American Heart Assn. and New York Heart Assn.** Author: Lawrence, Edna M.; Year: 1959; New York, American Heart Assn. [c1961]
- **What you can do for rheumatic fever & rheumatic heart disease control in Michigan; a summary of the Michigan Rheumatic Fever study.** Author: Michigan Rheumatic Fever Study for the Prevention and Control of Rheumatic Fever and Rheumatic Heart Disease in Michigan.; Year: 1967; Southfield, Michigan Heart Assn. [1970?]

Chapters on Rheumatic Fever

In order to find chapters that specifically relate to rheumatic fever, an excellent source of abstracts is the Combined Health Information Database. You will need to limit your search to book chapters and rheumatic fever using the "Detailed Search" option. Go to the following hyperlink: <http://chid.nih.gov/detail/detail.html>. To find book chapters, use the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer, and the format option "Book Chapter." Type "rheumatic fever" (or synonyms) into the "For these words:" box. The following is a typical result when searching for book chapters on rheumatic fever:

- **Rheumatic Fever, Rheumatic Heart Disease, and Murmurs**

Source: in Little, J.W., et al. Dental Management of the Medically Compromised Patient. 5th ed. St. Louis, MO: Mosby, Inc. 1997. p. 131-143.

Contact: Available from Harcourt Health Sciences. 11830 Westline Industrial Drive, St. Louis, MO 63146. (800) 325-4177. Fax (800) 874-6418. Website: www.harcourthealth.com. PRICE: \$48.00 plus shipping and handling. ISBN: 0815156340.

Summary: A working knowledge of the multitude of compromised health states is essential for dental professionals, as the majority of medically compromised patients need or want oral health care. This chapter on rheumatic fever, rheumatic heart disease, and murmurs is from a text that provides the dental practitioner with an up to date reference work describing the dental management of patients with selected medical problems. Patients with a history of rheumatic fever may have residual cardiac damage and rheumatic heart disease. These patients need to be given prophylactic antibiotic therapy during dental treatment to prevent infective endocarditis. The authors discuss incidence and prevalence of these conditions, pathophysiology and complication, signs and symptoms, the medical management of patients with a history of rheumatic fever, and considerations for the dental management of this population. A final section discusses patients with heart murmurs: innocent, or functional murmurs are sounds caused by turbulence in the absence of any cardiac abnormality; they do not require antibiotic prophylaxis. Organic murmurs are sounds caused by a pathologic abnormality in the heart; they do require antibiotic prophylaxis. The authors stress that dentists, for the most part, are not trained to detect or evaluate heart murmurs and should thus rely on a physician colleague to perform these tasks. 6 figures. 3 tables. 25 references.

- **Rheumatic Fever**

Source: in Maddison, P.J. et al., Eds. Oxford Textbook of Rheumatology. Volume 2. New York, NY: Oxford University Press, Inc. 1993. p. 613-620.

Contact: Available from Oxford University Press, Inc., New York, NY.

Summary: This chapter for health professionals presents an overview of rheumatic fever. The classical ways in which rheumatic fever may manifest itself are outlined. The epidemiology and pathogenesis are discussed. The role of group A streptococcus and genetics in the disease process of rheumatic fever is examined. Theories on the pathological mechanisms of group A streptococcus in rheumatic fever are presented. The clinical features of acute rheumatic fever are described, including arthritis, carditis, rheumatic heart disease, chorea, subcutaneous nodules, and erythema marginatum. The minor manifestations of rheumatic fever are identified, including fever, abdominal pain, epistaxis, and rheumatic pneumonia. The use of laboratory tests in the diagnosis of rheumatic fever is discussed. The clinical course and treatment of rheumatic fever is explained, and the use of antibiotic prophylaxis following resolution of the acute episode is considered. 56 references, 1 figure, and 3 tables.

- **Chapter 12-E: Infectious Disorders: Rheumatic Fever**

Source: in Klippel, J.H., et al., eds. Primer on the Rheumatic Diseases. 12th ed. Atlanta, GA: Arthritis Foundation. 2001. p. 279-283.

Contact: Available from Arthritis Foundation. P.O. Box 1616, Alpharetta, GA 30009-1616. (800) 207-8633. Fax (credit card orders only) (770) 442-9742. Website: www.arthritis.org. PRICE: \$69.95 plus shipping and handling. ISBN: 0912423293.

Summary: This section of a chapter on infectious disorders provides health professionals with information on the epidemiology, pathogenesis, clinical features, diagnosis, and treatment of rheumatic fever. The disease is a delayed, nonsuppurative sequela of a pharyngeal infection by group A streptococci. Although the tissues of patients who have rheumatic fever show little evidence of group A streptococci infection, there is epidemiologic evidence indirectly implicating the bacteria in the initiation of the disease. Clinical features of rheumatic fever include arthritis that affects several joints in quick

succession for a short time, heart murmurs, cardiomegaly, congestive heart failure, and pericarditis. Rheumatic heart disease, the most severe sequelae of acute rheumatic fever, occurs 10 to 20 years after the original attack and is the major cause of acquired valvular disease. Other clinical features include chorea, subcutaneous nodules, and erythema marginatum. Although the diagnosis of rheumatic fever cannot be established readily by laboratory tests, helpful tests include serial chest radiographs, electrocardiograms, streptococcal antibody tests, and acute phase reactant tests. Most cases can be treated with antiinflammatory agents, usually aspirin. Oral prednisone may be used to treat carditis. Antibiotic therapy with penicillin should be initiated and maintained for at least 10 days, whether or not signs of pharyngitis are present. Antibiotic prophylaxis with penicillin should start immediately after resolution of the acute episode and continue until the patient is a young adult. 1 figure, 1 table, and 16 references.

CHAPTER 7. MULTIMEDIA ON RHEUMATIC FEVER

Overview

In this chapter, we show you how to keep current on multimedia sources of information on rheumatic fever. We start with sources that have been summarized by federal agencies, and then show you how to find bibliographic information catalogued by the National Library of Medicine.

Bibliography: Multimedia on Rheumatic Fever

The National Library of Medicine is a rich source of information on healthcare-related multimedia productions including slides, computer software, and databases. To access the multimedia database, go to the following Web site: <http://locatorplus.gov/>. Select "Search LOCATORplus." Once in the search area, simply type in rheumatic fever (or synonyms). Then, in the option box provided below the search box, select "Audiovisuals and Computer Files." From there, you can choose to sort results by publication date, author, or relevance. The following multimedia has been indexed on rheumatic fever:

- **Acute rheumatic fever [filmstrip]** Source: Medical Electronic Educational Services; produced by School of Nursing, University of Missouri-Columbia; Year: 1973; Format: Filmstrip; Columbia: The University, c1973
- **Acute rheumatic fever [slide]** Source: Dorothy Tompkins, William B. Strong, Max D. Miller; Year: 1978; Format: Slide; Washington: National Audiovisual Center , 1978
- **Acute rheumatic fever with carditis [videorecording]** Source: Department of Pediatrics, Emory Univ., School of Medicine; Year: 1980; Format: Videorecording; Atlanta: Emory Medical Television Network: [for loan or sale by A. W. Calhoun Medical Library], 1980
- **Controversies in rheumatic fever [videorecording]** Source: Department of Medicine Emory University School of Medicine; Year: 1975; Format: Videorecording; Atlanta: Georgia Regional Medical Television Network: [for loan or sale by A. W. Calhoun Medical Library, 1975]
- **Epidemiology and immunology of rheumatic fever [videorecording]** Source: Emory University School of Medicine; Year: 1978; Format: Videorecording; [Atlanta]: Georgia Regional Medical Television Network: [for loan or sale by A. W. Calhoun Medical Library], 1978

- **Rheumatic fever update [videorecording]** Source: Eugenie Doyle; Year: 1989; Format: Videorecording; Secaucus, N.J.: Network for Continuing Medical Education, c1989

CHAPTER 8. PERIODICALS AND NEWS ON RHEUMATIC FEVER

Overview

In this chapter, we suggest a number of news sources and present various periodicals that cover rheumatic fever.

News Services and Press Releases

One of the simplest ways of tracking press releases on rheumatic fever is to search the news wires. In the following sample of sources, we will briefly describe how to access each service. These services only post recent news intended for public viewing.

PR Newswire

To access the PR Newswire archive, simply go to <http://www.prnewswire.com/>. Select your country. Type "rheumatic fever" (or synonyms) into the search box. You will automatically receive information on relevant news releases posted within the last 30 days. The search results are shown by order of relevance.

Reuters Health

The Reuters' Medical News and Health eLine databases can be very useful in exploring news archives relating to rheumatic fever. While some of the listed articles are free to view, others are available for purchase for a nominal fee. To access this archive, go to <http://www.reutershealth.com/en/index.html> and search by "rheumatic fever" (or synonyms). The following was recently listed in this archive for rheumatic fever:

- **Naproxen an effective treatment for rheumatic fever in children**
Source: Reuters Industry Breifing
Date: August 30, 2000

- **Mozart died of rheumatic fever, medical sleuth surmises**
Source: Reuters Medical News
Date: February 14, 2000
- **Rheumatic fever likely cause of Mozart's death**
Source: Reuters Health eLine
Date: February 11, 2000
- **Jump in reports of rheumatic fever in Utah**
Source: Reuters Medical News
Date: November 11, 1998
- **Mitral Valve Prolapse And History Of Rheumatic Fever Appear To Be Unrelated**
Source: Reuters Medical News
Date: March 22, 1996

The NIH

Within MEDLINEplus, the NIH has made an agreement with the New York Times Syndicate, the AP News Service, and Reuters to deliver news that can be browsed by the public. Search news releases at http://www.nlm.nih.gov/medlineplus/alphaneews_a.html. MEDLINEplus allows you to browse across an alphabetical index. Or you can search by date at the following Web page: <http://www.nlm.nih.gov/medlineplus/newsbydate.html>. Often, news items are indexed by MEDLINEplus within its search engine.

Business Wire

Business Wire is similar to PR Newswire. To access this archive, simply go to <http://www.businesswire.com/>. You can scan the news by industry category or company name.

Market Wire

Market Wire is more focused on technology than the other wires. To browse the latest press releases by topic, such as alternative medicine, biotechnology, fitness, healthcare, legal, nutrition, and pharmaceuticals, access Market Wire's Medical/Health channel at http://www.marketwire.com/mw/release_index?channel=MedicalHealth. Or simply go to Market Wire's home page at <http://www.marketwire.com/mw/home>, type "rheumatic fever" (or synonyms) into the search box, and click on "Search News." As this service is technology oriented, you may wish to use it when searching for press releases covering diagnostic procedures or tests.

Search Engines

Medical news is also available in the news sections of commercial Internet search engines. See the health news page at Yahoo (http://dir.yahoo.com/Health/News_and_Media/), or you can use this Web site's general news search page at <http://news.yahoo.com/>. Type in "rheumatic fever" (or synonyms). If you know the name of a company that is relevant to rheumatic fever, you can go to any stock trading Web site (such as <http://www.etrade.com/>)

and search for the company name there. News items across various news sources are reported on indicated hyperlinks. Google offers a similar service at <http://news.google.com/>.

BBC

Covering news from a more European perspective, the British Broadcasting Corporation (BBC) allows the public free access to their news archive located at <http://www.bbc.co.uk/>. Search by "rheumatic fever" (or synonyms).

Academic Periodicals covering Rheumatic Fever

Numerous periodicals are currently indexed within the National Library of Medicine's PubMed database that are known to publish articles relating to rheumatic fever. In addition to these sources, you can search for articles covering rheumatic fever that have been published by any of the periodicals listed in previous chapters. To find the latest studies published, go to <http://www.ncbi.nlm.nih.gov/pubmed>, type the name of the periodical into the search box, and click "Go."

If you want complete details about the historical contents of a journal, you can also visit the following Web site: <http://www.ncbi.nlm.nih.gov/entrez/jrbrowser.cgi>. Here, type in the name of the journal or its abbreviation, and you will receive an index of published articles. At <http://locatorplus.gov/>, you can retrieve more indexing information on medical periodicals (e.g. the name of the publisher). Select the button "Search LOCATORplus." Then type in the name of the journal and select the advanced search option "Journal Title Search."

CHAPTER 9. RESEARCHING MEDICATIONS

Overview

While a number of hard copy or CD-ROM resources are available for researching medications, a more flexible method is to use Internet-based databases. Broadly speaking, there are two sources of information on approved medications: public sources and private sources. We will emphasize free-to-use public sources.

U.S. Pharmacopeia

Because of historical investments by various organizations and the emergence of the Internet, it has become rather simple to learn about the medications recommended for rheumatic fever. One such source is the United States Pharmacopeia. In 1820, eleven physicians met in Washington, D.C. to establish the first compendium of standard drugs for the United States. They called this compendium the U.S. Pharmacopeia (USP). Today, the USP is a non-profit organization consisting of 800 volunteer scientists, eleven elected officials, and 400 representatives of state associations and colleges of medicine and pharmacy. The USP is located in Rockville, Maryland, and its home page is located at <http://www.usp.org/>. The USP currently provides standards for over 3,700 medications. The resulting USP DI® Advice for the Patient® can be accessed through the National Library of Medicine of the National Institutes of Health. The database is partially derived from lists of federally approved medications in the Food and Drug Administration's (FDA) Drug Approvals database, located at <http://www.fda.gov/cder/da/da.htm>.

While the FDA database is rather large and difficult to navigate, the Pharmacopeia is both user-friendly and free to use. It covers more than 9,000 prescription and over-the-counter medications. To access this database, simply type the following hyperlink into your Web browser: <http://www.nlm.nih.gov/medlineplus/druginformation.html>. To view examples of a given medication (brand names, category, description, preparation, proper use, precautions, side effects, etc.), simply follow the hyperlinks indicated within the United States Pharmacopeia (USP).

Below, we have compiled a list of medications associated with rheumatic fever. If you would like more information on a particular medication, the provided hyperlinks will direct you to ample documentation (e.g. typical dosage, side effects, drug-interaction risks, etc.).

The following drugs have been mentioned in the Pharmacopeia and other sources as being potentially applicable to rheumatic fever:

Corticosteroids

- **Dental - U.S. Brands:** Kenalog in Orabase; Orabase-HCA; Oracort; Oralone
<http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/202010.html>
- **Inhalation - U.S. Brands:** AeroBid; AeroBid-M; Azmacort; Beclovent; Decadron Respihaler; Pulmicort Respules; Pulmicort Turbuhaler; Vanceril; Vanceril 84 mcg Double Strength
<http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/202011.html>
- **Nasal - U.S. Brands:** Beconase; Beconase AQ; Dexacort Turbinaire; Flonase; Nasacort; Nasacort AQ; Nasalide; Nasarel; Nasonex; Rhinocort; Vancenase; Vancenase AQ 84 mcg; Vancenase pockethaler
<http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/202012.html>
- **Ophthalmic - U.S. Brands:** AK-Dex; AK-Pred; AK-Tate; Baldex; Decadron; Dexair; Dexotic; Econopred; Econopred Plus; Eflone; Flarex; Fluor-Op; FML Forte; FML Liquifilm; FML S.O.P. HMS Liquifilm; Inflamase Forte; Inflamase Mild; I-Pred; Lite Pred; Maxidex; Ocu-Dex; Ocu-Pred; Ocu-Pr
<http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/202013.html>
- **Otic - U.S. Brands:** Decadron
<http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/202014.html>
- **Rectal - U.S. Brands:** Anucort-HC; Anu-Med HC; Anuprep HC; Anusol-HC; Anutone-HC; Anuzone-HC; Cort-Dome; Cortenema; Cortifoam; Hemorrhoidal HC; Hemril-HC Uniserts; Proctocort; Proctosol-HC; Rectosol-HC
<http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/203366.html>

Erythromycin

- **Ophthalmic - U.S. Brands:** Ilotycin
<http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/202220.html>

Haloperidol

- **Systemic - U.S. Brands:** Haldol
<http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/202278.html>

Vancomycin

- **Systemic - U.S. Brands:** Vancocin
<http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/202590.html>

Commercial Databases

In addition to the medications listed in the USP above, a number of commercial sites are available by subscription to physicians and their institutions. Or, you may be able to access these sources from your local medical library.

Mosby's Drug Consult™

Mosby's Drug Consult™ database (also available on CD-ROM and book format) covers 45,000 drug products including generics and international brands. It provides prescribing information, drug interactions, and patient information. Subscription information is available at the following hyperlink: <http://www.mosbysdrugconsult.com/>.

PDRhealth

The *PDRhealth* database is a free-to-use, drug information search engine that has been written for the public in layman's terms. It contains FDA-approved drug information adapted from the Physicians' Desk Reference (PDR) database. *PDRhealth* can be searched by brand name, generic name, or indication. It features multiple drug interactions reports. Search *PDRhealth* at http://www.pdrhealth.com/drug_info/index.html.

Other Web Sites

Drugs.com (www.drugs.com) reproduces the information in the Pharmacopeia as well as commercial information. You may also want to consider the Web site of the Medical Letter, Inc. (<http://www.medletter.com/>) which allows users to download articles on various drugs and therapeutics for a nominal fee.

APPENDICES

APPENDIX A. PHYSICIAN RESOURCES

Overview

In this chapter, we focus on databases and Internet-based guidelines and information resources created or written for a professional audience.

NIH Guidelines

Commonly referred to as “clinical” or “professional” guidelines, the National Institutes of Health publish physician guidelines for the most common diseases. Publications are available at the following by relevant Institute¹¹:

- Office of the Director (OD); guidelines consolidated across agencies available at <http://www.nih.gov/health/consumer/conkey.htm>
- National Institute of General Medical Sciences (NIGMS); fact sheets available at <http://www.nigms.nih.gov/news/facts/>
- National Library of Medicine (NLM); extensive encyclopedia (A.D.A.M., Inc.) with guidelines: <http://www.nlm.nih.gov/medlineplus/healthtopics.html>
- National Cancer Institute (NCI); guidelines available at <http://www.cancer.gov/cancerinfo/list.aspx?viewid=5f35036e-5497-4d86-8c2c-714a9f7c8d25>
- National Eye Institute (NEI); guidelines available at <http://www.nei.nih.gov/order/index.htm>
- National Heart, Lung, and Blood Institute (NHLBI); guidelines available at <http://www.nhlbi.nih.gov/guidelines/index.htm>
- National Human Genome Research Institute (NHGRI); research available at <http://www.genome.gov/page.cfm?pageID=10000375>
- National Institute on Aging (NIA); guidelines available at <http://www.nia.nih.gov/health/>

¹¹ These publications are typically written by one or more of the various NIH Institutes.

- National Institute on Alcohol Abuse and Alcoholism (NIAAA); guidelines available at <http://www.niaaa.nih.gov/publications/publications.htm>
- National Institute of Allergy and Infectious Diseases (NIAID); guidelines available at <http://www.niaid.nih.gov/publications/>
- National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS); fact sheets and guidelines available at <http://www.niams.nih.gov/hi/index.htm>
- National Institute of Child Health and Human Development (NICHD); guidelines available at <http://www.nichd.nih.gov/publications/pubskey.cfm>
- National Institute on Deafness and Other Communication Disorders (NIDCD); fact sheets and guidelines at <http://www.nidcd.nih.gov/health/>
- National Institute of Dental and Craniofacial Research (NIDCR); guidelines available at <http://www.nidr.nih.gov/health/>
- National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK); guidelines available at <http://www.niddk.nih.gov/health/health.htm>
- National Institute on Drug Abuse (NIDA); guidelines available at <http://www.nida.nih.gov/DrugAbuse.html>
- National Institute of Environmental Health Sciences (NIEHS); environmental health information available at <http://www.niehs.nih.gov/external/facts.htm>
- National Institute of Mental Health (NIMH); guidelines available at <http://www.nimh.nih.gov/practitioners/index.cfm>
- National Institute of Neurological Disorders and Stroke (NINDS); neurological disorder information pages available at http://www.ninds.nih.gov/health_and_medical/disorder_index.htm
- National Institute of Nursing Research (NINR); publications on selected illnesses at <http://www.nih.gov/ninr/news-info/publications.html>
- National Institute of Biomedical Imaging and Bioengineering; general information at http://grants.nih.gov/grants/becon/becon_info.htm
- Center for Information Technology (CIT); referrals to other agencies based on keyword searches available at http://kb.nih.gov/www_query_main.asp
- National Center for Complementary and Alternative Medicine (NCCAM); health information available at <http://nccam.nih.gov/health/>
- National Center for Research Resources (NCRR); various information directories available at <http://www.ncrr.nih.gov/publications.asp>
- Office of Rare Diseases; various fact sheets available at http://rarediseases.info.nih.gov/html/resources/rep_pubs.html
- Centers for Disease Control and Prevention; various fact sheets on infectious diseases available at <http://www.cdc.gov/publications.htm>

NIH Databases

In addition to the various Institutes of Health that publish professional guidelines, the NIH has designed a number of databases for professionals.¹² Physician-oriented resources provide a wide variety of information related to the biomedical and health sciences, both past and present. The format of these resources varies. Searchable databases, bibliographic citations, full-text articles (when available), archival collections, and images are all available. The following are referenced by the National Library of Medicine:¹³

- **Bioethics:** Access to published literature on the ethical, legal, and public policy issues surrounding healthcare and biomedical research. This information is provided in conjunction with the Kennedy Institute of Ethics located at Georgetown University, Washington, D.C.: http://www.nlm.nih.gov/databases/databases_bioethics.html
- **HIV/AIDS Resources:** Describes various links and databases dedicated to HIV/AIDS research: <http://www.nlm.nih.gov/pubs/factsheets/aidsinfs.html>
- **NLM Online Exhibitions:** Describes “Exhibitions in the History of Medicine”: <http://www.nlm.nih.gov/exhibition/exhibition.html>. Additional resources for historical scholarship in medicine: <http://www.nlm.nih.gov/hmd/hmd.html>
- **Biotechnology Information:** Access to public databases. The National Center for Biotechnology Information conducts research in computational biology, develops software tools for analyzing genome data, and disseminates biomedical information for the better understanding of molecular processes affecting human health and disease: <http://www.ncbi.nlm.nih.gov/>
- **Population Information:** The National Library of Medicine provides access to worldwide coverage of population, family planning, and related health issues, including family planning technology and programs, fertility, and population law and policy: http://www.nlm.nih.gov/databases/databases_population.html
- **Cancer Information:** Access to cancer-oriented databases: http://www.nlm.nih.gov/databases/databases_cancer.html
- **Profiles in Science:** Offering the archival collections of prominent twentieth-century biomedical scientists to the public through modern digital technology: <http://www.profiles.nlm.nih.gov/>
- **Chemical Information:** Provides links to various chemical databases and references: <http://sis.nlm.nih.gov/Chem/ChemMain.html>
- **Clinical Alerts:** Reports the release of findings from the NIH-funded clinical trials where such release could significantly affect morbidity and mortality: http://www.nlm.nih.gov/databases/alerts/clinical_alerts.html
- **Space Life Sciences:** Provides links and information to space-based research (including NASA): http://www.nlm.nih.gov/databases/databases_space.html
- **MEDLINE:** Bibliographic database covering the fields of medicine, nursing, dentistry, veterinary medicine, the healthcare system, and the pre-clinical sciences: http://www.nlm.nih.gov/databases/databases_medline.html

¹² Remember, for the general public, the National Library of Medicine recommends the databases referenced in MEDLINEplus (<http://medlineplus.gov/> or <http://www.nlm.nih.gov/medlineplus/databases.html>).

¹³ See <http://www.nlm.nih.gov/databases/databases.html>.

- **Toxicology and Environmental Health Information (TOXNET):** Databases covering toxicology and environmental health: <http://sis.nlm.nih.gov/Tox/ToxMain.html>
- **Visible Human Interface:** Anatomically detailed, three-dimensional representations of normal male and female human bodies:
http://www.nlm.nih.gov/research/visible/visible_human.html

The NLM Gateway¹⁴

The NLM (National Library of Medicine) Gateway is a Web-based system that lets users search simultaneously in multiple retrieval systems at the U.S. National Library of Medicine (NLM). It allows users of NLM services to initiate searches from one Web interface, providing one-stop searching for many of NLM's information resources or databases.¹⁵ To use the NLM Gateway, simply go to the search site at <http://gateway.nlm.nih.gov/gw/Cmd>. Type "rheumatic fever" (or synonyms) into the search box and click "Search." The results will be presented in a tabular form, indicating the number of references in each database category.

Results Summary

Category	Items Found
Journal Articles	15080
Books / Periodicals / Audio Visual	342
Consumer Health	3
Meeting Abstracts	6
Other Collections	0
Total	15431

HSTAT¹⁶

HSTAT is a free, Web-based resource that provides access to full-text documents used in healthcare decision-making.¹⁷ These documents include clinical practice guidelines, quick-reference guides for clinicians, consumer health brochures, evidence reports and technology assessments from the Agency for Healthcare Research and Quality (AHRQ), as well as AHRQ's Put Prevention Into Practice.¹⁸ Simply search by "rheumatic fever" (or synonyms) at the following Web site: <http://text.nlm.nih.gov>.

¹⁴ Adapted from NLM: <http://gateway.nlm.nih.gov/gw/Cmd?Overview.x>.

¹⁵ The NLM Gateway is currently being developed by the Lister Hill National Center for Biomedical Communications (LHNCBC) at the National Library of Medicine (NLM) of the National Institutes of Health (NIH).

¹⁶ Adapted from HSTAT: <http://www.nlm.nih.gov/pubs/factsheets/hstat.html>.

¹⁷ The HSTAT URL is <http://hstat.nlm.nih.gov/>.

¹⁸ Other important documents in HSTAT include: the National Institutes of Health (NIH) Consensus Conference Reports and Technology Assessment Reports; the HIV/AIDS Treatment Information Service (ATIS) resource documents; the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (SAMHSA/CSAT) Treatment Improvement Protocols (TIP) and Center for Substance Abuse Prevention (SAMHSA/CSAP) Prevention Enhancement Protocols System (PEPS); the Public Health Service (PHS) Preventive Services Task Force's *Guide to Clinical Preventive Services*; the independent, nonfederal Task Force on Community Services' *Guide to Community Preventive Services*; and the Health Technology Advisory Committee (HTAC) of the Minnesota Health Care Commission (MHCC) health technology evaluations.

Coffee Break: Tutorials for Biologists¹⁹

Coffee Break is a general healthcare site that takes a scientific view of the news and covers recent breakthroughs in biology that may one day assist physicians in developing treatments. Here you will find a collection of short reports on recent biological discoveries. Each report incorporates interactive tutorials that demonstrate how bioinformatics tools are used as a part of the research process. Currently, all Coffee Breaks are written by NCBI staff.²⁰ Each report is about 400 words and is usually based on a discovery reported in one or more articles from recently published, peer-reviewed literature.²¹ This site has new articles every few weeks, so it can be considered an online magazine of sorts. It is intended for general background information. You can access the Coffee Break Web site at the following hyperlink: <http://www.ncbi.nlm.nih.gov/Coffeekbreak/>.

Other Commercial Databases

In addition to resources maintained by official agencies, other databases exist that are commercial ventures addressing medical professionals. Here are some examples that may interest you:

- **CliniWeb International:** Index and table of contents to selected clinical information on the Internet; see <http://www.ohsu.edu/clinweb/>.
- **Medical World Search:** Searches full text from thousands of selected medical sites on the Internet; see <http://www.mwsearch.com/>.

The Genome Project and Rheumatic Fever

In the following section, we will discuss databases and references which relate to the Genome Project and rheumatic fever.

Online Mendelian Inheritance in Man (OMIM)

The Online Mendelian Inheritance in Man (OMIM) database is a catalog of human genes and genetic disorders authored and edited by Dr. Victor A. McKusick and his colleagues at Johns Hopkins and elsewhere. OMIM was developed for the World Wide Web by the National Center for Biotechnology Information (NCBI).²² The database contains textual information, pictures, and reference information. It also contains copious links to NCBI's Entrez database of MEDLINE articles and sequence information.

¹⁹ Adapted from <http://www.ncbi.nlm.nih.gov/Coffeekbreak/Archive/FAQ.html>.

²⁰ The figure that accompanies each article is frequently supplied by an expert external to NCBI, in which case the source of the figure is cited. The result is an interactive tutorial that tells a biological story.

²¹ After a brief introduction that sets the work described into a broader context, the report focuses on how a molecular understanding can provide explanations of observed biology and lead to therapies for diseases. Each vignette is accompanied by a figure and hypertext links that lead to a series of pages that interactively show how NCBI tools and resources are used in the research process.

²² Adapted from <http://www.ncbi.nlm.nih.gov/>. Established in 1988 as a national resource for molecular biology information, NCBI creates public databases, conducts research in computational biology, develops software tools for analyzing genome data, and disseminates biomedical information--all for the better understanding of molecular processes affecting human health and disease.

To search the database, go to <http://www.ncbi.nlm.nih.gov/Omim/searchomim.html>. Type “rheumatic fever” (or synonyms) into the search box, and click “Submit Search.” If too many results appear, you can narrow the search by adding the word “clinical.” Each report will have additional links to related research and databases. In particular, the option “Database Links” will search across technical databases that offer an abundance of information. The following is an example of the results you can obtain from the OMIM for rheumatic fever:

- **Rheumatic Fever-related Antigen**
Web site: <http://www.ncbi.nlm.nih.gov/htbin-post/Omim/dispim?268240>

Genes and Disease (NCBI - Map)

The Genes and Disease database is produced by the National Center for Biotechnology Information of the National Library of Medicine at the National Institutes of Health. This Web site categorizes each disorder by system of the body. Go to <http://www.ncbi.nlm.nih.gov/disease/>, and browse the system pages to have a full view of important conditions linked to human genes. Since this site is regularly updated, you may wish to revisit it from time to time. The following systems and associated disorders are addressed:

- **Cancer:** Uncontrolled cell division.
Examples: Breast and ovarian cancer, Burkitt lymphoma, chronic myeloid leukemia, colon cancer, lung cancer, malignant melanoma, multiple endocrine neoplasia, neurofibromatosis, p53 tumor suppressor, pancreatic cancer, prostate cancer, Ras oncogene, RB: retinoblastoma, von Hippel-Lindau syndrome.
Web site: <http://www.ncbi.nlm.nih.gov/disease/Cancer.html>
- **Immune System:** Fights invaders.
Examples: Asthma, autoimmune polyglandular syndrome, Crohn’s disease, DiGeorge syndrome, familial Mediterranean fever, immunodeficiency with Hyper-IgM, severe combined immunodeficiency.
Web site: <http://www.ncbi.nlm.nih.gov/disease/Immune.html>
- **Metabolism:** Food and energy.
Examples: Adreno-leukodystrophy, atherosclerosis, Best disease, Gaucher disease, glucose galactose malabsorption, gyrate atrophy, juvenile-onset diabetes, obesity, paroxysmal nocturnal hemoglobinuria, phenylketonuria, Refsum disease, Tangier disease, Tay-Sachs disease.
Web site: <http://www.ncbi.nlm.nih.gov/disease/Metabolism.html>
- **Muscle and Bone:** Movement and growth.
Examples: Duchenne muscular dystrophy, Ellis-van Creveld syndrome, Marfan syndrome, myotonic dystrophy, spinal muscular atrophy.
Web site: <http://www.ncbi.nlm.nih.gov/disease/Muscle.html>
- **Nervous System:** Mind and body.
Examples: Alzheimer disease, amyotrophic lateral sclerosis, Angelman syndrome, Charcot-Marie-Tooth disease, epilepsy, essential tremor, fragile X syndrome, Friedreich’s ataxia, Huntington disease, Niemann-Pick disease, Parkinson disease, Prader-Willi syndrome, Rett syndrome, spinocerebellar atrophy, Williams syndrome.
Web site: <http://www.ncbi.nlm.nih.gov/disease/Brain.html>

- **Signals:** Cellular messages.
Examples: Ataxia telangiectasia, Cockayne syndrome, glaucoma, male-patterned baldness, SRY: sex determination, tuberous sclerosis, Waardenburg syndrome, Werner syndrome.
Web site: <http://www.ncbi.nlm.nih.gov/disease/Signals.html>
- **Transporters:** Pumps and channels.
Examples: Cystic fibrosis, deafness, diastrophic dysplasia, Hemophilia A, long-QT syndrome, Menkes syndrome, Pendred syndrome, polycystic kidney disease, sickle cell anemia, Wilson's disease, Zellweger syndrome.
Web site: <http://www.ncbi.nlm.nih.gov/disease/Transporters.html>

Entrez

Entrez is a search and retrieval system that integrates several linked databases at the National Center for Biotechnology Information (NCBI). These databases include nucleotide sequences, protein sequences, macromolecular structures, whole genomes, and MEDLINE through PubMed. Entrez provides access to the following databases:

- **3D Domains:** Domains from Entrez Structure,
Web site: <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=geo>
- **Books:** Online books,
Web site: <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=books>
- **Genome:** Complete genome assemblies,
Web site: <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Genome>
- **NCBI's Protein Sequence Information Survey Results:**
Web site: <http://www.ncbi.nlm.nih.gov/About/proteinsurvey/>
- **Nucleotide Sequence Database (Genbank):**
Web site: <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Nucleotide>
- **OMIM:** Online Mendelian Inheritance in Man,
Web site: <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=OMIM>
- **PopSet:** Population study data sets,
Web site: <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Popset>
- **ProbeSet:** Gene Expression Omnibus (GEO),
Web site: <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=geo>
- **Protein Sequence Database:**
Web site: <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Protein>
- **PubMed:** Biomedical literature (PubMed),
Web site: <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed>
- **Structure:** Three-dimensional macromolecular structures,
Web site: <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Structure>
- **Taxonomy:** Organisms in GenBank,
Web site: <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Taxonomy>

To access the Entrez system at the National Center for Biotechnology Information, go to <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?CMD=search&DB=genome>, and then

select the database that you would like to search. The databases available are listed in the drop box next to "Search." Enter "rheumatic fever" (or synonyms) into the search box and click "Go."

Jablonski's Multiple Congenital Anomaly/Mental Retardation (MCA/MR) Syndromes Database²³

This online resource has been developed to facilitate the identification and differentiation of syndromic entities. Special attention is given to the type of information that is usually limited or completely omitted in existing reference sources due to space limitations of the printed form.

At http://www.nlm.nih.gov/mesh/jablonski/syndrome_toc/toc_a.html, you can search across syndromes using an alphabetical index. Search by keywords at http://www.nlm.nih.gov/mesh/jablonski/syndrome_db.html.

The Genome Database²⁴

Established at Johns Hopkins University in Baltimore, Maryland in 1990, the Genome Database (GDB) is the official central repository for genomic mapping data resulting from the Human Genome Initiative. In the spring of 1999, the Bioinformatics Supercomputing Centre (BiSC) at the Hospital for Sick Children in Toronto, Ontario assumed the management of GDB. The Human Genome Initiative is a worldwide research effort focusing on structural analysis of human DNA to determine the location and sequence of the estimated 100,000 human genes. In support of this project, GDB stores and curates data generated by researchers worldwide who are engaged in the mapping effort of the Human Genome Project (HGP). GDB's mission is to provide scientists with an encyclopedia of the human genome which is continually revised and updated to reflect the current state of scientific knowledge. Although GDB has historically focused on gene mapping, its focus will broaden as the Genome Project moves from mapping to sequence, and finally, to functional analysis.

To access the GDB, simply go to the following hyperlink: <http://www.gdb.org/>. Search "All Biological Data" by "Keyword." Type "rheumatic fever" (or synonyms) into the search box, and review the results. If more than one word is used in the search box, then separate each one with the word "and" or "or" (using "or" might be useful when using synonyms).

²³ Adapted from the National Library of Medicine:
http://www.nlm.nih.gov/mesh/jablonski/about_syndrome.html.

²⁴ Adapted from the Genome Database: <http://gdbwww.gdb.org/gdb/aboutGDB.html> - mission.

APPENDIX B. PATIENT RESOURCES

Overview

Official agencies, as well as federally funded institutions supported by national grants, frequently publish a variety of guidelines written with the patient in mind. These are typically called “Fact Sheets” or “Guidelines.” They can take the form of a brochure, information kit, pamphlet, or flyer. Often they are only a few pages in length. Since new guidelines on rheumatic fever can appear at any moment and be published by a number of sources, the best approach to finding guidelines is to systematically scan the Internet-based services that post them.

Patient Guideline Sources

The remainder of this chapter directs you to sources which either publish or can help you find additional guidelines on topics related to rheumatic fever. Due to space limitations, these sources are listed in a concise manner. Do not hesitate to consult the following sources by either using the Internet hyperlink provided, or, in cases where the contact information is provided, contacting the publisher or author directly.

The National Institutes of Health

The NIH gateway to patients is located at <http://health.nih.gov/>. From this site, you can search across various sources and institutes, a number of which are summarized below.

Topic Pages: MEDLINEplus

The National Library of Medicine has created a vast and patient-oriented healthcare information portal called MEDLINEplus. Within this Internet-based system are “health topic pages” which list links to available materials relevant to rheumatic fever. To access this system, log on to <http://www.nlm.nih.gov/medlineplus/healthtopics.html>. From there you can either search using the alphabetical index or browse by broad topic areas. Recently, MEDLINEplus listed the following when searched for “rheumatic fever”:

- Other guides

- **Heart Diseases**

- <http://www.nlm.nih.gov/medlineplus/heartdiseases.html>

- **Heart Valve Diseases**

- <http://www.nlm.nih.gov/medlineplus/heartvalvediseases.html>

- **Juvenile Rheumatoid Arthritis**

- <http://www.nlm.nih.gov/medlineplus/juvenilerheumatoidarthritis.html>

- **Streptococcal Infections**

- <http://www.nlm.nih.gov/medlineplus/streptococcalinfections.html>

- **Throat Disorders**

- <http://www.nlm.nih.gov/medlineplus/throatdisorders.html>

You may also choose to use the search utility provided by MEDLINEplus at the following Web address: <http://www.nlm.nih.gov/medlineplus/>. Simply type a keyword into the search box and click "Search." This utility is similar to the NIH search utility, with the exception that it only includes materials that are linked within the MEDLINEplus system (mostly patient-oriented information). It also has the disadvantage of generating unstructured results. We recommend, therefore, that you use this method only if you have a very targeted search.

The Combined Health Information Database (CHID)

CHID Online is a reference tool that maintains a database directory of thousands of journal articles and patient education guidelines on rheumatic fever. CHID offers summaries that describe the guidelines available, including contact information and pricing. CHID's general Web site is <http://chid.nih.gov/>. To search this database, go to <http://chid.nih.gov/detail/detail.html>. In particular, you can use the advanced search options to look up pamphlets, reports, brochures, and information kits. The following was recently posted in this archive:

- **Arthritis in Children**

- Source: Healthology, Inc. 2003. 4 p.

- Contact: Available from Healthology, Inc. Website: <http://healingwell.healthology.com>.

- Summary: This fact sheet provides information about the causes, diagnosis, and treatment of arthritis in children. Arthritis is an inflammatory disease of the joints. Inflammation is caused by fluid accumulating inside the joint or lining of the joint. Common symptoms of arthritis in children include joint pain, joint swelling, limping, holding an affected joint in one position, inability to move the joint, heat over the joint, and stiffness. Symptoms in infants include irritability and crying on handling. Fever rash, mouth sores, or red and watering eyes may also accompany joint symptoms. In children, acute arthritis may be caused by trauma; infection-related arthritis including Lyme disease, septic arthritis, viral arthritis; or by immune-- related arthritis including **rheumatic fever**, serum sickness, or Kawasaki disease. Causes of chronic arthritis include juvenile rheumatoid arthritis, systemic lupus erythematosus, and psoriasis. Some conditions that mimic arthritis include acute leukemia, neuroblastoma, hypothyroidism, Perthe's Disease, hypermobility of joints, and slipped capital femoral epiphysis. Arthralgia (joint pain without inflammation) may be caused by many

different conditions including growing pains, excess physical activity, bone diseases, viral diseases, neurological diseases, leukemia, psychosocial problems, or depression. Diagnosis for arthritis must be based upon a medical history, careful physical examination, and laboratory tests and imaging studies. Treatment depends upon the cause of the arthritis.

The NIH Search Utility

The NIH search utility allows you to search for documents on over 100 selected Web sites that comprise the NIH-WEB-SPACE. Each of these servers is “crawled” and indexed on an ongoing basis. Your search will produce a list of various documents, all of which will relate in some way to rheumatic fever. The drawbacks of this approach are that the information is not organized by theme and that the references are often a mix of information for professionals and patients. Nevertheless, a large number of the listed Web sites provide useful background information. We can only recommend this route, therefore, for relatively rare or specific disorders, or when using highly targeted searches. To use the NIH search utility, visit the following Web page: <http://search.nih.gov/index.html>.

Additional Web Sources

A number of Web sites are available to the public that often link to government sites. These can also point you in the direction of essential information. The following is a representative sample:

- AOL: <http://search.aol.com/cat.adp?id=168&layer=&from=subcats>
- Family Village: <http://www.familyvillage.wisc.edu/specific.htm>
- Google: http://directory.google.com/Top/Health/Conditions_and_Diseases/
- Med Help International: <http://www.medhelp.org/HealthTopics/A.html>
- Open Directory Project: http://dmoz.org/Health/Conditions_and_Diseases/
- Yahoo.com: http://dir.yahoo.com/Health/Diseases_and_Conditions/
- WebMD®Health: http://my.webmd.com/health_topics

Associations and Rheumatic Fever

The following is a list of associations that provide information on and resources relating to rheumatic fever:

- **American Autoimmune Related Diseases Association, Inc**

Telephone: (586) 776-3900

Fax: (586) 776-3903

Email: aarda@aarda.org

Web Site: <http://www.aarda.org/>

Background: The American Autoimmune Related Diseases Association, Inc. (AARDA) is a national not-for-profit voluntary health agency dedicated to bringing a national focus to autoimmunity, a major cause of serious chronic diseases. The Association was

founded for the purposes of supporting research to find a cure for autoimmune diseases and providing services to affected individuals. In addition, the Association's goals include increasing the public's awareness that autoimmunity is the cause of more than 80 serious chronic diseases; bringing national focus and collaborative effort among state and national voluntary health groups that represent autoimmune diseases; and serving as a national advocate for individuals and families affected by the physical, emotional, and financial effects of autoimmune disease. The American Autoimmune Related Diseases Association produces educational and support materials including fact sheets, brochures, pamphlets, and a newsletter entitled 'In Focus.'

Relevant area(s) of interest: Rheumatic Fever

Finding Associations

There are several Internet directories that provide lists of medical associations with information on or resources relating to rheumatic fever. By consulting all of associations listed in this chapter, you will have nearly exhausted all sources for patient associations concerned with rheumatic fever.

The National Health Information Center (NHIC)

The National Health Information Center (NHIC) offers a free referral service to help people find organizations that provide information about rheumatic fever. For more information, see the NHIC's Web site at <http://www.health.gov/NHIC/> or contact an information specialist by calling 1-800-336-4797.

Directory of Health Organizations

The Directory of Health Organizations, provided by the National Library of Medicine Specialized Information Services, is a comprehensive source of information on associations. The Directory of Health Organizations database can be accessed via the Internet at <http://www.sis.nlm.nih.gov/Dir/DirMain.html>. It is composed of two parts: DIRLINE and Health Hotlines.

The DIRLINE database comprises some 10,000 records of organizations, research centers, and government institutes and associations that primarily focus on health and biomedicine. To access DIRLINE directly, go to the following Web site: <http://dirline.nlm.nih.gov/>. Simply type in "rheumatic fever" (or a synonym), and you will receive information on all relevant organizations listed in the database.

Health Hotlines directs you to toll-free numbers to over 300 organizations. You can access this database directly at <http://www.sis.nlm.nih.gov/hotlines/>. On this page, you are given the option to search by keyword or by browsing the subject list. When you have received your search results, click on the name of the organization for its description and contact information.

The Combined Health Information Database

Another comprehensive source of information on healthcare associations is the Combined Health Information Database. Using the "Detailed Search" option, you will need to limit your search to "Organizations" and "rheumatic fever". Type the following hyperlink into your Web browser: <http://chid.nih.gov/detail/detail.html>. To find associations, use the drop boxes at the bottom of the search page where "You may refine your search by." For publication date, select "All Years." Then, select your preferred language and the format option "Organization Resource Sheet." Type "rheumatic fever" (or synonyms) into the "For these words:" box. You should check back periodically with this database since it is updated every three months.

The National Organization for Rare Disorders, Inc.

The National Organization for Rare Disorders, Inc. has prepared a Web site that provides, at no charge, lists of associations organized by health topic. You can access this database at the following Web site: <http://www.rarediseases.org/search/orgsearch.html>. Type "rheumatic fever" (or a synonym) into the search box, and click "Submit Query."

APPENDIX C. FINDING MEDICAL LIBRARIES

Overview

In this Appendix, we show you how to quickly find a medical library in your area.

Preparation

Your local public library and medical libraries have interlibrary loan programs with the National Library of Medicine (NLM), one of the largest medical collections in the world. According to the NLM, most of the literature in the general and historical collections of the National Library of Medicine is available on interlibrary loan to any library. If you would like to access NLM medical literature, then visit a library in your area that can request the publications for you.²⁵

Finding a Local Medical Library

The quickest method to locate medical libraries is to use the Internet-based directory published by the National Network of Libraries of Medicine (NN/LM). This network includes 4626 members and affiliates that provide many services to librarians, health professionals, and the public. To find a library in your area, simply visit <http://nmlm.gov/members/adv.html> or call 1-800-338-7657.

Medical Libraries in the U.S. and Canada

In addition to the NN/LM, the National Library of Medicine (NLM) lists a number of libraries with reference facilities that are open to the public. The following is the NLM's list and includes hyperlinks to each library's Web site. These Web pages can provide information on hours of operation and other restrictions. The list below is a small sample of

²⁵ Adapted from the NLM: <http://www.nlm.nih.gov/psd/cas/interlibrary.html>.

libraries recommended by the National Library of Medicine (sorted alphabetically by name of the U.S. state or Canadian province where the library is located)²⁶:

- **Alabama:** Health InfoNet of Jefferson County (Jefferson County Library Cooperative, Lister Hill Library of the Health Sciences), <http://www.uab.edu/infonet/>
- **Alabama:** Richard M. Scrushy Library (American Sports Medicine Institute)
- **Arizona:** Samaritan Regional Medical Center: The Learning Center (Samaritan Health System, Phoenix, Arizona), <http://www.samaritan.edu/library/bannerlibs.htm>
- **California:** Kris Kelly Health Information Center (St. Joseph Health System, Humboldt), <http://www.humboldt1.com/~kkhic/index.html>
- **California:** Community Health Library of Los Gatos, <http://www.healthlib.org/orgresources.html>
- **California:** Consumer Health Program and Services (CHIPS) (County of Los Angeles Public Library, Los Angeles County Harbor-UCLA Medical Center Library) - Carson, CA, <http://www.colapublib.org/services/chips.html>
- **California:** Gateway Health Library (Sutter Gould Medical Foundation)
- **California:** Health Library (Stanford University Medical Center), <http://www-med.stanford.edu/healthlibrary/>
- **California:** Patient Education Resource Center - Health Information and Resources (University of California, San Francisco), <http://sfguide.ucsf.edu/barnett/PERC/default.asp>
- **California:** Redwood Health Library (Petaluma Health Care District), <http://www.phcd.org/rwdlib.html>
- **California:** Los Gatos PlaneTree Health Library, <http://planetreesanjose.org/>
- **California:** Sutter Resource Library (Sutter Hospitals Foundation, Sacramento), <http://suttermedicalcenter.org/library/>
- **California:** Health Sciences Libraries (University of California, Davis), <http://www.lib.ucdavis.edu/healthsci/>
- **California:** ValleyCare Health Library & Ryan Comer Cancer Resource Center (ValleyCare Health System, Pleasanton), <http://gaelnet.stmarys-ca.edu/other.libs/gbal/east/vchl.html>
- **California:** Washington Community Health Resource Library (Fremont), <http://www.healthlibrary.org/>
- **Colorado:** William V. Gervasini Memorial Library (Exempla Healthcare), <http://www.saintjosephdenver.org/yourhealth/libraries/>
- **Connecticut:** Hartford Hospital Health Science Libraries (Hartford Hospital), <http://www.harthosp.org/library/>
- **Connecticut:** Healthnet: Connecticut Consumer Health Information Center (University of Connecticut Health Center, Lyman Maynard Stowe Library), <http://library.uchc.edu/departm/hnet/>

²⁶ Abstracted from <http://www.nlm.nih.gov/medlineplus/libraries.html>.

- **Connecticut:** Waterbury Hospital Health Center Library (Waterbury Hospital, Waterbury), <http://www.waterburyhospital.com/library/consumer.shtml>
- **Delaware:** Consumer Health Library (Christiana Care Health System, Eugene du Pont Preventive Medicine & Rehabilitation Institute, Wilmington), http://www.christianacare.org/health_guide/health_guide_pmri_health_info.cfm
- **Delaware:** Lewis B. Flinn Library (Delaware Academy of Medicine, Wilmington), <http://www.delamed.org/chls.html>
- **Georgia:** Family Resource Library (Medical College of Georgia, Augusta), http://cmc.mcg.edu/kids_families/fam_resources/fam_res_lib/frl.htm
- **Georgia:** Health Resource Center (Medical Center of Central Georgia, Macon), <http://www.mccg.org/hrc/hrchome.asp>
- **Hawaii:** Hawaii Medical Library: Consumer Health Information Service (Hawaii Medical Library, Honolulu), <http://hml.org/CHIS/>
- **Idaho:** DeArmond Consumer Health Library (Kootenai Medical Center, Coeur d'Alene), <http://www.nicon.org/DeArmond/index.htm>
- **Illinois:** Health Learning Center of Northwestern Memorial Hospital (Chicago), http://www.nmh.org/health_info/hlc.html
- **Illinois:** Medical Library (OSF Saint Francis Medical Center, Peoria), <http://www.osfsaintfrancis.org/general/library/>
- **Kentucky:** Medical Library - Services for Patients, Families, Students & the Public (Central Baptist Hospital, Lexington), <http://www.centralbap.com/education/community/library.cfm>
- **Kentucky:** University of Kentucky - Health Information Library (Chandler Medical Center, Lexington), <http://www.mc.uky.edu/PatientEd/>
- **Louisiana:** Alton Ochsner Medical Foundation Library (Alton Ochsner Medical Foundation, New Orleans), <http://www.ochsner.org/library/>
- **Louisiana:** Louisiana State University Health Sciences Center Medical Library-Shreveport, <http://lib-sh.lsuhscc.edu/>
- **Maine:** Franklin Memorial Hospital Medical Library (Franklin Memorial Hospital, Farmington), <http://www.fchn.org/fmh/lib.htm>
- **Maine:** Gerrish-True Health Sciences Library (Central Maine Medical Center, Lewiston), <http://www.cmmc.org/library/library.html>
- **Maine:** Hadley Parrot Health Science Library (Eastern Maine Healthcare, Bangor), <http://www.emh.org/hll/hpl/guide.htm>
- **Maine:** Maine Medical Center Library (Maine Medical Center, Portland), <http://www.mmc.org/library/>
- **Maine:** Parkview Hospital (Brunswick), <http://www.parkviewhospital.org/>
- **Maine:** Southern Maine Medical Center Health Sciences Library (Southern Maine Medical Center, Biddeford), <http://www.smmc.org/services/service.php3?choice=10>
- **Maine:** Stephens Memorial Hospital's Health Information Library (Western Maine Health, Norway), <http://www.wmhcc.org/Library/>

- **Manitoba, Canada:** Consumer & Patient Health Information Service (University of Manitoba Libraries),
<http://www.umanitoba.ca/libraries/units/health/reference/chis.html>
- **Manitoba, Canada:** J.W. Crane Memorial Library (Deer Lodge Centre, Winnipeg),
http://www.deerlodge.mb.ca/crane_library/about.asp
- **Maryland:** Health Information Center at the Wheaton Regional Library (Montgomery County, Dept. of Public Libraries, Wheaton Regional Library),
<http://www.mont.lib.md.us/healthinfo/hic.asp>
- **Massachusetts:** Baystate Medical Center Library (Baystate Health System),
<http://www.baystatehealth.com/1024/>
- **Massachusetts:** Boston University Medical Center Alumni Medical Library (Boston University Medical Center), <http://med-libwww.bu.edu/library/lib.html>
- **Massachusetts:** Lowell General Hospital Health Sciences Library (Lowell General Hospital, Lowell), <http://www.lowellgeneral.org/library/HomePageLinks/WWW.htm>
- **Massachusetts:** Paul E. Woodard Health Sciences Library (New England Baptist Hospital, Boston), http://www.nebh.org/health_lib.asp
- **Massachusetts:** St. Luke's Hospital Health Sciences Library (St. Luke's Hospital, Southcoast Health System, New Bedford), <http://www.southcoast.org/library/>
- **Massachusetts:** Treadwell Library Consumer Health Reference Center (Massachusetts General Hospital), <http://www.mgh.harvard.edu/library/chrcindex.html>
- **Massachusetts:** UMass HealthNet (University of Massachusetts Medical School, Worcester), <http://healthnet.umassmed.edu/>
- **Michigan:** Botsford General Hospital Library - Consumer Health (Botsford General Hospital, Library & Internet Services), <http://www.botsfordlibrary.org/consumer.htm>
- **Michigan:** Helen DeRoy Medical Library (Providence Hospital and Medical Centers), <http://www.providence-hospital.org/library/>
- **Michigan:** Marquette General Hospital - Consumer Health Library (Marquette General Hospital, Health Information Center), <http://www.mgh.org/center.html>
- **Michigan:** Patient Education Resource Center - University of Michigan Cancer Center (University of Michigan Comprehensive Cancer Center, Ann Arbor),
<http://www.cancer.med.umich.edu/learn/leares.htm>
- **Michigan:** Sladen Library & Center for Health Information Resources - Consumer Health Information (Detroit), <http://www.henryford.com/body.cfm?id=39330>
- **Montana:** Center for Health Information (St. Patrick Hospital and Health Sciences Center, Missoula)
- **National:** Consumer Health Library Directory (Medical Library Association, Consumer and Patient Health Information Section), <http://caphis.mlanet.org/directory/index.html>
- **National:** National Network of Libraries of Medicine (National Library of Medicine) - provides library services for health professionals in the United States who do not have access to a medical library, <http://nnlm.gov/>
- **National:** NN/LM List of Libraries Serving the Public (National Network of Libraries of Medicine), <http://nnlm.gov/members/>

- **Nevada:** Health Science Library, West Charleston Library (Las Vegas-Clark County Library District, Las Vegas), http://www.lvcld.org/special_collections/medical/index.htm
- **New Hampshire:** Dartmouth Biomedical Libraries (Dartmouth College Library, Hanover), <http://www.dartmouth.edu/~biomed/resources.html#conshealth.html#d/>
- **New Jersey:** Consumer Health Library (Rahway Hospital, Rahway), <http://www.rahwayhospital.com/library.htm>
- **New Jersey:** Dr. Walter Phillips Health Sciences Library (Englewood Hospital and Medical Center, Englewood), <http://www.englewoodhospital.com/links/index.htm>
- **New Jersey:** Meland Foundation (Englewood Hospital and Medical Center, Englewood), <http://www.geocities.com/ResearchTriangle/9360/>
- **New York:** Choices in Health Information (New York Public Library) - NLM Consumer Pilot Project participant, <http://www.nypl.org/branch/health/links.html>
- **New York:** Health Information Center (Upstate Medical University, State University of New York, Syracuse), <http://www.upstate.edu/library/hic/>
- **New York:** Health Sciences Library (Long Island Jewish Medical Center, New Hyde Park), <http://www.lij.edu/library/library.html>
- **New York:** ViaHealth Medical Library (Rochester General Hospital), <http://www.nyam.org/library/>
- **Ohio:** Consumer Health Library (Akron General Medical Center, Medical & Consumer Health Library), <http://www.akrongeneral.org/hwlibrary.htm>
- **Oklahoma:** The Health Information Center at Saint Francis Hospital (Saint Francis Health System, Tulsa), <http://www.sfh-tulsa.com/services/healthinfo.asp>
- **Oregon:** Planetree Health Resource Center (Mid-Columbia Medical Center, The Dalles), <http://www.mcmc.net/phrc/>
- **Pennsylvania:** Community Health Information Library (Milton S. Hershey Medical Center, Hershey), <http://www.hmc.psu.edu/commhealth/>
- **Pennsylvania:** Community Health Resource Library (Geisinger Medical Center, Danville), <http://www.geisinger.edu/education/commlib.shtml>
- **Pennsylvania:** HealthInfo Library (Moses Taylor Hospital, Scranton), <http://www.mth.org/healthwellness.html>
- **Pennsylvania:** Hopwood Library (University of Pittsburgh, Health Sciences Library System, Pittsburgh), http://www.hsls.pitt.edu/guides/chi/hopwood/index_html
- **Pennsylvania:** Koop Community Health Information Center (College of Physicians of Philadelphia), <http://www.collphyphil.org/kooppg1.shtml>
- **Pennsylvania:** Learning Resources Center - Medical Library (Susquehanna Health System, Williamsport), <http://www.shscares.org/services/lrc/index.asp>
- **Pennsylvania:** Medical Library (UPMC Health System, Pittsburgh), <http://www.upmc.edu/passavant/library.htm>
- **Quebec, Canada:** Medical Library (Montreal General Hospital), <http://www.mghlib.mcgill.ca/>

- **South Dakota:** Rapid City Regional Hospital Medical Library (Rapid City Regional Hospital), <http://www.rcrh.org/Services/Library/Default.asp>
- **Texas:** Houston HealthWays (Houston Academy of Medicine-Texas Medical Center Library), <http://hhw.library.tmc.edu/>
- **Washington:** Community Health Library (Kittitas Valley Community Hospital), <http://www.kvch.com/>
- **Washington:** Southwest Washington Medical Center Library (Southwest Washington Medical Center, Vancouver), <http://www.swmedicalcenter.com/body.cfm?id=72>

ONLINE GLOSSARIES

The Internet provides access to a number of free-to-use medical dictionaries. The National Library of Medicine has compiled the following list of online dictionaries:

- ADAM Medical Encyclopedia (A.D.A.M., Inc.), comprehensive medical reference:
<http://www.nlm.nih.gov/medlineplus/encyclopedia.html>
- MedicineNet.com Medical Dictionary (MedicineNet, Inc.):
<http://www.medterms.com/Script/Main/hp.asp>
- Merriam-Webster Medical Dictionary (Inteli-Health, Inc.):
<http://www.intelihealth.com/IH/>
- Multilingual Glossary of Technical and Popular Medical Terms in Eight European Languages (European Commission) - Danish, Dutch, English, French, German, Italian, Portuguese, and Spanish: <http://allserv.rug.ac.be/~rvdstich/eugloss/welcome.html>
- On-line Medical Dictionary (CancerWEB): <http://cancerweb.ncl.ac.uk/omd/>
- Rare Diseases Terms (Office of Rare Diseases):
<http://ord.aspensys.com/asp/diseases/diseases.asp>
- Technology Glossary (National Library of Medicine) - Health Care Technology:
<http://www.nlm.nih.gov/nichsr/ta101/ta10108.htm>

Beyond these, MEDLINEplus contains a very patient-friendly encyclopedia covering every aspect of medicine (licensed from A.D.A.M., Inc.). The ADAM Medical Encyclopedia can be accessed at <http://www.nlm.nih.gov/medlineplus/encyclopedia.html>. ADAM is also available on commercial Web sites such as drkoop.com (<http://www.drkoop.com/>) and Web MD (http://my.webmd.com/adam/asset/adam_disease_articles/a_to_z/a). The NIH suggests the following Web sites in the ADAM Medical Encyclopedia when searching for information on rheumatic fever:

- **Basic Guidelines for Rheumatic Fever**

Juvenile rheumatoid arthritis

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/000451.htm>

Rheumatic fever

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003940.htm>

- **Signs & Symptoms for Rheumatic Fever**

Abdominal pain

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003120.htm>

Anemia

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/000560.htm>

Arthralgia

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003261.htm>

Chorea

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003196.htm>

Confusion

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003205.htm>

Cough

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003072.htm>

Decreased muscle tone

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003298.htm>

Enlarged lymph nodes

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003097.htm>

Epistaxis

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003106.htm>

Erythema

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003220.htm>

Excessive tiredness

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003088.htm>

Fatigue

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003088.htm>

Fever

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003090.htm>

Joint pain

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003261.htm>

Joint swelling

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003262.htm>

Muscle pain

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003178.htm>

Nodules

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003230.htm>

Nosebleeds

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003106.htm>

Poor speech

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003204.htm>

Skin rash

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003220.htm>

Swelling

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003103.htm>

Tiredness

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003088.htm>

Vomiting

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003117.htm>

Weakness

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003174.htm>

- **Diagnostics and Tests for Rheumatic Fever**

ALT

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003473.htm>

Anti-DNase B

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003537.htm>

ASO

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003522.htm>

Blood differential

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003657.htm>

CBC

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm>

Chest X-ray

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003804.htm>

Complement

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003456.htm>

Complement component 3

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003539.htm>

C-reactive protein

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003356.htm>

Differential

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003657.htm>

ECG

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003868.htm>

Echocardiogram

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003869.htm>

ESR

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003638.htm>

Immunoelectrophoresis - serum

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003541.htm>

Protein C

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003659.htm>

Protein in the urine

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003580.htm>

Quantitative immunoglobulins (nephelometry)

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003545.htm>

Sedimentation rate

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003638.htm>

White blood cell count

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003643.htm>

X-ray

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003337.htm>

- **Background Topics for Rheumatic Fever**

Acute

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002215.htm>

Analgesics

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002123.htm>

Chronic

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002312.htm>

Physical activity

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/001941.htm>

Subcutaneous

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002297.htm>

Systemic

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002294.htm>

Online Dictionary Directories

The following are additional online directories compiled by the National Library of Medicine, including a number of specialized medical dictionaries:

- Medical Dictionaries: Medical & Biological (World Health Organization):
<http://www.who.int/hlt/virtuallibrary/English/diction.htm#Medical>
- MEL-Michigan Electronic Library List of Online Health and Medical Dictionaries (Michigan Electronic Library): <http://mel.lib.mi.us/health/health-dictionaries.html>
- Patient Education: Glossaries (DMOZ Open Directory Project):
http://dmoz.org/Health/Education/Patient_Education/Glossaries/
- Web of Online Dictionaries (Bucknell University):
<http://www.yourdictionary.com/diction5.html#medicine>

RHEUMATIC FEVER DICTIONARY

The definitions below are derived from official public sources, including the National Institutes of Health [NIH] and the European Union [EU].

Abdominal: Having to do with the abdomen, which is the part of the body between the chest and the hips that contains the pancreas, stomach, intestines, liver, gallbladder, and other organs. [NIH]

Abdominal Pain: Sensation of discomfort, distress, or agony in the abdominal region. [NIH]

Abscess: Accumulation of purulent material in tissues, organs, or circumscribed spaces, usually associated with signs of infection. [NIH]

Acetylglucosamine: The N-acetyl derivative of glucosamine. [NIH]

Actin: Essential component of the cell skeleton. [NIH]

Acute leukemia: A rapidly progressing cancer of the blood-forming tissue (bone marrow). [NIH]

Acute renal: A condition in which the kidneys suddenly stop working. In most cases, kidneys can recover from almost complete loss of function. [NIH]

Adenine: A purine base and a fundamental unit of adenine nucleotides. [NIH]

Adenosine: A nucleoside that is composed of adenine and d-ribose. Adenosine or adenosine derivatives play many important biological roles in addition to being components of DNA and RNA. Adenosine itself is a neurotransmitter. [NIH]

Adenosine Deaminase: An enzyme that catalyzes the hydrolysis of adenosine to inosine with the elimination of ammonia. Since there are wide tissue and species variations in the enzyme, it has been used as a tool in the study of human and animal genetics and in medical diagnosis. EC 3.5.4.4. [NIH]

Adjustment: The dynamic process wherein the thoughts, feelings, behavior, and biophysiological mechanisms of the individual continually change to adjust to the environment. [NIH]

Adjuvant: A substance which aids another, such as an auxiliary remedy; in immunology, nonspecific stimulator (e.g., BCG vaccine) of the immune response. [EU]

Adrenal Cortex: The outer layer of the adrenal gland. It secretes mineralocorticoids, androgens, and glucocorticoids. [NIH]

Adrenal Glands: Paired glands situated in the retroperitoneal tissues at the superior pole of each kidney. [NIH]

Adrenal insufficiency: The reduced secretion of adrenal glands. [NIH]

Adverse Effect: An unwanted side effect of treatment. [NIH]

Aetiology: Study of the causes of disease. [EU]

Affinity: 1. Inherent likeness or relationship. 2. A special attraction for a specific element, organ, or structure. 3. Chemical affinity; the force that binds atoms in molecules; the tendency of substances to combine by chemical reaction. 4. The strength of noncovalent chemical binding between two substances as measured by the dissociation constant of the complex. 5. In immunology, a thermodynamic expression of the strength of interaction between a single antigen-binding site and a single antigenic determinant (and thus of the stereochemical compatibility between them), most accurately applied to interactions among

simple, uniform antigenic determinants such as haptens. Expressed as the association constant (K litres mole⁻¹), which, owing to the heterogeneity of affinities in a population of antibody molecules of a given specificity, actually represents an average value (mean intrinsic association constant). 6. The reciprocal of the dissociation constant. [EU]

Albumin: 1. Any protein that is soluble in water and moderately concentrated salt solutions and is coagulable by heat. 2. Serum albumin; the major plasma protein (approximately 60 per cent of the total), which is responsible for much of the plasma colloidal osmotic pressure and serves as a transport protein carrying large organic anions, such as fatty acids, bilirubin, and many drugs, and also carrying certain hormones, such as cortisol and thyroxine, when their specific binding globulins are saturated. Albumin is synthesized in the liver. Low serum levels occur in protein malnutrition, active inflammation and serious hepatic and renal disease. [EU]

Algorithms: A procedure consisting of a sequence of algebraic formulas and/or logical steps to calculate or determine a given task. [NIH]

Alkaline: Having the reactions of an alkali. [EU]

Alleles: Mutually exclusive forms of the same gene, occupying the same locus on homologous chromosomes, and governing the same biochemical and developmental process. [NIH]

Allograft: An organ or tissue transplant between two humans. [NIH]

Alternative medicine: Practices not generally recognized by the medical community as standard or conventional medical approaches and used instead of standard treatments. Alternative medicine includes the taking of dietary supplements, megadose vitamins, and herbal preparations; the drinking of special teas; and practices such as massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

Amino acid: Any organic compound containing an amino (-NH₂ and a carboxyl (-COOH) group. The 20 α -amino acids listed in the accompanying table are the amino acids from which proteins are synthesized by formation of peptide bonds during ribosomal translation of messenger RNA; all except glycine, which is not optically active, have the L configuration. Other amino acids occurring in proteins, such as hydroxyproline in collagen, are formed by posttranslational enzymatic modification of amino acids residues in polypeptide chains. There are also several important amino acids, such as the neurotransmitter γ -aminobutyric acid, that have no relation to proteins. Abbreviated AA. [EU]

Amino Acid Sequence: The order of amino acids as they occur in a polypeptide chain. This is referred to as the primary structure of proteins. It is of fundamental importance in determining protein conformation. [NIH]

Ammonia: A colorless alkaline gas. It is formed in the body during decomposition of organic materials during a large number of metabolically important reactions. [NIH]

Ampicillin: Semi-synthetic derivative of penicillin that functions as an orally active broad-spectrum antibiotic. [NIH]

Anal: Having to do with the anus, which is the posterior opening of the large bowel. [NIH]

Analgesic: An agent that alleviates pain without causing loss of consciousness. [EU]

Analogue: In chemistry, a substance that is similar, but not identical, to another. [NIH]

Anaphylatoxins: The family of peptides C3a, C4a, C5a, and C5a des-arginine produced in the serum during complement activation. They produce smooth muscle contraction, mast cell histamine release, affect platelet aggregation, and act as mediators of the local inflammatory process. The order of anaphylatoxin activity from strongest to weakest is C5a, C3a, C4a, and C5a des-arginine. The latter is the so-called "classical" anaphylatoxin but

shows no spasmogenic activity though it contains some chemotactic ability. [NIH]

Anatomical: Pertaining to anatomy, or to the structure of the organism. [EU]

Androgens: A class of sex hormones associated with the development and maintenance of the secondary male sex characteristics, sperm induction, and sexual differentiation. In addition to increasing virility and libido, they also increase nitrogen and water retention and stimulate skeletal growth. [NIH]

Anemia: A reduction in the number of circulating erythrocytes or in the quantity of hemoglobin. [NIH]

Anergy: Absence of immune response to particular substances. [NIH]

Angiogenesis: Blood vessel formation. Tumor angiogenesis is the growth of blood vessels from surrounding tissue to a solid tumor. This is caused by the release of chemicals by the tumor. [NIH]

Animal model: An animal with a disease either the same as or like a disease in humans. Animal models are used to study the development and progression of diseases and to test new treatments before they are given to humans. Animals with transplanted human cancers or other tissues are called xenograft models. [NIH]

Anions: Negatively charged atoms, radicals or groups of atoms which travel to the anode or positive pole during electrolysis. [NIH]

Anthropology: The science devoted to the comparative study of man. [NIH]

Antibacterial: A substance that destroys bacteria or suppresses their growth or reproduction. [EU]

Antibiotic: A drug used to treat infections caused by bacteria and other microorganisms. [NIH]

Antibiotic Prophylaxis: Use of antibiotics before, during, or after a diagnostic, therapeutic, or surgical procedure to prevent infectious complications. [NIH]

Antibodies: Immunoglobulin molecules having a specific amino acid sequence by virtue of which they interact only with the antigen that induced their synthesis in cells of the lymphoid series (especially plasma cells), or with an antigen closely related to it. [NIH]

Antibody: A type of protein made by certain white blood cells in response to a foreign substance (antigen). Each antibody can bind to only a specific antigen. The purpose of this binding is to help destroy the antigen. Antibodies can work in several ways, depending on the nature of the antigen. Some antibodies destroy antigens directly. Others make it easier for white blood cells to destroy the antigen. [NIH]

Anticoagulant: A drug that helps prevent blood clots from forming. Also called a blood thinner. [NIH]

Antigen: Any substance which is capable, under appropriate conditions, of inducing a specific immune response and of reacting with the products of that response, that is, with specific antibody or specifically sensitized T-lymphocytes, or both. Antigens may be soluble substances, such as toxins and foreign proteins, or particulate, such as bacteria and tissue cells; however, only the portion of the protein or polysaccharide molecule known as the antigenic determinant (q.v.) combines with antibody or a specific receptor on a lymphocyte. Abbreviated Ag. [EU]

Antigen-Antibody Complex: The complex formed by the binding of antigen and antibody molecules. The deposition of large antigen-antibody complexes leading to tissue damage causes immune complex diseases. [NIH]

Anti-inflammatory: Having to do with reducing inflammation. [NIH]

Anti-Inflammatory Agents: Substances that reduce or suppress inflammation. [NIH]

Antineoplastic: Inhibiting or preventing the development of neoplasms, checking the maturation and proliferation of malignant cells. [EU]

Antioxidant: A substance that prevents damage caused by free radicals. Free radicals are highly reactive chemicals that often contain oxygen. They are produced when molecules are split to give products that have unpaired electrons. This process is called oxidation. [NIH]

Antipyretic: An agent that relieves or reduces fever. Called also antifebrile, antithermic and febrifuge. [EU]

Anus: The opening of the rectum to the outside of the body. [NIH]

Anxiety: Persistent feeling of dread, apprehension, and impending disaster. [NIH]

Aorta: The main trunk of the systemic arteries. [NIH]

Aortic Aneurysm: Aneurysm of the aorta. [NIH]

Aortic Valve: The valve between the left ventricle and the ascending aorta which prevents backflow into the left ventricle. [NIH]

Apolipoproteins: The protein components of lipoproteins which remain after the lipids to which the proteins are bound have been removed. They play an important role in lipid transport and metabolism. [NIH]

Arrhythmia: Any variation from the normal rhythm or rate of the heart beat. [NIH]

Arterial: Pertaining to an artery or to the arteries. [EU]

Arteries: The vessels carrying blood away from the heart. [NIH]

Arterioles: The smallest divisions of the arteries located between the muscular arteries and the capillaries. [NIH]

Artery: Vessel-carrying blood from the heart to various parts of the body. [NIH]

Arthralgia: Pain in the joint. [NIH]

Articular: Of or pertaining to a joint. [EU]

Ascorbic Acid: A six carbon compound related to glucose. It is found naturally in citrus fruits and many vegetables. Ascorbic acid is an essential nutrient in human diets, and necessary to maintain connective tissue and bone. Its biologically active form, vitamin C, functions as a reducing agent and coenzyme in several metabolic pathways. Vitamin C is considered an antioxidant. [NIH]

Aspirin: A drug that reduces pain, fever, inflammation, and blood clotting. Aspirin belongs to the family of drugs called nonsteroidal anti-inflammatory agents. It is also being studied in cancer prevention. [NIH]

Assay: Determination of the amount of a particular constituent of a mixture, or of the biological or pharmacological potency of a drug. [EU]

Ataxia: Impairment of the ability to perform smoothly coordinated voluntary movements. This condition may affect the limbs, trunk, eyes, pharynx, larynx, and other structures. Ataxia may result from impaired sensory or motor function. Sensory ataxia may result from posterior column injury or peripheral nerve diseases. Motor ataxia may be associated with cerebellar diseases; cerebral cortex diseases; thalamic diseases; basal ganglia diseases; injury to the red nucleus; and other conditions. [NIH]

Atrial: Pertaining to an atrium. [EU]

Atrioventricular: Pertaining to an atrium of the heart and to a ventricle. [EU]

Atrium: A chamber; used in anatomical nomenclature to designate a chamber affording

entrance to another structure or organ. Usually used alone to designate an atrium of the heart. [EU]

Atrophy: Decrease in the size of a cell, tissue, organ, or multiple organs, associated with a variety of pathological conditions such as abnormal cellular changes, ischemia, malnutrition, or hormonal changes. [NIH]

Atypical: Irregular; not conformable to the type; in microbiology, applied specifically to strains of unusual type. [EU]

Auscultation: Act of listening for sounds within the body. [NIH]

Autoantibodies: Antibodies that react with self-antigens (autoantigens) of the organism that produced them. [NIH]

Autoantigens: Endogenous tissue constituents that have the ability to interact with autoantibodies and cause an immune response. [NIH]

Autoimmune disease: A condition in which the body recognizes its own tissues as foreign and directs an immune response against them. [NIH]

Autoimmunity: Process whereby the immune system reacts against the body's own tissues. Autoimmunity may produce or be caused by autoimmune diseases. [NIH]

Azithromycin: A semi-synthetic macrolide antibiotic structurally related to erythromycin. It has been used in the treatment of *Mycobacterium avium* intracellular infections, toxoplasmosis, and cryptosporidiosis. [NIH]

Bacteria: Unicellular prokaryotic microorganisms which generally possess rigid cell walls, multiply by cell division, and exhibit three principal forms: round or coccid, rodlike or bacillary, and spiral or spirochetal. [NIH]

Bacteriostatic: 1. Inhibiting the growth or multiplication of bacteria. 2. An agent that inhibits the growth or multiplication of bacteria. [EU]

Bacterium: Microscopic organism which may have a spherical, rod-like, or spiral unicellular or non-cellular body. Bacteria usually reproduce through asexual processes. [NIH]

Basal Ganglia: Large subcortical nuclear masses derived from the telencephalon and located in the basal regions of the cerebral hemispheres. [NIH]

Basal Ganglia Diseases: Diseases of the basal ganglia including the putamen; globus pallidus; claustrum; amygdala; and caudate nucleus. Dyskinesias (most notably involuntary movements and alterations of the rate of movement) represent the primary clinical manifestations of these disorders. Common etiologies include cerebrovascular disease; neurodegenerative diseases; and craniocerebral trauma. [NIH]

Base: In chemistry, the nonacid part of a salt; a substance that combines with acids to form salts; a substance that dissociates to give hydroxide ions in aqueous solutions; a substance whose molecule or ion can combine with a proton (hydrogen ion); a substance capable of donating a pair of electrons (to an acid) for the formation of a coordinate covalent bond. [EU]

Basement Membrane: Ubiquitous supportive tissue adjacent to epithelium and around smooth and striated muscle cells. This tissue contains intrinsic macromolecular components such as collagen, laminin, and sulfated proteoglycans. As seen by light microscopy one of its subdivisions is the basal (basement) lamina. [NIH]

Benign: Not cancerous; does not invade nearby tissue or spread to other parts of the body. [NIH]

Bile: An emulsifying agent produced in the liver and secreted into the duodenum. Its composition includes bile acids and salts, cholesterol, and electrolytes. It aids digestion of fats in the duodenum. [NIH]

Biochemical: Relating to biochemistry; characterized by, produced by, or involving chemical reactions in living organisms. [EU]

Biopsy: Removal and pathologic examination of specimens in the form of small pieces of tissue from the living body. [NIH]

Biopterin: A natural product that has been considered as a growth factor for some insects. [NIH]

Biotechnology: Body of knowledge related to the use of organisms, cells or cell-derived constituents for the purpose of developing products which are technically, scientifically and clinically useful. Alteration of biologic function at the molecular level (i.e., genetic engineering) is a central focus; laboratory methods used include transfection and cloning technologies, sequence and structure analysis algorithms, computer databases, and gene and protein structure function analysis and prediction. [NIH]

Bladder: The organ that stores urine. [NIH]

Blood Cell Count: A count of the number of leukocytes and erythrocytes per unit volume in a sample of venous blood. A complete blood count (CBC) also includes measurement of the hemoglobin, hematocrit, and erythrocyte indices. [NIH]

Blood Coagulation: The process of the interaction of blood coagulation factors that results in an insoluble fibrin clot. [NIH]

Blood Glucose: Glucose in blood. [NIH]

Blood Groups: The classification systems (or schemes) of the different antigens located on erythrocytes. The antigens are the phenotypic expression of the genetic differences characteristic of specific blood groups. [NIH]

Blood pressure: The pressure of blood against the walls of a blood vessel or heart chamber. Unless there is reference to another location, such as the pulmonary artery or one of the heart chambers, it refers to the pressure in the systemic arteries, as measured, for example, in the forearm. [NIH]

Blood vessel: A tube in the body through which blood circulates. Blood vessels include a network of arteries, arterioles, capillaries, venules, and veins. [NIH]

Body Fluids: Liquid components of living organisms. [NIH]

Bone Marrow: The soft tissue filling the cavities of bones. Bone marrow exists in two types, yellow and red. Yellow marrow is found in the large cavities of large bones and consists mostly of fat cells and a few primitive blood cells. Red marrow is a hematopoietic tissue and is the site of production of erythrocytes and granular leukocytes. Bone marrow is made up of a framework of connective tissue containing branching fibers with the frame being filled with marrow cells. [NIH]

Branch: Most commonly used for branches of nerves, but applied also to other structures. [NIH]

Broad-spectrum: Effective against a wide range of microorganisms; said of an antibiotic. [EU]

Buccal: Pertaining to or directed toward the cheek. In dental anatomy, used to refer to the buccal surface of a tooth. [EU]

Calcium: A basic element found in nearly all organized tissues. It is a member of the alkaline earth family of metals with the atomic symbol Ca, atomic number 20, and atomic weight 40. Calcium is the most abundant mineral in the body and combines with phosphorus to form calcium phosphate in the bones and teeth. It is essential for the normal functioning of nerves and muscles and plays a role in blood coagulation (as factor IV) and in many enzymatic processes. [NIH]

Calculi: An abnormal concretion occurring mostly in the urinary and biliary tracts, usually

composed of mineral salts. Also called stones. [NIH]

Capital Financing: Institutional funding for facilities and for equipment which becomes a part of the assets of the institution. [NIH]

Carbohydrate: An aldehyde or ketone derivative of a polyhydric alcohol, particularly of the pentahydric and hexahydric alcohols. They are so named because the hydrogen and oxygen are usually in the proportion to form water, $(\text{CH}_2\text{O})_n$. The most important carbohydrates are the starches, sugars, celluloses, and gums. They are classified into mono-, di-, tri-, poly- and heterosaccharides. [EU]

Carcinogenic: Producing carcinoma. [EU]

Carcinogens: Substances that increase the risk of neoplasms in humans or animals. Both genotoxic chemicals, which affect DNA directly, and nongenotoxic chemicals, which induce neoplasms by other mechanism, are included. [NIH]

Cardiac: Having to do with the heart. [NIH]

Cardiomegaly: Hypertrophy or enlargement of the heart. [NIH]

Cardiomyopathy: A general diagnostic term designating primary myocardial disease, often of obscure or unknown etiology. [EU]

Cardiovascular: Having to do with the heart and blood vessels. [NIH]

Carotene: The general name for a group of pigments found in green, yellow, and leafy vegetables, and yellow fruits. The pigments are fat-soluble, unsaturated aliphatic hydrocarbons functioning as provitamins and are converted to vitamin A through enzymatic processes in the intestinal wall. [NIH]

Carrier State: The condition of harboring an infective organism without manifesting symptoms of infection. The organism must be readily transmissible to another susceptible host. [NIH]

Case report: A detailed report of the diagnosis, treatment, and follow-up of an individual patient. Case reports also contain some demographic information about the patient (for example, age, gender, ethnic origin). [NIH]

Caudate Nucleus: Elongated gray mass of the neostriatum located adjacent to the lateral ventricle of the brain. [NIH]

Causal: Pertaining to a cause; directed against a cause. [EU]

Cause of Death: Factors which produce cessation of all vital bodily functions. They can be analyzed from an epidemiologic viewpoint. [NIH]

Cecum: The beginning of the large intestine. The cecum is connected to the lower part of the small intestine, called the ileum. [NIH]

Cell: The individual unit that makes up all of the tissues of the body. All living things are made up of one or more cells. [NIH]

Cell Division: The fission of a cell. [NIH]

Cell Size: The physical dimensions of a cell. It refers mainly to changes in dimensions correlated with physiological or pathological changes in cells. [NIH]

Central Nervous System: The main information-processing organs of the nervous system, consisting of the brain, spinal cord, and meninges. [NIH]

Central retinal artery: The blood vessel that carries blood into eye; supplies nutrition to the retina. [NIH]

Cerebellar: Pertaining to the cerebellum. [EU]

Cerebral: Of or pertaining of the cerebrum or the brain. [EU]

Cerebral Cortex: The thin layer of gray matter on the surface of the cerebral hemisphere that develops from the telencephalon and folds into gyri. It reaches its highest development in man and is responsible for intellectual faculties and higher mental functions. [NIH]

Cerebrum: The largest part of the brain. It is divided into two hemispheres, or halves, called the cerebral hemispheres. The cerebrum controls muscle functions of the body and also controls speech, emotions, reading, writing, and learning. [NIH]

Cervical: Relating to the neck, or to the neck of any organ or structure. Cervical lymph nodes are located in the neck; cervical cancer refers to cancer of the uterine cervix, which is the lower, narrow end (the "neck") of the uterus. [NIH]

Cervix: The lower, narrow end of the uterus that forms a canal between the uterus and vagina. [NIH]

Character: In current usage, approximately equivalent to personality. The sum of the relatively fixed personality traits and habitual modes of response of an individual. [NIH]

Chemotactic Factors: Chemical substances that attract or repel cells or organisms. The concept denotes especially those factors released as a result of tissue injury, invasion, or immunologic activity, that attract leukocytes, macrophages, or other cells to the site of infection or insult. [NIH]

Cholera: An acute diarrheal disease endemic in India and Southeast Asia whose causative agent is vibrio cholerae. This condition can lead to severe dehydration in a matter of hours unless quickly treated. [NIH]

Cholesterol: The principal sterol of all higher animals, distributed in body tissues, especially the brain and spinal cord, and in animal fats and oils. [NIH]

Cholesterol Esters: Fatty acid esters of cholesterol which constitute about two-thirds of the cholesterol in the plasma. The accumulation of cholesterol esters in the arterial intima is a characteristic feature of atherosclerosis. [NIH]

Chorea: Involuntary, forcible, rapid, jerky movements that may be subtle or become confluent, markedly altering normal patterns of movement. Hypotonia and pendular reflexes are often associated. Conditions which feature recurrent or persistent episodes of chorea as a primary manifestation of disease are referred to as choreatic disorders. Chorea is also a frequent manifestation of basal ganglia diseases. [NIH]

Chromatin: The material of chromosomes. It is a complex of DNA, histones, and nonhistone proteins (chromosomal proteins, non-histone) found within the nucleus of a cell. [NIH]

Chromosomal: Pertaining to chromosomes. [EU]

Chromosome: Part of a cell that contains genetic information. Except for sperm and eggs, all human cells contain 46 chromosomes. [NIH]

Chronic: A disease or condition that persists or progresses over a long period of time. [NIH]

Chronic Disease: Disease or ailment of long duration. [NIH]

Chronic renal: Slow and progressive loss of kidney function over several years, often resulting in end-stage renal disease. People with end-stage renal disease need dialysis or transplantation to replace the work of the kidneys. [NIH]

Chylomicrons: A class of lipoproteins that carry dietary cholesterol and triglycerides from the small intestines to the tissues. [NIH]

CIS: Cancer Information Service. The CIS is the National Cancer Institute's link to the public, interpreting and explaining research findings in a clear and understandable manner, and providing personalized responses to specific questions about cancer. Access the CIS by calling 1-800-4-CANCER, or by using the Web site at <http://cis.nci.nih.gov>. [NIH]

Citrus: Any tree or shrub of the Rue family or the fruit of these plants. [NIH]

Clarithromycin: A semisynthetic macrolide antibiotic derived from erythromycin that is active against a variety of microorganisms. It can inhibit protein synthesis in bacteria by reversibly binding to the 50S ribosomal subunits. This inhibits the translocation of aminoacyl transfer-RNA and prevents peptide chain elongation. [NIH]

Clindamycin: An antibacterial agent that is a semisynthetic analog of lincomycin. [NIH]

Clinical trial: A research study that tests how well new medical treatments or other interventions work in people. Each study is designed to test new methods of screening, prevention, diagnosis, or treatment of a disease. [NIH]

Clone: The term "clone" has acquired a new meaning. It is applied specifically to the bits of inserted foreign DNA in the hybrid molecules of the population. Each inserted segment originally resided in the DNA of a complex genome amid millions of other DNA segment. [NIH]

Cloning: The production of a number of genetically identical individuals; in genetic engineering, a process for the efficient replication of a great number of identical DNA molecules. [NIH]

Clot Retraction: Retraction of a clot resulting from contraction of platelet pseudopods attached to fibrin strands that is dependent on the contractile protein thrombosthenin. Used as a measure of platelet function. [NIH]

Coenzyme: An organic nonprotein molecule, frequently a phosphorylated derivative of a water-soluble vitamin, that binds with the protein molecule (apoenzyme) to form the active enzyme (holoenzyme). [EU]

Cofactor: A substance, microorganism or environmental factor that activates or enhances the action of another entity such as a disease-causing agent. [NIH]

Collagen: A polypeptide substance comprising about one third of the total protein in mammalian organisms. It is the main constituent of skin, connective tissue, and the organic substance of bones and teeth. Different forms of collagen are produced in the body but all consist of three alpha-polypeptide chains arranged in a triple helix. Collagen is differentiated from other fibrous proteins, such as elastin, by the content of proline, hydroxyproline, and hydroxylysine; by the absence of tryptophan; and particularly by the high content of polar groups which are responsible for its swelling properties. [NIH]

Collagen disease: A term previously used to describe chronic diseases of the connective tissue (e.g., rheumatoid arthritis, systemic lupus erythematosus, and systemic sclerosis), but now is thought to be more appropriate for diseases associated with defects in collagen, which is a component of the connective tissue. [NIH]

Colloidal: Of the nature of a colloid. [EU]

Colon: The long, coiled, tubelike organ that removes water from digested food. The remaining material, solid waste called stool, moves through the colon to the rectum and leaves the body through the anus. [NIH]

Comet Assay: A genotoxicological technique for measuring DNA damage in an individual cell using single-cell gel electrophoresis. Cell DNA fragments assume a "comet with tail" formation on electrophoresis and are detected with an image analysis system. Alkaline assay conditions facilitate sensitive detection of single-strand damage. [NIH]

Community Health Services: Diagnostic, therapeutic and preventive health services provided for individuals in the community. [NIH]

Complement: A term originally used to refer to the heat-labile factor in serum that causes immune cytolysis, the lysis of antibody-coated cells, and now referring to the entire

functionally related system comprising at least 20 distinct serum proteins that is the effector not only of immune cytotoxicity but also of other biologic functions. Complement activation occurs by two different sequences, the classic and alternative pathways. The proteins of the classic pathway are termed 'components of complement' and are designated by the symbols C1 through C9. C1 is a calcium-dependent complex of three distinct proteins C1q, C1r and C1s. The proteins of the alternative pathway (collectively referred to as the properdin system) and complement regulatory proteins are known by semisystematic or trivial names. Fragments resulting from proteolytic cleavage of complement proteins are designated with lower-case letter suffixes, e.g., C3a. Inactivated fragments may be designated with the suffix 'i', e.g. C3bi. Activated components or complexes with biological activity are designated by a bar over the symbol e.g. C1 or C4b,2a. The classic pathway is activated by the binding of C1 to classic pathway activators, primarily antigen-antibody complexes containing IgM, IgG1, IgG3; C1q binds to a single IgM molecule or two adjacent IgG molecules. The alternative pathway can be activated by IgA immune complexes and also by nonimmunologic materials including bacterial endotoxins, microbial polysaccharides, and cell walls. Activation of the classic pathway triggers an enzymatic cascade involving C1, C4, C2 and C3; activation of the alternative pathway triggers a cascade involving C3 and factors B, D and P. Both result in the cleavage of C5 and the formation of the membrane attack complex. Complement activation also results in the formation of many biologically active complement fragments that act as anaphylatoxins, opsonins, or chemotactic factors. [EU]

Complementary and alternative medicine: CAM. Forms of treatment that are used in addition to (complementary) or instead of (alternative) standard treatments. These practices are not considered standard medical approaches. CAM includes dietary supplements, megadose vitamins, herbal preparations, special teas, massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

Complementary medicine: Practices not generally recognized by the medical community as standard or conventional medical approaches and used to enhance or complement the standard treatments. Complementary medicine includes the taking of dietary supplements, megadose vitamins, and herbal preparations; the drinking of special teas; and practices such as massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

Complete remission: The disappearance of all signs of cancer. Also called a complete response. [NIH]

Compliance: Distensibility measure of a chamber such as the lungs (lung compliance) or bladder. Compliance is expressed as a change in volume per unit change in pressure. [NIH]

Compulsions: In psychology, an irresistible urge, sometimes amounting to obsession to perform a particular act which usually is carried out against the performer's will or better judgment. [NIH]

Computational Biology: A field of biology concerned with the development of techniques for the collection and manipulation of biological data, and the use of such data to make biological discoveries or predictions. This field encompasses all computational methods and theories applicable to molecular biology and areas of computer-based techniques for solving biological problems including manipulation of models and datasets. [NIH]

Cones: One type of specialized light-sensitive cells (photoreceptors) in the retina that provide sharp central vision and color vision. [NIH]

Congestion: Excessive or abnormal accumulation of blood in a part. [EU]

Congestive heart failure: Weakness of the heart muscle that leads to a buildup of fluid in body tissues. [NIH]

Connective Tissue: Tissue that supports and binds other tissues. It consists of connective

tissue cells embedded in a large amount of extracellular matrix. [NIH]

Connective Tissue: Tissue that supports and binds other tissues. It consists of connective tissue cells embedded in a large amount of extracellular matrix. [NIH]

Connective Tissue Cells: A group of cells that includes fibroblasts, cartilage cells, adipocytes, smooth muscle cells, and bone cells. [NIH]

Consciousness: Sense of awareness of self and of the environment. [NIH]

Consumption: Pulmonary tuberculosis. [NIH]

Contraindications: Any factor or sign that it is unwise to pursue a certain kind of action or treatment, e. g. giving a general anesthetic to a person with pneumonia. [NIH]

Controlled study: An experiment or clinical trial that includes a comparison (control) group. [NIH]

Coordination: Muscular or motor regulation or the harmonious cooperation of muscles or groups of muscles, in a complex action or series of actions. [NIH]

Cornea: The transparent part of the eye that covers the iris and the pupil and allows light to enter the inside. [NIH]

Coronary: Encircling in the manner of a crown; a term applied to vessels; nerves, ligaments, etc. The term usually denotes the arteries that supply the heart muscle and, by extension, a pathologic involvement of them. [EU]

Coronary Thrombosis: Presence of a thrombus in a coronary artery, often causing a myocardial infarction. [NIH]

Corticosteroid: Any of the steroids elaborated by the adrenal cortex (excluding the sex hormones of adrenal origin) in response to the release of corticotrophin (adrenocorticotrophic hormone) by the pituitary gland, to any of the synthetic equivalents of these steroids, or to angiotensin II. They are divided, according to their predominant biological activity, into three major groups: glucocorticoids, chiefly influencing carbohydrate, fat, and protein metabolism; mineralocorticoids, affecting the regulation of electrolyte and water balance; and C19 androgens. Some corticosteroids exhibit both types of activity in varying degrees, and others exert only one type of effect. The corticosteroids are used clinically for hormonal replacement therapy, for suppression of ACTH secretion by the anterior pituitary, as antineoplastic, antiallergic, and anti-inflammatory agents, and to suppress the immune response. Called also adrenocortical hormone and corticoid. [EU]

Cortisone: A natural steroid hormone produced in the adrenal gland. It can also be made in the laboratory. Cortisone reduces swelling and can suppress immune responses. [NIH]

Coxsackie virus: Group of viruses that is a common source of infection in kids. It is transmitted primarily by touch. The most common symptoms children experience are simply fever, feeling rundown, and a rash. [NIH]

Cryptosporidiosis: Parasitic intestinal infection with severe diarrhea caused by a protozoan, *Cryptosporidium*. It occurs in both animals and humans. [NIH]

Curative: Tending to overcome disease and promote recovery. [EU]

Cutaneous: Having to do with the skin. [NIH]

Cytokines: Non-antibody proteins secreted by inflammatory leukocytes and some non-leukocytic cells, that act as intercellular mediators. They differ from classical hormones in that they are produced by a number of tissue or cell types rather than by specialized glands. They generally act locally in a paracrine or autocrine rather than endocrine manner. [NIH]

Cytoplasm: The protoplasm of a cell exclusive of that of the nucleus; it consists of a continuous aqueous solution (cytosol) and the organelles and inclusions suspended in it

(phaneroplasm), and is the site of most of the chemical activities of the cell. [EU]

Cytotoxic: Cell-killing. [NIH]

Degenerative: Undergoing degeneration : tending to degenerate; having the character of or involving degeneration; causing or tending to cause degeneration. [EU]

Density: The logarithm to the base 10 of the opacity of an exposed and processed film. [NIH]

Dentists: Individuals licensed to practice dentistry. [NIH]

Deprivation: Loss or absence of parts, organs, powers, or things that are needed. [EU]

Developing Countries: Countries in the process of change directed toward economic growth, that is, an increase in production, per capita consumption, and income. The process of economic growth involves better utilization of natural and human resources, which results in a change in the social, political, and economic structures. [NIH]

Diabetes Mellitus: A heterogeneous group of disorders that share glucose intolerance in common. [NIH]

Diagnostic procedure: A method used to identify a disease. [NIH]

Diastolic: Of or pertaining to the diastole. [EU]

Digestion: The process of breakdown of food for metabolism and use by the body. [NIH]

Direct: 1. Straight; in a straight line. 2. Performed immediately and without the intervention of subsidiary means. [EU]

Disease Outbreaks: Sudden increase in the incidence of a disease. The concept includes epidemics. [NIH]

Disease Susceptibility: A constitution or condition of the body which makes the tissues react in special ways to certain extrinsic stimuli and thus tends to make the individual more than usually susceptible to certain diseases. [NIH]

Dislocation: The displacement of any part, more especially of a bone. Called also luxation. [EU]

Drug Interactions: The action of a drug that may affect the activity, metabolism, or toxicity of another drug. [NIH]

Drug Tolerance: Progressive diminution of the susceptibility of a human or animal to the effects of a drug, resulting from its continued administration. It should be differentiated from drug resistance wherein an organism, disease, or tissue fails to respond to the intended effectiveness of a chemical or drug. It should also be differentiated from maximum tolerated dose and no-observed-adverse-effect level. [NIH]

Duct: A tube through which body fluids pass. [NIH]

Dyes: Chemical substances that are used to stain and color other materials. The coloring may or may not be permanent. Dyes can also be used as therapeutic agents and test reagents in medicine and scientific research. [NIH]

Dysmenorrhea: Painful menstruation. [NIH]

Dysplasia: Cells that look abnormal under a microscope but are not cancer. [NIH]

Dystrophy: Any disorder arising from defective or faulty nutrition, especially the muscular dystrophies. [EU]

Echocardiography: Ultrasonic recording of the size, motion, and composition of the heart and surrounding tissues. The standard approach is transthoracic. [NIH]

Edema: Excessive amount of watery fluid accumulated in the intercellular spaces, most commonly present in subcutaneous tissue. [NIH]

Effector: It is often an enzyme that converts an inactive precursor molecule into an active second messenger. [NIH]

Efficacy: The extent to which a specific intervention, procedure, regimen, or service produces a beneficial result under ideal conditions. Ideally, the determination of efficacy is based on the results of a randomized control trial. [NIH]

Elastin: The protein that gives flexibility to tissues. [NIH]

Electrolyte: A substance that dissociates into ions when fused or in solution, and thus becomes capable of conducting electricity; an ionic solute. [EU]

Electrophoresis: An electrochemical process in which macromolecules or colloidal particles with a net electric charge migrate in a solution under the influence of an electric current. [NIH]

Encephalitis: Inflammation of the brain due to infection, autoimmune processes, toxins, and other conditions. Viral infections (see encephalitis, viral) are a relatively frequent cause of this condition. [NIH]

Encephalomyelitis: A general term indicating inflammation of the brain and spinal cord, often used to indicate an infectious process, but also applicable to a variety of autoimmune and toxic-metabolic conditions. There is significant overlap regarding the usage of this term and encephalitis in the literature. [NIH]

Endemic: Present or usually prevalent in a population or geographical area at all times; said of a disease or agent. Called also endemial. [EU]

Endocarditis: Exudative and proliferative inflammatory alterations of the endocardium, characterized by the presence of vegetations on the surface of the endocardium or in the endocardium itself, and most commonly involving a heart valve, but sometimes affecting the inner lining of the cardiac chambers or the endocardium elsewhere. It may occur as a primary disorder or as a complication of or in association with another disease. [EU]

Endocardium: The innermost layer of the heart, comprised of endothelial cells. [NIH]

Endotoxic: Of, relating to, or acting as an endotoxin (= a heat-stable toxin, associated with the outer membranes of certain gram-negative bacteria. Endotoxins are not secreted and are released only when the cells are disrupted). [EU]

Endotoxin: Toxin from cell walls of bacteria. [NIH]

End-stage renal: Total chronic kidney failure. When the kidneys fail, the body retains fluid and harmful wastes build up. A person with ESRD needs treatment to replace the work of the failed kidneys. [NIH]

Environmental Exposure: The exposure to potentially harmful chemical, physical, or biological agents in the environment or to environmental factors that may include ionizing radiation, pathogenic organisms, or toxic chemicals. [NIH]

Environmental Health: The science of controlling or modifying those conditions, influences, or forces surrounding man which relate to promoting, establishing, and maintaining health. [NIH]

Enzymatic: Phase where enzyme cuts the precursor protein. [NIH]

Enzyme: A protein that speeds up chemical reactions in the body. [NIH]

Eosinophilia: Abnormal increase in eosinophils in the blood, tissues or organs. [NIH]

Eosinophils: Granular leukocytes with a nucleus that usually has two lobes connected by a slender thread of chromatin, and cytoplasm containing coarse, round granules that are uniform in size and stainable by eosin. [NIH]

Epidemic: Occurring suddenly in numbers clearly in excess of normal expectancy; said

especially of infectious diseases but applied also to any disease, injury, or other health-related event occurring in such outbreaks. [EU]

Epidemiological: Relating to, or involving epidemiology. [EU]

Epidermal: Pertaining to or resembling epidermis. Called also epidermic or epidermoid. [EU]

Epidermis: Nonvascular layer of the skin. It is made up, from within outward, of five layers: 1) basal layer (stratum basale epidermidis); 2) spinous layer (stratum spinosum epidermidis); 3) granular layer (stratum granulosum epidermidis); 4) clear layer (stratum lucidum epidermidis); and 5) horny layer (stratum corneum epidermidis). [NIH]

Epistaxis: Bleeding from the nose. [NIH]

Epitope: A molecule or portion of a molecule capable of binding to the combining site of an antibody. For every given antigenic determinant, the body can construct a variety of antibody-combining sites, some of which fit almost perfectly, and others which barely fit. [NIH]

Epitope Mapping: Methods used for studying the interactions of antibodies with specific regions of protein antigens. Important applications of epitope mapping are found within the area of immunochemistry. [NIH]

Erythema: Redness of the skin produced by congestion of the capillaries. This condition may result from a variety of causes. [NIH]

Erythrocyte Indices: Quantification of size and cell hemoglobin content or concentration of the erythrocyte, usually derived from erythrocyte count, blood hemoglobin concentration, and hematocrit. Includes the mean cell volume (MCV), mean cell hemoglobin (MCH), and mean cell hemoglobin concentration (MCHC). Use also for cell diameter and thickness. [NIH]

Erythrocytes: Red blood cells. Mature erythrocytes are non-nucleated, biconcave disks containing hemoglobin whose function is to transport oxygen. [NIH]

Erythromycin: A bacteriostatic antibiotic substance produced by *Streptomyces erythreus*. Erythromycin A is considered its major active component. In sensitive organisms, it inhibits protein synthesis by binding to 50S ribosomal subunits. This binding process inhibits peptidyl transferase activity and interferes with translocation of amino acids during translation and assembly of proteins. [NIH]

Essential Tremor: A rhythmic, involuntary, purposeless, oscillating movement resulting from the alternate contraction and relaxation of opposing groups of muscles. [NIH]

Ethnic Groups: A group of people with a common cultural heritage that sets them apart from others in a variety of social relationships. [NIH]

Excitation: An act of irritation or stimulation or of responding to a stimulus; the addition of energy, as the excitation of a molecule by absorption of photons. [EU]

Exotoxin: Toxic substance excreted by living bacterial cells. [NIH]

Extensor: A muscle whose contraction tends to straighten a limb; the antagonist of a flexor. [NIH]

Extracellular: Outside a cell or cells. [EU]

Extracellular Matrix: A meshwork-like substance found within the extracellular space and in association with the basement membrane of the cell surface. It promotes cellular proliferation and provides a supporting structure to which cells or cell lysates in culture dishes adhere. [NIH]

Extracellular Matrix Proteins: Macromolecular organic compounds that contain carbon, hydrogen, oxygen, nitrogen, and usually, sulfur. These macromolecules (proteins) form an intricate meshwork in which cells are embedded to construct tissues. Variations in the

relative types of macromolecules and their organization determine the type of extracellular matrix, each adapted to the functional requirements of the tissue. The two main classes of macromolecules that form the extracellular matrix are: glycosaminoglycans, usually linked to proteins (proteoglycans), and fibrous proteins (e.g., collagen, elastin, fibronectins and laminin). [NIH]

Extracellular Space: Interstitial space between cells, occupied by fluid as well as amorphous and fibrous substances. [NIH]

Family Planning: Programs or services designed to assist the family in controlling reproduction by either improving or diminishing fertility. [NIH]

Fasciitis: Inflammation of the fascia. There are three major types: 1) Eosinophilic fasciitis, an inflammatory reaction with eosinophilia, producing hard thickened skin with an orange-peel configuration suggestive of scleroderma and considered by some a variant of scleroderma; 2) Necrotizing fasciitis, a serious fulminating infection (usually by a beta hemolytic *Streptococcus*) causing extensive necrosis of superficial fascia; 3) Nodular/Pseudosarcomatous/Proliferative fasciitis, characterized by a rapid growth of fibroblasts with mononuclear inflammatory cells and proliferating capillaries in soft tissue, often the forearm; it is not malignant but is sometimes mistaken for fibrosarcoma. [NIH]

Fat: Total lipids including phospholipids. [NIH]

Febrile: Pertaining to or characterized by fever. [EU]

Femoral: Pertaining to the femur, or to the thigh. [EU]

Femur: The longest and largest bone of the skeleton, it is situated between the hip and the knee. [NIH]

Fibrin: A protein derived from fibrinogen in the presence of thrombin, which forms part of the blood clot. [NIH]

Fibroblasts: Connective tissue cells which secrete an extracellular matrix rich in collagen and other macromolecules. [NIH]

Fibrosarcoma: A type of soft tissue sarcoma that begins in fibrous tissue, which holds bones, muscles, and other organs in place. [NIH]

Fibrosis: Any pathological condition where fibrous connective tissue invades any organ, usually as a consequence of inflammation or other injury. [NIH]

Flow Cytometry: Technique using an instrument system for making, processing, and displaying one or more measurements on individual cells obtained from a cell suspension. Cells are usually stained with one or more fluorescent dyes specific to cell components of interest, e.g., DNA, and fluorescence of each cell is measured as it rapidly transverses the excitation beam (laser or mercury arc lamp). Fluorescence provides a quantitative measure of various biochemical and biophysical properties of the cell, as well as a basis for cell sorting. Other measurable optical parameters include light absorption and light scattering, the latter being applicable to the measurement of cell size, shape, density, granularity, and stain uptake. [NIH]

Fluorescence: The property of emitting radiation while being irradiated. The radiation emitted is usually of longer wavelength than that incident or absorbed, e.g., a substance can be irradiated with invisible radiation and emit visible light. X-ray fluorescence is used in diagnosis. [NIH]

Fluorescent Dyes: Dyes that emit light when exposed to light. The wave length of the emitted light is usually longer than that of the incident light. Fluorochromes are substances that cause fluorescence in other substances, i.e., dyes used to mark or label other compounds with fluorescent tags. They are used as markers in biochemistry and immunology. [NIH]

Follow-Up Studies: Studies in which individuals or populations are followed to assess the outcome of exposures, procedures, or effects of a characteristic, e.g., occurrence of disease. [NIH]

Forearm: The part between the elbow and the wrist. [NIH]

Free Radical Scavengers: Substances that influence the course of a chemical reaction by ready combination with free radicals. Among other effects, this combining activity protects pancreatic islets against damage by cytokines and prevents myocardial and pulmonary perfusion injuries. [NIH]

Free Radicals: Highly reactive molecules with an unsatisfied electron valence pair. Free radicals are produced in both normal and pathological processes. They are proven or suspected agents of tissue damage in a wide variety of circumstances including radiation, damage from environment chemicals, and aging. Natural and pharmacological prevention of free radical damage is being actively investigated. [NIH]

Fungi: A kingdom of eukaryotic, heterotrophic organisms that live as saprobes or parasites, including mushrooms, yeasts, smuts, molds, etc. They reproduce either sexually or asexually, and have life cycles that range from simple to complex. Filamentous fungi refer to those that grow as multicellular colonies (mushrooms and molds). [NIH]

Gallbladder: The pear-shaped organ that sits below the liver. Bile is concentrated and stored in the gallbladder. [NIH]

Gangrene: Death and putrefaction of tissue usually due to a loss of blood supply. [NIH]

Gangrenous: A circumscribed, deep-seated, suppurative inflammation of the subcutaneous tissue of the eyelid discharging pus from several points. [NIH]

Gastric: Having to do with the stomach. [NIH]

Gastrointestinal: Refers to the stomach and intestines. [NIH]

Gene: The functional and physical unit of heredity passed from parent to offspring. Genes are pieces of DNA, and most genes contain the information for making a specific protein. [NIH]

Gene Expression: The phenotypic manifestation of a gene or genes by the processes of gene action. [NIH]

Genetic testing: Analyzing DNA to look for a genetic alteration that may indicate an increased risk for developing a specific disease or disorder. [NIH]

Genetics: The biological science that deals with the phenomena and mechanisms of heredity. [NIH]

Genotype: The genetic constitution of the individual; the characterization of the genes. [NIH]

Giant Cells: Multinucleated masses produced by the fusion of many cells; often associated with viral infections. In AIDS, they are induced when the envelope glycoprotein of the HIV virus binds to the CD4 antigen of uninfected neighboring T4 cells. The resulting syncytium leads to cell death and thus may account for the cytopathic effect of the virus. [NIH]

Gland: An organ that produces and releases one or more substances for use in the body. Some glands produce fluids that affect tissues or organs. Others produce hormones or participate in blood production. [NIH]

Glomerular: Pertaining to or of the nature of a glomerulus, especially a renal glomerulus. [EU]

Glomeruli: Plural of glomerulus. [NIH]

Glomerulonephritis: Glomerular disease characterized by an inflammatory reaction, with leukocyte infiltration and cellular proliferation of the glomeruli, or that appears to be the

result of immune glomerular injury. [NIH]

Glomerulus: A tiny set of looping blood vessels in the nephron where blood is filtered in the kidney. [NIH]

Glucocorticoid: A compound that belongs to the family of compounds called corticosteroids (steroids). Glucocorticoids affect metabolism and have anti-inflammatory and immunosuppressive effects. They may be naturally produced (hormones) or synthetic (drugs). [NIH]

Glucose: D-Glucose. A primary source of energy for living organisms. It is naturally occurring and is found in fruits and other parts of plants in its free state. It is used therapeutically in fluid and nutrient replacement. [NIH]

Glucuronic Acid: Derivatives of uronic acid found throughout the plant and animal kingdoms. They detoxify drugs and toxins by conjugating with them to form glucuronides in the liver which are more water-soluble metabolites that can be easily eliminated from the body. [NIH]

Glycogen: A sugar stored in the liver and muscles. It releases glucose into the blood when cells need it for energy. Glycogen is the chief source of stored fuel in the body. [NIH]

Glycogen Storage Disease: A group of inherited metabolic disorders involving the enzymes responsible for the synthesis and degradation of glycogen. In some patients, prominent liver involvement is presented. In others, more generalized storage of glycogen occurs, sometimes with prominent cardiac involvement. [NIH]

Glycoprotein: A protein that has sugar molecules attached to it. [NIH]

Glycosylation: The chemical or biochemical addition of carbohydrate or glycosyl groups to other chemicals, especially peptides or proteins. Glycosyl transferases are used in this biochemical reaction. [NIH]

Gout: Hereditary metabolic disorder characterized by recurrent acute arthritis, hyperuricemia and deposition of sodium urate in and around the joints, sometimes with formation of uric acid calculi. [NIH]

Governing Board: The group in which legal authority is vested for the control of health-related institutions and organizations. [NIH]

Grade: The grade of a tumor depends on how abnormal the cancer cells look under a microscope and how quickly the tumor is likely to grow and spread. Grading systems are different for each type of cancer. [NIH]

Graft: Healthy skin, bone, or other tissue taken from one part of the body and used to replace diseased or injured tissue removed from another part of the body. [NIH]

Gram-positive: Retaining the stain or resisting decolorization by alcohol in Gram's method of staining, a primary characteristic of bacteria whose cell wall is composed of a thick layer of peptidoglycan with attached teichoic acids. [EU]

Growth: The progressive development of a living being or part of an organism from its earliest stage to maturity. [NIH]

Haptens: Small antigenic determinants capable of eliciting an immune response only when coupled to a carrier. Haptens bind to antibodies but by themselves cannot elicit an antibody response. [NIH]

Health Services: Services for the diagnosis and treatment of disease and the maintenance of health. [NIH]

Heart failure: Loss of pumping ability by the heart, often accompanied by fatigue, breathlessness, and excess fluid accumulation in body tissues. [NIH]

Heart Murmurs: Abnormal heart sounds heard during auscultation caused by alterations in the flow of blood into a chamber, through a valve, or by a valve opening or closing abnormally. They are classified by the time of occurrence during the cardiac cycle, the duration, and the intensity of the sound on a scale of I to V. [NIH]

Heart Sounds: The sounds heard over the cardiac region produced by the functioning of the heart. There are four distinct sounds: the first occurs at the beginning of systole and is heard as a "lubb" sound; the second is produced by the closing of the aortic and pulmonary valves and is heard as a "dupp" sound; the third is produced by vibrations of the ventricular walls when suddenly distended by the rush of blood from the atria; and the fourth is produced by atrial contraction and ventricular filling but is rarely audible in the normal heart. The physiological concept of heart sounds is differentiated from the pathological heart murmurs. [NIH]

Heart Transplantation: The transference of a heart from one human or animal to another. [NIH]

Hematocrit: Measurement of the volume of packed red cells in a blood specimen by centrifugation. The procedure is performed using a tube with graduated markings or with automated blood cell counters. It is used as an indicator of erythrocyte status in disease. For example, anemia shows a low hematocrit, polycythemia, high values. [NIH]

Hemoglobin: One of the fractions of glycosylated hemoglobin A1c. Glycosylated hemoglobin is formed when linkages of glucose and related monosaccharides bind to hemoglobin A and its concentration represents the average blood glucose level over the previous several weeks. HbA1c levels are used as a measure of long-term control of plasma glucose (normal, 4 to 6 percent). In controlled diabetes mellitus, the concentration of glycosylated hemoglobin A is within the normal range, but in uncontrolled cases the level may be 3 to 4 times the normal concentration. Generally, complications are substantially lower among patients with Hb levels of 7 percent or less than in patients with HbA1c levels of 9 percent or more. [NIH]

Hemoglobinuria: The presence of free hemoglobin in the urine. [NIH]

Hemolytic: A disease that affects the blood and blood vessels. It destroys red blood cells, cells that cause the blood to clot, and the lining of blood vessels. HUS is often caused by the Escherichia coli bacterium in contaminated food. People with HUS may develop acute renal failure. [NIH]

Hemorrhage: Bleeding or escape of blood from a vessel. [NIH]

Heparin: Heparinic acid. A highly acidic mucopolysaccharide formed of equal parts of sulfated D-glucosamine and D-glucuronic acid with sulfaminic bridges. The molecular weight ranges from six to twenty thousand. Heparin occurs in and is obtained from liver, lung, mast cells, etc., of vertebrates. Its function is unknown, but it is used to prevent blood clotting in vivo and vitro, in the form of many different salts. [NIH]

Hepatic: Refers to the liver. [NIH]

Hepatitis: Inflammation of the liver and liver disease involving degenerative or necrotic alterations of hepatocytes. [NIH]

Hepatocytes: The main structural component of the liver. They are specialized epithelial cells that are organized into interconnected plates called lobules. [NIH]

Hereditary: Of, relating to, or denoting factors that can be transmitted genetically from one generation to another. [NIH]

Heredity: 1. The genetic transmission of a particular quality or trait from parent to offspring. 2. The genetic constitution of an individual. [EU]

Histocompatibility: The degree of antigenic similarity between the tissues of different

individuals, which determines the acceptance or rejection of allografts. [NIH]

Histocompatibility Antigens: A group of antigens that includes both the major and minor histocompatibility antigens. The former are genetically determined by the major histocompatibility complex. They determine tissue type for transplantation and cause allograft rejections. The latter are systems of allelic alloantigens that can cause weak transplant rejection. [NIH]

Homologous: Corresponding in structure, position, origin, etc., as (a) the feathers of a bird and the scales of a fish, (b) antigen and its specific antibody, (c) allelic chromosomes. [EU]

Hormonal: Pertaining to or of the nature of a hormone. [EU]

Hormone: A substance in the body that regulates certain organs. Hormones such as gastrin help in breaking down food. Some hormones come from cells in the stomach and small intestine. [NIH]

Host: Any animal that receives a transplanted graft. [NIH]

Human papillomavirus: HPV. A virus that causes abnormal tissue growth (warts) and is often associated with some types of cancer. [NIH]

Humoral: Of, relating to, proceeding from, or involving a bodily humour - now often used of endocrine factors as opposed to neural or somatic. [EU]

Humour: 1. A normal functioning fluid or semifluid of the body (as the blood, lymph or bile) especially of vertebrates. 2. A secretion that is itself an excitant of activity (as certain hormones). [EU]

Hybrid: Cross fertilization between two varieties or, more usually, two species of vines, see also crossing. [NIH]

Hydrogen: The first chemical element in the periodic table. It has the atomic symbol H, atomic number 1, and atomic weight 1. It exists, under normal conditions, as a colorless, odorless, tasteless, diatomic gas. Hydrogen ions are protons. Besides the common H1 isotope, hydrogen exists as the stable isotope deuterium and the unstable, radioactive isotope tritium. [NIH]

Hydrolysis: The process of cleaving a chemical compound by the addition of a molecule of water. [NIH]

Hydrophobic: Not readily absorbing water, or being adversely affected by water, as a hydrophobic colloid. [EU]

Hydroxylysine: A hydroxylated derivative of the amino acid lysine that is present in certain collagens. [NIH]

Hydroxyproline: A hydroxylated form of the imino acid proline. A deficiency in ascorbic acid can result in impaired hydroxyproline formation. [NIH]

Hypersensitivity: Altered reactivity to an antigen, which can result in pathologic reactions upon subsequent exposure to that particular antigen. [NIH]

Hypertension: Persistently high arterial blood pressure. Currently accepted threshold levels are 140 mm Hg systolic and 90 mm Hg diastolic pressure. [NIH]

Hyperuricemia: A buildup of uric acid (a byproduct of metabolism) in the blood; a side effect of some anticancer drugs. [NIH]

Hypothyroidism: Deficiency of thyroid activity. In adults, it is most common in women and is characterized by decrease in basal metabolic rate, tiredness and lethargy, sensitivity to cold, and menstrual disturbances. If untreated, it progresses to full-blown myxoedema. In infants, severe hypothyroidism leads to cretinism. In juveniles, the manifestations are intermediate, with less severe mental and developmental retardation and only mild

symptoms of the adult form. When due to pituitary deficiency of thyrotropin secretion it is called secondary hypothyroidism. [EU]

Id: The part of the personality structure which harbors the unconscious instinctive desires and strivings of the individual. [NIH]

Idiopathic: Describes a disease of unknown cause. [NIH]

Ileum: The lower end of the small intestine. [NIH]

Immune response: The activity of the immune system against foreign substances (antigens). [NIH]

Immune system: The organs, cells, and molecules responsible for the recognition and disposal of foreign ("non-self") material which enters the body. [NIH]

Immunity: Nonsusceptibility to the invasive or pathogenic effects of foreign microorganisms or to the toxic effect of antigenic substances. [NIH]

Immunization: Deliberate stimulation of the host's immune response. Active immunization involves administration of antigens or immunologic adjuvants. Passive immunization involves administration of immune sera or lymphocytes or their extracts (e.g., transfer factor, immune RNA) or transplantation of immunocompetent cell producing tissue (thymus or bone marrow). [NIH]

Immunoassay: Immunochemical assay or detection of a substance by serologic or immunologic methods. Usually the substance being studied serves as antigen both in antibody production and in measurement of antibody by the test substance. [NIH]

Immunochemistry: Field of chemistry that pertains to immunological phenomena and the study of chemical reactions related to antigen stimulation of tissues. It includes physicochemical interactions between antigens and antibodies. [NIH]

Immunodeficiency: The decreased ability of the body to fight infection and disease. [NIH]

Immunofluorescence: A technique for identifying molecules present on the surfaces of cells or in tissues using a highly fluorescent substance coupled to a specific antibody. [NIH]

Immunogenetics: A branch of genetics which deals with the genetic basis of the immune response. [NIH]

Immunogenic: Producing immunity; evoking an immune response. [EU]

Immunoglobulin: A protein that acts as an antibody. [NIH]

Immunologic: The ability of the antibody-forming system to recall a previous experience with an antigen and to respond to a second exposure with the prompt production of large amounts of antibody. [NIH]

Immunology: The study of the body's immune system. [NIH]

In vitro: In the laboratory (outside the body). The opposite of in vivo (in the body). [NIH]

In vivo: In the body. The opposite of in vitro (outside the body or in the laboratory). [NIH]

Incision: A cut made in the body during surgery. [NIH]

Indicative: That indicates; that points out more or less exactly; that reveals fairly clearly. [EU]

Infancy: The period of complete dependency prior to the acquisition of competence in walking, talking, and self-feeding. [NIH]

Infarction: A pathological process consisting of a sudden insufficient blood supply to an area, which results in necrosis of that area. It is usually caused by a thrombus, an embolus, or a vascular torsion. [NIH]

Infection: 1. Invasion and multiplication of microorganisms in body tissues, which may be

clinically unapparent or result in local cellular injury due to competitive metabolism, toxins, intracellular replication, or antigen-antibody response. The infection may remain localized, subclinical, and temporary if the body's defensive mechanisms are effective. A local infection may persist and spread by extension to become an acute, subacute, or chronic clinical infection or disease state. A local infection may also become systemic when the microorganisms gain access to the lymphatic or vascular system. 2. An infectious disease. [EU]

Infection Control: Programs of disease surveillance, generally within health care facilities, designed to investigate, prevent, and control the spread of infections and their causative microorganisms. [NIH]

Infiltration: The diffusion or accumulation in a tissue or cells of substances not normal to it or in amounts of the normal. Also, the material so accumulated. [EU]

Inflammation: A pathological process characterized by injury or destruction of tissues caused by a variety of cytologic and chemical reactions. It is usually manifested by typical signs of pain, heat, redness, swelling, and loss of function. [NIH]

Initiation: Mutation induced by a chemical reactive substance causing cell changes; being a step in a carcinogenic process. [NIH]

Insulator: Material covering the metal conductor of the lead. It is usually polyurethane or silicone. [NIH]

Interleukin-2: Chemical mediator produced by activated T lymphocytes and which regulates the proliferation of T cells, as well as playing a role in the regulation of NK cell activity. [NIH]

Interleukin-7: Hematopoietic growth factor that promotes growth of B-cell precursors and also is co-mitogenic with Interleukin-2 for mature T-cell activation. It is produced by bone marrow stromal cells. [NIH]

Internal Medicine: A medical specialty concerned with the diagnosis and treatment of diseases of the internal organ systems of adults. [NIH]

Interstitial: Pertaining to or situated between parts or in the interspaces of a tissue. [EU]

Intestinal: Having to do with the intestines. [NIH]

Intestine: A long, tube-shaped organ in the abdomen that completes the process of digestion. There is both a large intestine and a small intestine. Also called the bowel. [NIH]

Intracellular: Inside a cell. [NIH]

Intramuscular: IM. Within or into muscle. [NIH]

Intramuscular injection: IM. Injection into a muscle. [NIH]

Invasive: 1. Having the quality of invasiveness. 2. Involving puncture or incision of the skin or insertion of an instrument or foreign material into the body; said of diagnostic techniques. [EU]

Involuntary: Reaction occurring without intention or volition. [NIH]

Ischemia: Deficiency of blood in a part, due to functional constriction or actual obstruction of a blood vessel. [EU]

Isoenzymes: One of various structurally related forms of an enzyme, each having the same mechanism but with differing chemical, physical, or immunological characteristics. [NIH]

Joint: The point of contact between elements of an animal skeleton with the parts that surround and support it. [NIH]

Kb: A measure of the length of DNA fragments, 1 Kb = 1000 base pairs. The largest DNA fragments are up to 50 kilobases long. [NIH]

Kidney Disease: Any one of several chronic conditions that are caused by damage to the cells of the kidney. People who have had diabetes for a long time may have kidney damage. Also called nephropathy. [NIH]

Labile: 1. Gliding; moving from point to point over the surface; unstable; fluctuating. 2. Chemically unstable. [EU]

Large Intestine: The part of the intestine that goes from the cecum to the rectum. The large intestine absorbs water from stool and changes it from a liquid to a solid form. The large intestine is 5 feet long and includes the appendix, cecum, colon, and rectum. Also called colon. [NIH]

Latent: Phoria which occurs at one distance or another and which usually has no troublesome effect. [NIH]

Leprosy: A chronic granulomatous infection caused by *Mycobacterium leprae*. The granulomatous lesions are manifested in the skin, the mucous membranes, and the peripheral nerves. Two polar or principal types are lepromatous and tuberculoid. [NIH]

Lethargy: Abnormal drowsiness or stupor; a condition of indifference. [EU]

Leukemia: Cancer of blood-forming tissue. [NIH]

Leukocytes: White blood cells. These include granular leukocytes (basophils, eosinophils, and neutrophils) as well as non-granular leukocytes (lymphocytes and monocytes). [NIH]

Library Services: Services offered to the library user. They include reference and circulation. [NIH]

Ligament: A band of fibrous tissue that connects bones or cartilages, serving to support and strengthen joints. [EU]

Lincomycin: (2S-trans)-Methyl 6,8-dideoxy-6-(((1-methyl-4-propyl-2-pyrrolidiny)carbonyl)amino)-1-thio-D-erythro-alpha-D-galacto-octopyranoside. An antibiotic produced by *Streptomyces lincolnensis* var. *lincolnensis*. It has been used in the treatment of staphylococcal, streptococcal, and *Bacteroides fragilis* infections. [NIH]

Linkage: The tendency of two or more genes in the same chromosome to remain together from one generation to the next more frequently than expected according to the law of independent assortment. [NIH]

Linkage Disequilibrium: Nonrandom association of linked genes. This is the tendency of the alleles of two separate but already linked loci to be found together more frequently than would be expected by chance alone. [NIH]

Lipid: Fat. [NIH]

Lipid A: Lipid A is the biologically active component of lipopolysaccharides. It shows strong endotoxic activity and exhibits immunogenic properties. [NIH]

Lipophilic: Having an affinity for fat; pertaining to or characterized by lipophilia. [EU]

Lipopolysaccharides: Substance consisting of polysaccharide and lipid. [NIH]

Lipoprotein: Any of the lipid-protein complexes in which lipids are transported in the blood; lipoprotein particles consist of a spherical hydrophobic core of triglycerides or cholesterol esters surrounded by an amphipathic monolayer of phospholipids, cholesterol, and apolipoproteins; the four principal classes are high-density, low-density, and very-low-density lipoproteins and chylomicrons. [EU]

Liver: A large, glandular organ located in the upper abdomen. The liver cleanses the blood and aids in digestion by secreting bile. [NIH]

Localized: Cancer which has not metastasized yet. [NIH]

Locomotion: Movement or the ability to move from one place or another. It can refer to humans, vertebrate or invertebrate animals, and microorganisms. [NIH]

Longitudinal study: Also referred to as a "cohort study" or "prospective study"; the analytic method of epidemiologic study in which subsets of a defined population can be identified who are, have been, or in the future may be exposed or not exposed, or exposed in different degrees, to a factor or factors hypothesized to influence the probability of occurrence of a given disease or other outcome. The main feature of this type of study is to observe large numbers of subjects over an extended time, with comparisons of incidence rates in groups that differ in exposure levels. [NIH]

Low-density lipoprotein: Lipoprotein that contains most of the cholesterol in the blood. LDL carries cholesterol to the tissues of the body, including the arteries. A high level of LDL increases the risk of heart disease. LDL typically contains 60 to 70 percent of the total serum cholesterol and both are directly correlated with CHD risk. [NIH]

Lupus: A form of cutaneous tuberculosis. It is seen predominantly in women and typically involves the nasal, buccal, and conjunctival mucosa. [NIH]

Luxation: The displacement of the particular surface of a bone from its normal joint, without fracture. [NIH]

Lymph: The almost colorless fluid that travels through the lymphatic system and carries cells that help fight infection and disease. [NIH]

Lymph node: A rounded mass of lymphatic tissue that is surrounded by a capsule of connective tissue. Also known as a lymph gland. Lymph nodes are spread out along lymphatic vessels and contain many lymphocytes, which filter the lymphatic fluid (lymph). [NIH]

Lymphadenopathy: Disease or swelling of the lymph nodes. [NIH]

Lymphatic: The tissues and organs, including the bone marrow, spleen, thymus, and lymph nodes, that produce and store cells that fight infection and disease. [NIH]

Lymphatic system: The tissues and organs that produce, store, and carry white blood cells that fight infection and other diseases. This system includes the bone marrow, spleen, thymus, lymph nodes and a network of thin tubes that carry lymph and white blood cells. These tubes branch, like blood vessels, into all the tissues of the body. [NIH]

Lymphocyte: A white blood cell. Lymphocytes have a number of roles in the immune system, including the production of antibodies and other substances that fight infection and diseases. [NIH]

Lymphocyte Subsets: A classification of lymphocytes based on structurally or functionally different populations of cells. [NIH]

Lymphoid: Referring to lymphocytes, a type of white blood cell. Also refers to tissue in which lymphocytes develop. [NIH]

Lymphoma: A general term for various neoplastic diseases of the lymphoid tissue. [NIH]

Lymphoproliferative: Disorders characterized by proliferation of lymphoid tissue, general or unspecified. [NIH]

Major Histocompatibility Complex: The genetic region which contains the loci of genes which determine the structure of the serologically defined (SD) and lymphocyte-defined (LD) transplantation antigens, genes which control the structure of the immune response-associated (Ia) antigens, the immune response (Ir) genes which control the ability of an animal to respond immunologically to antigenic stimuli, and genes which determine the structure and/or level of the first four components of complement. [NIH]

Malabsorption: Impaired intestinal absorption of nutrients. [EU]

Malignant: Cancerous; a growth with a tendency to invade and destroy nearby tissue and spread to other parts of the body. [NIH]

Malnutrition: A condition caused by not eating enough food or not eating a balanced diet. [NIH]

Manifest: Being the part or aspect of a phenomenon that is directly observable : concretely expressed in behaviour. [EU]

Mastitis: Inflammatory disease of the breast, or mammary gland. [NIH]

Matrix metalloproteinase: A member of a group of enzymes that can break down proteins, such as collagen, that are normally found in the spaces between cells in tissues (i.e., extracellular matrix proteins). Because these enzymes need zinc or calcium atoms to work properly, they are called metalloproteinases. Matrix metalloproteinases are involved in wound healing, angiogenesis, and tumor cell metastasis. [NIH]

Measles Virus: The type species of morbillivirus and the cause of the highly infectious human disease measles, which affects mostly children. [NIH]

Meat: The edible portions of any animal used for food including domestic mammals (the major ones being cattle, swine, and sheep) along with poultry, fish, shellfish, and game. [NIH]

Mediator: An object or substance by which something is mediated, such as (1) a structure of the nervous system that transmits impulses eliciting a specific response; (2) a chemical substance (transmitter substance) that induces activity in an excitable tissue, such as nerve or muscle; or (3) a substance released from cells as the result of the interaction of antigen with antibody or by the action of antigen with a sensitized lymphocyte. [EU]

Medical Records: Recording of pertinent information concerning patient's illness or illnesses. [NIH]

MEDLINE: An online database of MEDLARS, the computerized bibliographic Medical Literature Analysis and Retrieval System of the National Library of Medicine. [NIH]

Melanocytes: Epidermal dendritic pigment cells which control long-term morphological color changes by alteration in their number or in the amount of pigment they produce and store in the pigment containing organelles called melanosomes. Melanophores are larger cells which do not exist in mammals. [NIH]

Melanoma: A form of skin cancer that arises in melanocytes, the cells that produce pigment. Melanoma usually begins in a mole. [NIH]

Membrane: A very thin layer of tissue that covers a surface. [NIH]

Mental: Pertaining to the mind; psychic. 2. (L. mentum chin) pertaining to the chin. [EU]

Mental Disorders: Psychiatric illness or diseases manifested by breakdowns in the adaptational process expressed primarily as abnormalities of thought, feeling, and behavior producing either distress or impairment of function. [NIH]

Mental Health: The state wherein the person is well adjusted. [NIH]

Mercury: A silver metallic element that exists as a liquid at room temperature. It has the atomic symbol Hg (from hydrargyrum, liquid silver), atomic number 80, and atomic weight 200.59. Mercury is used in many industrial applications and its salts have been employed therapeutically as purgatives, antisyphilitics, disinfectants, and astringents. It can be absorbed through the skin and mucous membranes which leads to mercury poisoning. Because of its toxicity, the clinical use of mercury and mercurials is diminishing. [NIH]

Metabolic disorder: A condition in which normal metabolic processes are disrupted, usually because of a missing enzyme. [NIH]

Metastasis: The spread of cancer from one part of the body to another. Tumors formed from cells that have spread are called "secondary tumors" and contain cells that are like those in the original (primary) tumor. The plural is metastases. [NIH]

MI: Myocardial infarction. Gross necrosis of the myocardium as a result of interruption of the blood supply to the area; it is almost always caused by atherosclerosis of the coronary arteries, upon which coronary thrombosis is usually superimposed. [NIH]

Microbe: An organism which cannot be observed with the naked eye; e. g. unicellular animals, lower algae, lower fungi, bacteria. [NIH]

Microbiology: The study of microorganisms such as fungi, bacteria, algae, archaea, and viruses. [NIH]

Microorganism: An organism that can be seen only through a microscope. Microorganisms include bacteria, protozoa, algae, and fungi. Although viruses are not considered living organisms, they are sometimes classified as microorganisms. [NIH]

Mineralocorticoids: A group of corticosteroids primarily associated with the regulation of water and electrolyte balance. This is accomplished through the effect on ion transport in renal tubules, resulting in retention of sodium and loss of potassium. Mineralocorticoid secretion is itself regulated by plasma volume, serum potassium, and angiotensin II. [NIH]

Minor Histocompatibility Antigens: Allelic alloantigens often responsible for weak graft rejection in cases when (major) histocompatibility has been established by standard tests. In the mouse they are coded by more than 500 genes at up to 30 minor histocompatibility loci. The most well-known minor histocompatibility antigen in mammals is the H-Y antigen. [NIH]

Mitral Valve: The valve between the left atrium and left ventricle of the heart. [NIH]

Mitral Valve Prolapse: Abnormal protrusion of one or both of the leaflets of the mitral valve into the left atrium during systole. This may be accompanied by mitral regurgitation, systolic murmur, nonejection click, or cardiac arrhythmia. [NIH]

Mixed Connective Tissue Disease: A syndrome with overlapping clinical features of systemic lupus erythematosus, scleroderma, polymyositis, and Raynaud's phenomenon. The disease is differentially characterized by high serum titers of antibodies to ribonuclease-sensitive extractable (saline soluble) nuclear antigen and a "speckled" epidermal nuclear staining pattern on direct immunofluorescence. [NIH]

Molecular: Of, pertaining to, or composed of molecules : a very small mass of matter. [EU]

Molecule: A chemical made up of two or more atoms. The atoms in a molecule can be the same (an oxygen molecule has two oxygen atoms) or different (a water molecule has two hydrogen atoms and one oxygen atom). Biological molecules, such as proteins and DNA, can be made up of many thousands of atoms. [NIH]

Monitor: An apparatus which automatically records such physiological signs as respiration, pulse, and blood pressure in an anesthetized patient or one undergoing surgical or other procedures. [NIH]

Monoclonal: An antibody produced by culturing a single type of cell. It therefore consists of a single species of immunoglobulin molecules. [NIH]

Monoclonal antibodies: Laboratory-produced substances that can locate and bind to cancer cells wherever they are in the body. Many monoclonal antibodies are used in cancer detection or therapy; each one recognizes a different protein on certain cancer cells. Monoclonal antibodies can be used alone, or they can be used to deliver drugs, toxins, or radioactive material directly to a tumor. [NIH]

Monocyte: A type of white blood cell. [NIH]

Mononuclear: A cell with one nucleus. [NIH]

Morbillivirus: A genus of the family Paramyxoviridae (subfamily Paramyxovirinae) where all the virions have hemagglutinin but not neuraminidase activity. All members produce both cytoplasmic and intranuclear inclusion bodies. MEASLES VIRUS is the type species. [NIH]

Mucins: A secretion containing mucopolysaccharides and protein that is the chief constituent of mucus. [NIH]

Mucosa: A mucous membrane, or tunica mucosa. [EU]

Multicenter study: A clinical trial that is carried out at more than one medical institution. [NIH]

Multiple sclerosis: A disorder of the central nervous system marked by weakness, numbness, a loss of muscle coordination, and problems with vision, speech, and bladder control. Multiple sclerosis is thought to be an autoimmune disease in which the body's immune system destroys myelin. Myelin is a substance that contains both protein and fat (lipid) and serves as a nerve insulator and helps in the transmission of nerve signals. [NIH]

Muscle Fibers: Large single cells, either cylindrical or prismatic in shape, that form the basic unit of muscle tissue. They consist of a soft contractile substance enclosed in a tubular sheath. [NIH]

Muscular Atrophy: Derangement in size and number of muscle fibers occurring with aging, reduction in blood supply, or following immobilization, prolonged weightlessness, malnutrition, and particularly in denervation. [NIH]

Muscular Dystrophies: A general term for a group of inherited disorders which are characterized by progressive degeneration of skeletal muscles. [NIH]

Musculoskeletal System: The muscles, bones, and cartilage of the body. [NIH]

Myelin: The fatty substance that covers and protects nerves. [NIH]

Myocardial infarction: Gross necrosis of the myocardium as a result of interruption of the blood supply to the area; it is almost always caused by atherosclerosis of the coronary arteries, upon which coronary thrombosis is usually superimposed. [NIH]

Myocardium: The muscle tissue of the heart composed of striated, involuntary muscle known as cardiac muscle. [NIH]

Myosin: Chief protein in muscle and the main constituent of the thick filaments of muscle fibers. In conjunction with actin, it is responsible for the contraction and relaxation of muscles. [NIH]

Myotonic Dystrophy: A condition presenting muscle weakness and wasting which may be progressive. [NIH]

Naproxen: An anti-inflammatory agent with analgesic and antipyretic properties. Both the acid and its sodium salt are used in the treatment of rheumatoid arthritis and other rheumatic or musculoskeletal disorders, dysmenorrhea, and acute gout. [NIH]

Need: A state of tension or dissatisfaction felt by an individual that impels him to action toward a goal he believes will satisfy the impulse. [NIH]

Neonatal: Pertaining to the first four weeks after birth. [EU]

Neoplasia: Abnormal and uncontrolled cell growth. [NIH]

Neoplastic: Pertaining to or like a neoplasm (= any new and abnormal growth); pertaining to neoplasia (= the formation of a neoplasm). [EU]

Neopterin: A pteridine derivative present in body fluids; elevated levels result from immune system activation, malignant disease, allograft rejection, and viral infections. (From

Stedman, 26th ed) Neopterin also serves as a precursor in the biosynthesis of biopterin. [NIH]

Neostriatum: The phylogenetically newer part of the corpus striatum consisting of the caudate nucleus and putamen. It is often called simply the striatum. [NIH]

Nephritis: Inflammation of the kidney; a focal or diffuse proliferative or destructive process which may involve the glomerulus, tubule, or interstitial renal tissue. [EU]

Nephron: A tiny part of the kidneys. Each kidney is made up of about 1 million nephrons, which are the working units of the kidneys, removing wastes and extra fluids from the blood. [NIH]

Nephropathy: Disease of the kidneys. [EU]

Nerve: A cordlike structure of nervous tissue that connects parts of the nervous system with other tissues of the body and conveys nervous impulses to, or away from, these tissues. [NIH]

Nervous System: The entire nerve apparatus composed of the brain, spinal cord, nerves and ganglia. [NIH]

Neural: 1. Pertaining to a nerve or to the nerves. 2. Situated in the region of the spinal axis, as the neural arch. [EU]

Neuroblastoma: Cancer that arises in immature nerve cells and affects mostly infants and children. [NIH]

Neurologic: Having to do with nerves or the nervous system. [NIH]

Neurotransmitter: Any of a group of substances that are released on excitation from the axon terminal of a presynaptic neuron of the central or peripheral nervous system and travel across the synaptic cleft to either excite or inhibit the target cell. Among the many substances that have the properties of a neurotransmitter are acetylcholine, norepinephrine, epinephrine, dopamine, glycine, γ -aminobutyrate, glutamic acid, substance P, enkephalins, endorphins, and serotonin. [EU]

Neutrophils: Granular leukocytes having a nucleus with three to five lobes connected by slender threads of chromatin, and cytoplasm containing fine inconspicuous granules and stainable by neutral dyes. [NIH]

Nuclear: A test of the structure, blood flow, and function of the kidneys. The doctor injects a mildly radioactive solution into an arm vein and uses x-rays to monitor its progress through the kidneys. [NIH]

Nuclei: A body of specialized protoplasm found in nearly all cells and containing the chromosomes. [NIH]

Nucleus: A body of specialized protoplasm found in nearly all cells and containing the chromosomes. [NIH]

Nutritional Status: State of the body in relation to the consumption and utilization of nutrients. [NIH]

Obsessive-Compulsive Disorder: An anxiety disorder characterized by recurrent, persistent obsessions or compulsions. Obsessions are the intrusive ideas, thoughts, or images that are experienced as senseless or repugnant. Compulsions are repetitive and seemingly purposeful behavior which the individual generally recognizes as senseless and from which the individual does not derive pleasure although it may provide a release from tension. [NIH]

Oncogene: A gene that normally directs cell growth. If altered, an oncogene can promote or allow the uncontrolled growth of cancer. Alterations can be inherited or caused by an environmental exposure to carcinogens. [NIH]

Opacity: Degree of density (area most dense taken for reading). [NIH]

Ophthalmic: Pertaining to the eye. [EU]

Ophthalmic Artery: Artery originating from the internal carotid artery and distributing to the eye, orbit and adjacent facial structures. [NIH]

Opsin: A protein formed, together with retinene, by the chemical breakdown of meta-rhodopsin. [NIH]

Optic Nerve: The 2nd cranial nerve. The optic nerve conveys visual information from the retina to the brain. The nerve carries the axons of the retinal ganglion cells which sort at the optic chiasm and continue via the optic tracts to the brain. The largest projection is to the lateral geniculate nuclei; other important targets include the superior colliculi and the suprachiasmatic nuclei. Though known as the second cranial nerve, it is considered part of the central nervous system. [NIH]

Oral Health: The optimal state of the mouth and normal functioning of the organs of the mouth without evidence of disease. [NIH]

Organ Transplantation: Transference of an organ between individuals of the same species or between individuals of different species. [NIH]

Osmotic: Pertaining to or of the nature of osmosis (= the passage of pure solvent from a solution of lesser to one of greater solute concentration when the two solutions are separated by a membrane which selectively prevents the passage of solute molecules, but is permeable to the solvent). [EU]

Osteoarthritis: A progressive, degenerative joint disease, the most common form of arthritis, especially in older persons. The disease is thought to result not from the aging process but from biochemical changes and biomechanical stresses affecting articular cartilage. In the foreign literature it is often called osteoarthrosis deformans. [NIH]

Outpatient: A patient who is not an inmate of a hospital but receives diagnosis or treatment in a clinic or dispensary connected with the hospital. [NIH]

Paediatric: Of or relating to the care and medical treatment of children; belonging to or concerned with paediatrics. [EU]

Palliative: 1. Affording relief, but not cure. 2. An alleviating medicine. [EU]

Pancreas: A mixed exocrine and endocrine gland situated transversely across the posterior abdominal wall in the epigastric and hypochondriac regions. The endocrine portion is comprised of the Islets of Langerhans, while the exocrine portion is a compound acinar gland that secretes digestive enzymes. [NIH]

Pancreatic: Having to do with the pancreas. [NIH]

Pancreatic cancer: Cancer of the pancreas, a salivary gland of the abdomen. [NIH]

Papillomavirus: A genus of Papovaviridae causing proliferation of the epithelium, which may lead to malignancy. A wide range of animals are infected including humans, chimpanzees, cattle, rabbits, dogs, and horses. [NIH]

Parasite: An animal or a plant that lives on or in an organism of another species and gets at least some of its nutrition from that other organism. [NIH]

Parotid: The space that contains the parotid gland, the facial nerve, the external carotid artery, and the retromandibular vein. [NIH]

Paroxysmal: Recurring in paroxysms (= spasms or seizures). [EU]

Partial remission: The shrinking, but not complete disappearance, of a tumor in response to therapy. Also called partial response. [NIH]

Pathogen: Any disease-producing microorganism. [EU]

Pathogenesis: The cellular events and reactions that occur in the development of disease. [NIH]

Pathologic: 1. Indicative of or caused by a morbid condition. 2. Pertaining to pathology (= branch of medicine that treats the essential nature of the disease, especially the structural and functional changes in tissues and organs of the body caused by the disease). [EU]

Pathophysiology: Altered functions in an individual or an organ due to disease. [NIH]

Patient Education: The teaching or training of patients concerning their own health needs. [NIH]

Pelvic: Pertaining to the pelvis. [EU]

Penicillin: An antibiotic drug used to treat infection. [NIH]

Penicillin V: A broad-spectrum penicillin antibiotic used orally in the treatment of mild to moderate infections by susceptible gram-positive organisms. [NIH]

Peptide: Any compound consisting of two or more amino acids, the building blocks of proteins. Peptides are combined to make proteins. [NIH]

Peptide Chain Elongation: The process whereby an amino acid is joined through a substituted amide linkage to a chain of peptides. [NIH]

Percutaneous: Performed through the skin, as injection of radiopaque material in radiological examination, or the removal of tissue for biopsy accomplished by a needle. [EU]

Perfusion: Bathing an organ or tissue with a fluid. In regional perfusion, a specific area of the body (usually an arm or a leg) receives high doses of anticancer drugs through a blood vessel. Such a procedure is performed to treat cancer that has not spread. [NIH]

Pericarditis: Inflammation of the pericardium. [EU]

Pericardium: The fibrous sac surrounding the heart and the roots of the great vessels. [NIH]

Peripheral blood: Blood circulating throughout the body. [NIH]

Peritoneal: Having to do with the peritoneum (the tissue that lines the abdominal wall and covers most of the organs in the abdomen). [NIH]

Peritoneum: Endothelial lining of the abdominal cavity, the parietal peritoneum covering the inside of the abdominal wall and the visceral peritoneum covering the bowel, the mesentery, and certain of the organs. The portion that covers the bowel becomes the serosal layer of the bowel wall. [NIH]

Pharmacologic: Pertaining to pharmacology or to the properties and reactions of drugs. [EU]

Pharyngitis: Inflammation of the throat. [NIH]

Phenotypes: An organism as observed, i. e. as judged by its visually perceptible characters resulting from the interaction of its genotype with the environment. [NIH]

Phospholipids: Lipids containing one or more phosphate groups, particularly those derived from either glycerol (phosphoglycerides; glycerophospholipids) or sphingosine (sphingolipids). They are polar lipids that are of great importance for the structure and function of cell membranes and are the most abundant of membrane lipids, although not stored in large amounts in the system. [NIH]

Phosphorus: A non-metallic element that is found in the blood, muscles, nerves, bones, and teeth, and is a component of adenosine triphosphate (ATP; the primary energy source for the body's cells.) [NIH]

Phosphorylation: The introduction of a phosphoryl group into a compound through the formation of an ester bond between the compound and a phosphorus moiety. [NIH]

Physical Examination: Systematic and thorough inspection of the patient for physical signs of disease or abnormality. [NIH]

Physiologic: Having to do with the functions of the body. When used in the phrase "physiologic age," it refers to an age assigned by general health, as opposed to calendar age. [NIH]

Pigments: Any normal or abnormal coloring matter in plants, animals, or micro-organisms. [NIH]

Pilot study: The initial study examining a new method or treatment. [NIH]

Pituitary Gland: A small, unpaired gland situated in the sella turcica tissue. It is connected to the hypothalamus by a short stalk. [NIH]

Plants: Multicellular, eukaryotic life forms of the kingdom Plantae. They are characterized by a mainly photosynthetic mode of nutrition; essentially unlimited growth at localized regions of cell divisions (meristems); cellulose within cells providing rigidity; the absence of organs of locomotion; absence of nervous and sensory systems; and an alteration of haploid and diploid generations. [NIH]

Plasma: The clear, yellowish, fluid part of the blood that carries the blood cells. The proteins that form blood clots are in plasma. [NIH]

Plasma cells: A type of white blood cell that produces antibodies. [NIH]

Plasma protein: One of the hundreds of different proteins present in blood plasma, including carrier proteins (such as albumin, transferrin, and haptoglobin), fibrinogen and other coagulation factors, complement components, immunoglobulins, enzyme inhibitors, precursors of substances such as angiotensin and bradykinin, and many other types of proteins. [EU]

Plasmin: A product of the lysis of plasminogen (profibrinolysin) by plasminogen activators. It is composed of two polypeptide chains, light (B) and heavy (A), with a molecular weight of 75,000. It is the major proteolytic enzyme involved in blood clot retraction or the lysis of fibrin and quickly inactivated by antiplasmins. EC 3.4.21.7. [NIH]

Plasminogen: Precursor of fibrinolysin (plasmin). It is a single-chain beta-globulin of molecular weight 80-90,000 found mostly in association with fibrinogen in plasma; plasminogen activators change it to fibrinolysin. It is used in wound debriding and has been investigated as a thrombolytic agent. [NIH]

Plasminogen Activators: A heterogeneous group of proteolytic enzymes that convert plasminogen to plasmin. They are concentrated in the lysosomes of most cells and in the vascular endothelium, particularly in the vessels of the microcirculation. EC 3.4.21.-. [NIH]

Pneumonia: Inflammation of the lungs. [NIH]

Polyarthritis: An inflammation of several joints together. [EU]

Polycystic: An inherited disorder characterized by many grape-like clusters of fluid-filled cysts that make both kidneys larger over time. These cysts take over and destroy working kidney tissue. PKD may cause chronic renal failure and end-stage renal disease. [NIH]

Polymorphism: The occurrence together of two or more distinct forms in the same population. [NIH]

Polysaccharide: A type of carbohydrate. It contains sugar molecules that are linked together chemically. [NIH]

Posterior: Situated in back of, or in the back part of, or affecting the back or dorsal surface of the body. In lower animals, it refers to the caudal end of the body. [EU]

Postpericardiotomy Syndrome: A febrile illness associated with pericardial and sometimes pleuropulmonary reaction that often follows extensive pericardiotomy. [NIH]

Practice Guidelines: Directions or principles presenting current or future rules of policy for

the health care practitioner to assist him in patient care decisions regarding diagnosis, therapy, or related clinical circumstances. The guidelines may be developed by government agencies at any level, institutions, professional societies, governing boards, or by the convening of expert panels. The guidelines form a basis for the evaluation of all aspects of health care and delivery. [NIH]

Practice Management: Business management of medical and dental practices that may include capital financing, utilization management, and arrangement of capitation agreements with other parties. [NIH]

Precursor: Something that precedes. In biological processes, a substance from which another, usually more active or mature substance is formed. In clinical medicine, a sign or symptom that heralds another. [EU]

Predisposition: A latent susceptibility to disease which may be activated under certain conditions, as by stress. [EU]

Prednisolone: A glucocorticoid with the general properties of the corticosteroids. It is the drug of choice for all conditions in which routine systemic corticosteroid therapy is indicated, except adrenal deficiency states. [NIH]

Prednisone: A synthetic anti-inflammatory glucocorticoid derived from cortisone. It is biologically inert and converted to prednisolone in the liver. [NIH]

Prevalence: The total number of cases of a given disease in a specified population at a designated time. It is differentiated from incidence, which refers to the number of new cases in the population at a given time. [NIH]

Preventive Health Services: Services designed for promotion of health and prevention of disease. [NIH]

Primary Prevention: Prevention of disease or mental disorders in susceptible individuals or populations through promotion of health, including mental health, and specific protection, as in immunization, as distinguished from the prevention of complications or after-effects of existing disease. [NIH]

Progression: Increase in the size of a tumor or spread of cancer in the body. [NIH]

Progressive: Advancing; going forward; going from bad to worse; increasing in scope or severity. [EU]

Prolapse: The protrusion of an organ or part of an organ into a natural or artificial orifice. [NIH]

Proline: A non-essential amino acid that is synthesized from glutamic acid. It is an essential component of collagen and is important for proper functioning of joints and tendons. [NIH]

Prophylaxis: An attempt to prevent disease. [NIH]

Prospective study: An epidemiologic study in which a group of individuals (a cohort), all free of a particular disease and varying in their exposure to a possible risk factor, is followed over a specific amount of time to determine the incidence rates of the disease in the exposed and unexposed groups. [NIH]

Prostate: A gland in males that surrounds the neck of the bladder and the urethra. It secretes a substance that liquifies coagulated semen. It is situated in the pelvic cavity behind the lower part of the pubic symphysis, above the deep layer of the triangular ligament, and rests upon the rectum. [NIH]

Protein C: A vitamin-K dependent zymogen present in the blood, which, upon activation by thrombin and thrombomodulin exerts anticoagulant properties by inactivating factors Va and VIIIa at the rate-limiting steps of thrombin formation. [NIH]

Protein S: The vitamin K-dependent cofactor of activated protein C. Together with protein C, it inhibits the action of factors VIIIa and Va. A deficiency in protein S can lead to recurrent venous and arterial thrombosis. [NIH]

Proteins: Polymers of amino acids linked by peptide bonds. The specific sequence of amino acids determines the shape and function of the protein. [NIH]

Proteolytic: 1. Pertaining to, characterized by, or promoting proteolysis. 2. An enzyme that promotes proteolysis (= the splitting of proteins by hydrolysis of the peptide bonds with formation of smaller polypeptides). [EU]

Psoriasis: A common genetically determined, chronic, inflammatory skin disease characterized by rounded erythematous, dry, scaling patches. The lesions have a predilection for nails, scalp, genitalia, extensor surfaces, and the lumbosacral region. Accelerated epidermopoiesis is considered to be the fundamental pathologic feature in psoriasis. [NIH]

Psychiatric: Pertaining to or within the purview of psychiatry. [EU]

Psychiatry: The medical science that deals with the origin, diagnosis, prevention, and treatment of mental disorders. [NIH]

Public Health: Branch of medicine concerned with the prevention and control of disease and disability, and the promotion of physical and mental health of the population on the international, national, state, or municipal level. [NIH]

Public Policy: A course or method of action selected, usually by a government, from among alternatives to guide and determine present and future decisions. [NIH]

Pulmonary: Relating to the lungs. [NIH]

Purpura: Purplish or brownish red discoloration, easily visible through the epidermis, caused by hemorrhage into the tissues. [NIH]

Purulent: Consisting of or containing pus; associated with the formation of or caused by pus. [EU]

Putrefaction: The process of decomposition of animal and vegetable matter by living organisms. [NIH]

Pyoderma: Any purulent skin disease (Dorland, 27th ed). [NIH]

Pyrogenic: Inducing fever. [EU]

Radiation: Emission or propagation of electromagnetic energy (waves/rays), or the waves/rays themselves; a stream of electromagnetic particles (electrons, neutrons, protons, alpha particles) or a mixture of these. The most common source is the sun. [NIH]

Radioactive: Giving off radiation. [NIH]

Radiological: Pertaining to radiodiagnostic and radiotherapeutic procedures, and interventional radiology or other planning and guiding medical radiology. [NIH]

Randomized: Describes an experiment or clinical trial in which animal or human subjects are assigned by chance to separate groups that compare different treatments. [NIH]

Receptor: A molecule inside or on the surface of a cell that binds to a specific substance and causes a specific physiologic effect in the cell. [NIH]

Recombinant: A cell or an individual with a new combination of genes not found together in either parent; usually applied to linked genes. [EU]

Rectum: The last 8 to 10 inches of the large intestine. [NIH]

Recur: To occur again. Recurrence is the return of cancer, at the same site as the original (primary) tumor or in another location, after the tumor had disappeared. [NIH]

Recurrence: The return of a sign, symptom, or disease after a remission. [NIH]

Red blood cells: RBCs. Cells that carry oxygen to all parts of the body. Also called erythrocytes. [NIH]

Red Nucleus: A pinkish-yellow portion of the midbrain situated in the rostral mesencephalic tegmentum. It receives a large projection from the contralateral half of the cerebellum via the superior cerebellar peduncle and a projection from the ipsilateral motor cortex. [NIH]

Refer: To send or direct for treatment, aid, information, or decision. [NIH]

Refraction: A test to determine the best eyeglasses or contact lenses to correct a refractive error (myopia, hyperopia, or astigmatism). [NIH]

Regeneration: The natural renewal of a structure, as of a lost tissue or part. [EU]

Regimen: A treatment plan that specifies the dosage, the schedule, and the duration of treatment. [NIH]

Registries: The systems and processes involved in the establishment, support, management, and operation of registers, e.g., disease registers. [NIH]

Regurgitation: A backward flowing, as the casting up of undigested food, or the backward flowing of blood into the heart, or between the chambers of the heart when a valve is incompetent. [EU]

Remission: A decrease in or disappearance of signs and symptoms of cancer. In partial remission, some, but not all, signs and symptoms of cancer have disappeared. In complete remission, all signs and symptoms of cancer have disappeared, although there still may be cancer in the body. [NIH]

Retina: The ten-layered nervous tissue membrane of the eye. It is continuous with the optic nerve and receives images of external objects and transmits visual impulses to the brain. Its outer surface is in contact with the choroid and the inner surface with the vitreous body. The outer-most layer is pigmented, whereas the inner nine layers are transparent. [NIH]

Retinal: 1. Pertaining to the retina. 2. The aldehyde of retinol, derived by the oxidative enzymatic splitting of absorbed dietary carotene, and having vitamin A activity. In the retina, retinal combines with opsins to form visual pigments. One isomer, 11-cis retinal combines with opsin in the rods (scotopsin) to form rhodopsin, or visual purple. Another, all-trans retinal (trans-r.); visual yellow; xanthopsin) results from the bleaching of rhodopsin by light, in which the 11-cis form is converted to the all-trans form. Retinal also combines with opsins in the cones (photopsins) to form the three pigments responsible for colour vision. Called also retinal, and retinene1. [EU]

Retinal Artery: Central retinal artery and its branches. It arises from the ophthalmic artery, pierces the optic nerve and runs through its center, enters the eye through the foramen opticum and branches to supply the retina. [NIH]

Retinal Artery Occlusion: Occlusion or closure of the central retinal artery causing sudden, usually nearly complete, loss of vision in one eye. Occlusion of the branch retinal artery causes sudden visual loss in only a portion of the visual field. [NIH]

Retinal Neovascularization: Formation of new blood vessels originating from the retinal veins and extending along the inner (vitreous) surface of the retina. [NIH]

Retinal Vein: Central retinal vein and its tributaries. It runs a short course within the optic nerve and then leaves and empties into the superior ophthalmic vein or cavernous sinus. [NIH]

Retinoblastoma: An eye cancer that most often occurs in children younger than 5 years. It occurs in hereditary and nonhereditary (sporadic) forms. [NIH]

Retinol: Vitamin A. It is essential for proper vision and healthy skin and mucous membranes. Retinol is being studied for cancer prevention; it belongs to the family of drugs called retinoids. [NIH]

Retrospective: Looking back at events that have already taken place. [NIH]

Retrospective study: A study that looks backward in time, usually using medical records and interviews with patients who already have or had a disease. [NIH]

Rheumatic Diseases: Disorders of connective tissue, especially the joints and related structures, characterized by inflammation, degeneration, or metabolic derangement. [NIH]

Rheumatism: A group of disorders marked by inflammation or pain in the connective tissue structures of the body. These structures include bone, cartilage, and fat. [NIH]

Rheumatoid: Resembling rheumatism. [EU]

Rheumatoid arthritis: A form of arthritis, the cause of which is unknown, although infection, hypersensitivity, hormone imbalance and psychologic stress have been suggested as possible causes. [NIH]

Rheumatology: A subspecialty of internal medicine concerned with the study of inflammatory or degenerative processes and metabolic derangement of connective tissue structures which pertain to a variety of musculoskeletal disorders, such as arthritis. [NIH]

Rhinitis: Inflammation of the mucous membrane of the nose. [NIH]

Rhodopsin: A photoreceptor protein found in retinal rods. It is a complex formed by the binding of retinal, the oxidized form of retinol, to the protein opsin and undergoes a series of complex reactions in response to visible light resulting in the transmission of nerve impulses to the brain. [NIH]

Ribonuclease: RNA-digesting enzyme. [NIH]

Ribose: A pentose active in biological systems usually in its D-form. [NIH]

Risk factor: A habit, trait, condition, or genetic alteration that increases a person's chance of developing a disease. [NIH]

Rubella: An acute, usually benign, infectious disease caused by a togavirus and most often affecting children and nonimmune young adults, in which the virus enters the respiratory tract via droplet nuclei and spreads to the lymphatic system. It is characterized by a slight cold, sore throat, and fever, followed by enlargement of the postauricular, suboccipital, and cervical lymph nodes, and the appearances of a fine pink rash that begins on the head and spreads to become generalized. Called also German measles, roetln, röteln, and three-day measles, and rubeola in French and Spanish. [EU]

Salicylate: Non-steroidal anti-inflammatory drugs. [NIH]

Saliva: The clear, viscous fluid secreted by the salivary glands and mucous glands of the mouth. It contains mucins, water, organic salts, and ptylin. [NIH]

Salivary: The duct that convey saliva to the mouth. [NIH]

Salivary glands: Glands in the mouth that produce saliva. [NIH]

Sarcoidosis: An idiopathic systemic inflammatory granulomatous disorder comprised of epithelioid and multinucleated giant cells with little necrosis. It usually invades the lungs with fibrosis and may also involve lymph nodes, skin, liver, spleen, eyes, phalangeal bones, and parotid glands. [NIH]

Scarlet Fever: Infection with group A streptococci that is characterized by tonsillitis and pharyngitis. An erythematous rash is commonly present. [NIH]

School Health Services: Preventive health services provided for students. It excludes

college or university students. [NIH]

Sclera: The tough white outer coat of the eyeball, covering approximately the posterior five-sixths of its surface, and continuous anteriorly with the cornea and posteriorly with the external sheath of the optic nerve. [EU]

Scleroderma: A chronic disorder marked by hardening and thickening of the skin. Scleroderma can be localized or it can affect the entire body (systemic). [NIH]

Sclerosis: A pathological process consisting of hardening or fibrosis of an anatomical structure, often a vessel or a nerve. [NIH]

Screening: Checking for disease when there are no symptoms. [NIH]

Secretion: 1. The process of elaborating a specific product as a result of the activity of a gland; this activity may range from separating a specific substance of the blood to the elaboration of a new chemical substance. 2. Any substance produced by secretion. [EU]

Sediment: A precipitate, especially one that is formed spontaneously. [EU]

Sedimentation: The act of causing the deposit of sediment, especially by the use of a centrifugal machine. [EU]

Segregation: The separation in meiotic cell division of homologous chromosome pairs and their contained allelomorphous gene pairs. [NIH]

Seizures: Clinical or subclinical disturbances of cortical function due to a sudden, abnormal, excessive, and disorganized discharge of brain cells. Clinical manifestations include abnormal motor, sensory and psychic phenomena. Recurrent seizures are usually referred to as epilepsy or "seizure disorder." [NIH]

Semen: The thick, yellowish-white, viscid fluid secretion of male reproductive organs discharged upon ejaculation. In addition to reproductive organ secretions, it contains spermatozoa and their nutrient plasma. [NIH]

Semisynthetic: Produced by chemical manipulation of naturally occurring substances. [EU]

Septic: Produced by or due to decomposition by microorganisms; putrefactive. [EU]

Septicaemia: A term originally used to denote a putrefactive process in the body, but now usually referring to infection with pyogenic micro-organisms; a genus of Diptera; the severe type of infection in which the blood stream is invaded by large numbers of the causal. [NIH]

Sequela: Any lesion or affection following or caused by an attack of disease. [EU]

Serologic: Analysis of a person's serum, especially specific immune or lytic serums. [NIH]

Serotypes: A cause of haemorrhagic septicaemia (in cattle, sheep and pigs), fowl cholera of birds, pasteurellosis of rabbits, and gangrenous mastitis of ewes. It is also commonly found in atrophic rhinitis of pigs. [NIH]

Serum: The clear liquid part of the blood that remains after blood cells and clotting proteins have been removed. [NIH]

Serum Albumin: A major plasma protein that serves in maintaining the plasma colloidal osmotic pressure and transporting large organic anions. [NIH]

Serum Sickness: Immune complex disease caused by the administration of foreign serum or serum proteins and characterized by fever, lymphadenopathy, arthralgia, and urticaria. When they are complexed to protein carriers, some drugs can also cause serum sickness when they act as haptens inducing antibody responses. [NIH]

Sex Determination: The biological characteristics which distinguish human beings as female or male. [NIH]

Sexually Transmitted Diseases: Diseases due to or propagated by sexual contact. [NIH]

Shock: The general bodily disturbance following a severe injury; an emotional or moral upset occasioned by some disturbing or unexpected experience; disruption of the circulation, which can upset all body functions: sometimes referred to as circulatory shock. [NIH]

Side effect: A consequence other than the one(s) for which an agent or measure is used, as the adverse effects produced by a drug, especially on a tissue or organ system other than the one sought to be benefited by its administration. [EU]

Signs and Symptoms: Clinical manifestations that can be either objective when observed by a physician, or subjective when perceived by the patient. [NIH]

Skeletal: Having to do with the skeleton (boney part of the body). [NIH]

Skeleton: The framework that supports the soft tissues of vertebrate animals and protects many of their internal organs. The skeletons of vertebrates are made of bone and/or cartilage. [NIH]

Skin test: A test for an immune response to a compound by placing it on or under the skin. [NIH]

Small intestine: The part of the digestive tract that is located between the stomach and the large intestine. [NIH]

Sodium: An element that is a member of the alkali group of metals. It has the atomic symbol Na, atomic number 11, and atomic weight 23. With a valence of 1, it has a strong affinity for oxygen and other nonmetallic elements. Sodium provides the chief cation of the extracellular body fluids. Its salts are the most widely used in medicine. (From Dorland, 27th ed) Physiologically the sodium ion plays a major role in blood pressure regulation, maintenance of fluid volume, and electrolyte balance. [NIH]

Soft tissue: Refers to muscle, fat, fibrous tissue, blood vessels, or other supporting tissue of the body. [NIH]

Somatic: 1. Pertaining to or characteristic of the soma or body. 2. Pertaining to the body wall in contrast to the viscera. [EU]

Soybean Oil: Oil from soybean or soybean plant. [NIH]

Specialist: In medicine, one who concentrates on 1 special branch of medical science. [NIH]

Species: A taxonomic category subordinate to a genus (or subgenus) and superior to a subspecies or variety, composed of individuals possessing common characters distinguishing them from other categories of individuals of the same taxonomic level. In taxonomic nomenclature, species are designated by the genus name followed by a Latin or Latinized adjective or noun. [EU]

Specificity: Degree of selectivity shown by an antibody with respect to the number and types of antigens with which the antibody combines, as well as with respect to the rates and the extents of these reactions. [NIH]

Spectrum: A charted band of wavelengths of electromagnetic vibrations obtained by refraction and diffraction. By extension, a measurable range of activity, such as the range of bacteria affected by an antibiotic (antibacterial s.) or the complete range of manifestations of a disease. [EU]

Spinal cord: The main trunk or bundle of nerves running down the spine through holes in the spinal bone (the vertebrae) from the brain to the level of the lower back. [NIH]

Spleen: An organ that is part of the lymphatic system. The spleen produces lymphocytes, filters the blood, stores blood cells, and destroys old blood cells. It is located on the left side of the abdomen near the stomach. [NIH]

Spondylitis: Inflammation of the vertebrae. [EU]

Sporadic: Neither endemic nor epidemic; occurring occasionally in a random or isolated manner. [EU]

Stenosis: Narrowing or stricture of a duct or canal. [EU]

Steroids: Drugs used to relieve swelling and inflammation. [NIH]

Stomach: An organ of digestion situated in the left upper quadrant of the abdomen between the termination of the esophagus and the beginning of the duodenum. [NIH]

Stool: The waste matter discharged in a bowel movement; feces. [NIH]

Strand: DNA normally exists in the bacterial nucleus in a helix, in which two strands are coiled together. [NIH]

Streptococcal: Caused by infection due to any species of streptococcus. [NIH]

Streptococcal Infections: Infections with bacteria of the genus Streptococcus. [NIH]

Streptococci: A genus of spherical Gram-positive bacteria occurring in chains or pairs. They are widely distributed in nature, being important pathogens but often found as normal commensals in the mouth, skin, and intestine of humans and other animals. [NIH]

Streptococcus: A genus of gram-positive, coccoid bacteria whose organisms occur in pairs or chains. No endospores are produced. Many species exist as commensals or parasites on man or animals with some being highly pathogenic. A few species are saprophytes and occur in the natural environment. [NIH]

Streptokinase: Streptococcal fibrinolysin . An enzyme produced by hemolytic streptococci. It hydrolyzes amide linkages and serves as an activator of plasminogen. It is used in thrombolytic therapy and is used also in mixtures with streptodornase (streptodornase and streptokinase). EC 3.4.-. [NIH]

Stress: Forcibly exerted influence; pressure. Any condition or situation that causes strain or tension. Stress may be either physical or psychologic, or both. [NIH]

Stricture: The abnormal narrowing of a body opening. Also called stenosis. [NIH]

Stromal: Large, veil-like cell in the bone marrow. [NIH]

Stromal Cells: Connective tissue cells of an organ found in the loose connective tissue. These are most often associated with the uterine mucosa and the ovary as well as the hematopoietic system and elsewhere. [NIH]

Subacute: Somewhat acute; between acute and chronic. [EU]

Subclinical: Without clinical manifestations; said of the early stage(s) of an infection or other disease or abnormality before symptoms and signs become apparent or detectable by clinical examination or laboratory tests, or of a very mild form of an infection or other disease or abnormality. [EU]

Subcutaneous: Beneath the skin. [NIH]

Substance P: An eleven-amino acid neurotransmitter that appears in both the central and peripheral nervous systems. It is involved in transmission of pain, causes rapid contractions of the gastrointestinal smooth muscle, and modulates inflammatory and immune responses. [NIH]

Sulfamethoxypyridazine: A sulfanilamide antibacterial agent. [NIH]

Superantigens: Microbial antigens that have in common an extremely potent activating effect on T-cells that bear a specific variable region. Superantigens cross-link the variable region with class II MHC proteins regardless of the peptide binding in the T-cell receptor's pocket. The result is a transient expansion and subsequent death and anergy of the T-cells with the appropriate variable regions. [NIH]

Suppression: A conscious exclusion of disapproved desire contrary with repression, in which the process of exclusion is not conscious. [NIH]

Sweat: The fluid excreted by the sweat glands. It consists of water containing sodium chloride, phosphate, urea, ammonia, and other waste products. [NIH]

Sweat Glands: Sweat-producing structures that are embedded in the dermis. Each gland consists of a single tube, a coiled body, and a superficial duct. [NIH]

Symphysis: A secondary cartilaginous joint. [NIH]

Synergistic: Acting together; enhancing the effect of another force or agent. [EU]

Synovial: Of pertaining to, or secreting synovia. [EU]

Synovial Fluid: The clear, viscous fluid secreted by the synovial membrane. It contains mucin, albumin, fat, and mineral salts and serves to lubricate joints. [NIH]

Synovial Membrane: The inner membrane of a joint capsule surrounding a freely movable joint. It is loosely attached to the external fibrous capsule and secretes synovial fluid. [NIH]

Systemic: Affecting the entire body. [NIH]

Systemic lupus erythematosus: SLE. A chronic inflammatory connective tissue disease marked by skin rashes, joint pain and swelling, inflammation of the kidneys, inflammation of the fibrous tissue surrounding the heart (i.e., the pericardium), as well as other problems. Not all affected individuals display all of these problems. May be referred to as lupus. [NIH]

Systole: Period of contraction of the heart, especially of the ventricles. [NIH]

Systolic: Indicating the maximum arterial pressure during contraction of the left ventricle of the heart. [EU]

Tachycardia: Excessive rapidity in the action of the heart, usually with a heart rate above 100 beats per minute. [NIH]

Telangiectasia: The permanent enlargement of blood vessels, causing redness in the skin or mucous membranes. [NIH]

Tetracycline: An antibiotic originally produced by *Streptomyces viridifaciens*, but used mostly in synthetic form. It is an inhibitor of aminoacyl-tRNA binding during protein synthesis. [NIH]

Thalamic: Cell that reaches the lateral nucleus of amygdala. [NIH]

Thalamic Diseases: Disorders of the centrally located thalamus, which integrates a wide range of cortical and subcortical information. Manifestations include sensory loss, movement disorders; ataxia, pain syndromes, visual disorders, a variety of neuropsychological conditions, and coma. Relatively common etiologies include cerebrovascular disorders; craniocerebral trauma; brain neoplasms; brain hypoxia; intracranial hemorrhages; and infectious processes. [NIH]

Therapeutics: The branch of medicine which is concerned with the treatment of diseases, palliative or curative. [NIH]

Thigh: A leg; in anatomy, any elongated process or part of a structure more or less comparable to a leg. [NIH]

Threshold: For a specified sensory modality (e. g. light, sound, vibration), the lowest level (absolute threshold) or smallest difference (difference threshold, difference limen) or intensity of the stimulus discernible in prescribed conditions of stimulation. [NIH]

Thrombin: An enzyme formed from prothrombin that converts fibrinogen to fibrin. (Dorland, 27th ed) EC 3.4.21.5. [NIH]

Thrombolytic: 1. Dissolving or splitting up a thrombus. 2. A thrombolytic agent. [EU]

Thrombolytic Therapy: Use of infusions of fibrinolytic agents to destroy or dissolve thrombi in blood vessels or bypass grafts. [NIH]

Thrombomodulin: A cell surface glycoprotein of endothelial cells that binds thrombin and serves as a cofactor in the activation of protein C and its regulation of blood coagulation. [NIH]

Thrombosis: The formation or presence of a blood clot inside a blood vessel. [NIH]

Thyroid: A gland located near the windpipe (trachea) that produces thyroid hormone, which helps regulate growth and metabolism. [NIH]

Thyrotropin: A peptide hormone secreted by the anterior pituitary. It promotes the growth of the thyroid gland and stimulates the synthesis of thyroid hormones and the release of thyroxine by the thyroid gland. [NIH]

Tic: An involuntary compulsive, repetitive, stereotyped movement, resembling a purposeful movement because it is coordinated and involves muscles in their normal synergistic relationships; tics usually involve the face and shoulders. [EU]

Tissue: A group or layer of cells that are alike in type and work together to perform a specific function. [NIH]

Titre: The quantity of a substance required to produce a reaction with a given volume of another substance, or the amount of one substance required to correspond with a given amount of another substance. [EU]

Tolerance: 1. The ability to endure unusually large doses of a drug or toxin. 2. Acquired drug tolerance; a decreasing response to repeated constant doses of a drug or the need for increasing doses to maintain a constant response. [EU]

Tone: 1. The normal degree of vigour and tension; in muscle, the resistance to passive elongation or stretch; tonus. 2. A particular quality of sound or of voice. 3. To make permanent, or to change, the colour of silver stain by chemical treatment, usually with a heavy metal. [EU]

Tonsillitis: Inflammation of the tonsils, especially the palatine tonsils. It is often caused by a bacterium. Tonsillitis may be acute, chronic, or recurrent. [NIH]

Tonsils: Small masses of lymphoid tissue on either side of the throat. [NIH]

Tonus: A state of slight tension usually present in muscles even when they are not undergoing active contraction. [NIH]

Toxic: Having to do with poison or something harmful to the body. Toxic substances usually cause unwanted side effects. [NIH]

Toxicity: The quality of being poisonous, especially the degree of virulence of a toxic microbe or of a poison. [EU]

Toxicology: The science concerned with the detection, chemical composition, and pharmacologic action of toxic substances or poisons and the treatment and prevention of toxic manifestations. [NIH]

Toxin: A poison; frequently used to refer specifically to a protein produced by some higher plants, certain animals, and pathogenic bacteria, which is highly toxic for other living organisms. Such substances are differentiated from the simple chemical poisons and the vegetable alkaloids by their high molecular weight and antigenicity. [EU]

Toxoplasmosis: The acquired form of infection by *Toxoplasma gondii* in animals and man. [NIH]

Trachea: The cartilaginous and membranous tube descending from the larynx and branching into the right and left main bronchi. [NIH]

Transfection: The uptake of naked or purified DNA into cells, usually eukaryotic. It is analogous to bacterial transformation. [NIH]

Transferases: Transferases are enzymes transferring a group, for example, the methyl group or a glycosyl group, from one compound (generally regarded as donor) to another compound (generally regarded as acceptor). The classification is based on the scheme "donor:acceptor group transferase". (Enzyme Nomenclature, 1992) EC 2. [NIH]

Translation: The process whereby the genetic information present in the linear sequence of ribonucleotides in mRNA is converted into a corresponding sequence of amino acids in a protein. It occurs on the ribosome and is unidirectional. [NIH]

Translocation: The movement of material in solution inside the body of the plant. [NIH]

Transplantation: Transference of a tissue or organ, alive or dead, within an individual, between individuals of the same species, or between individuals of different species. [NIH]

Trauma: Any injury, wound, or shock, must frequently physical or structural shock, producing a disturbance. [NIH]

Tropomyosin: A protein found in the thin filaments of muscle fibers. It inhibits contraction of the muscle unless its position is modified by troponin. [NIH]

Troponin: One of the minor protein components of skeletal muscle. Its function is to serve as the calcium-binding component in the troponin-tropomyosin B-actin-myosin complex by conferring calcium sensitivity to the cross-linked actin and myosin filaments. [NIH]

Tryptophan: An essential amino acid that is necessary for normal growth in infants and for nitrogen balance in adults. It is a precursor serotonin and niacin. [NIH]

Tuberous Sclerosis: A rare congenital disease in which the essential pathology is the appearance of multiple tumors in the cerebrum and in other organs, such as the heart or kidneys. [NIH]

Tumor Necrosis Factor: Serum glycoprotein produced by activated macrophages and other mammalian mononuclear leukocytes which has necrotizing activity against tumor cell lines and increases ability to reject tumor transplants. It mimics the action of endotoxin but differs from it. It has a molecular weight of less than 70,000 kDa. [NIH]

Ulcer: A localized necrotic lesion of the skin or a mucous surface. [NIH]

Ultrasonography: The visualization of deep structures of the body by recording the reflections of echoes of pulses of ultrasonic waves directed into the tissues. Use of ultrasound for imaging or diagnostic purposes employs frequencies ranging from 1.6 to 10 megahertz. [NIH]

Unconscious: Experience which was once conscious, but was subsequently rejected, as the "personal unconscious". [NIH]

Urea: A compound ($\text{CO}(\text{NH}_2)_2$), formed in the liver from ammonia produced by the deamination of amino acids. It is the principal end product of protein catabolism and constitutes about one half of the total urinary solids. [NIH]

Urethra: The tube through which urine leaves the body. It empties urine from the bladder. [NIH]

Uric: A kidney stone that may result from a diet high in animal protein. When the body breaks down this protein, uric acid levels rise and can form stones. [NIH]

Urine: Fluid containing water and waste products. Urine is made by the kidneys, stored in the bladder, and leaves the body through the urethra. [NIH]

Urticaria: A vascular reaction of the skin characterized by erythema and wheal formation due to localized increase of vascular permeability. The causative mechanism may be allergy,

infection, or stress. [NIH]

Uterus: The small, hollow, pear-shaped organ in a woman's pelvis. This is the organ in which a fetus develops. Also called the womb. [NIH]

Uvea: The middle coat of the eyeball, consisting of the choroid in the back of the eye and the ciliary body and iris in the front of the eye. [NIH]

Uveitis: An inflammation of part or all of the uvea, the middle (vascular) tunic of the eye, and commonly involving the other tunics (the sclera and cornea, and the retina). [EU]

Vaccination: Administration of vaccines to stimulate the host's immune response. This includes any preparation intended for active immunological prophylaxis. [NIH]

Vaccine: A substance or group of substances meant to cause the immune system to respond to a tumor or to microorganisms, such as bacteria or viruses. [NIH]

Valves: Flap-like structures that control the direction of blood flow through the heart. [NIH]

Vascular: Pertaining to blood vessels or indicative of a copious blood supply. [EU]

Vasculitis: Inflammation of a blood vessel. [NIH]

Vein: Vessel-carrying blood from various parts of the body to the heart. [NIH]

Venous: Of or pertaining to the veins. [EU]

Venous blood: Blood that has given up its oxygen to the tissues and carries carbon dioxide back for gas exchange. [NIH]

Ventricle: One of the two pumping chambers of the heart. The right ventricle receives oxygen-poor blood from the right atrium and pumps it to the lungs through the pulmonary artery. The left ventricle receives oxygen-rich blood from the left atrium and pumps it to the body through the aorta. [NIH]

Ventricular: Pertaining to a ventricle. [EU]

Venules: The minute vessels that collect blood from the capillary plexuses and join together to form veins. [NIH]

Vertebrae: A bony unit of the segmented spinal column. [NIH]

Veterinary Medicine: The medical science concerned with the prevention, diagnosis, and treatment of diseases in animals. [NIH]

Viral: Pertaining to, caused by, or of the nature of virus. [EU]

Virulence: The degree of pathogenicity within a group or species of microorganisms or viruses as indicated by case fatality rates and/or the ability of the organism to invade the tissues of the host. [NIH]

Virus: Submicroscopic organism that causes infectious disease. In cancer therapy, some viruses may be made into vaccines that help the body build an immune response to, and kill, tumor cells. [NIH]

Visual field: The entire area that can be seen when the eye is forward, including peripheral vision. [NIH]

Vitro: Descriptive of an event or enzyme reaction under experimental investigation occurring outside a living organism. Parts of an organism or microorganism are used together with artificial substrates and/or conditions. [NIH]

Vivo: Outside of or removed from the body of a living organism. [NIH]

War: Hostile conflict between organized groups of people. [NIH]

Warts: Benign epidermal proliferations or tumors; some are viral in origin. [NIH]

White blood cell: A type of cell in the immune system that helps the body fight infection

and disease. White blood cells include lymphocytes, granulocytes, macrophages, and others. [NIH]

Windpipe: A rigid tube, 10 cm long, extending from the cricoid cartilage to the upper border of the fifth thoracic vertebra. [NIH]

Wound Healing: Restoration of integrity to traumatized tissue. [NIH]

Xenograft: The cells of one species transplanted to another species. [NIH]

X-ray: High-energy radiation used in low doses to diagnose diseases and in high doses to treat cancer. [NIH]

Zymogen: Inactive form of an enzyme which can then be converted to the active form, usually by excision of a polypeptide, e. g. trypsinogen is the zymogen of trypsin. [NIH]

INDEX

A

Abdominal, 9, 13, 91, 154, 189, 195, 222, 223
 Abdominal Pain, 154, 195
 Abscess, 27, 195
 Acetylglucosamine, 23, 195
 Actin, 195, 220, 234
 Acute leukemia, 178, 195
 Acute renal, 195, 212
 Adenine, 195
 Adenosine, 78, 195, 223
 Adenosine Deaminase, 78, 195
 Adjustment, 127, 195
 Adjuvant, 41, 195
 Adrenal Cortex, 195, 205
 Adrenal Glands, 195
 Adrenal insufficiency, 150, 195
 Adverse Effect, 195, 230
 Aetiology, 59, 195
 Affinity, 195, 216, 230
 Albumin, 196, 224, 232
 Algorithms, 196, 200
 Alkaline, 196, 200, 203
 Alleles, 21, 105, 138, 196, 216
 Allograft, 196, 213, 220
 Alternative medicine, 160, 196
 Amino acid, 196, 197, 208, 213, 223, 225, 226, 231, 234
 Amino Acid Sequence, 196, 197
 Ammonia, 195, 196, 232, 234
 Ampicillin, 83, 196
 Anal, 196, 217
 Analgesic, 9, 196, 220
 Analog, 196, 203
 Anaphylatoxins, 196, 204
 Anatomical, 197, 198, 229
 Androgens, 195, 197, 205
 Anemia, 175, 189, 197, 212
 Anergy, 197, 231
 Angiogenesis, 197, 218
 Animal model, 5, 7, 150, 197
 Anions, 196, 197, 229
 Anthropology, 5, 197
 Antibacterial, 197, 203, 230, 231
 Antibiotic, 154, 155, 196, 197, 199, 200, 203, 208, 216, 223, 230, 232
 Antibiotic Prophylaxis, 154, 197
 Anticoagulant, 197, 225

Antigen, 6, 21, 58, 60, 80, 116, 126, 174, 195, 197, 204, 210, 213, 214, 215, 218, 219
 Antigen-Antibody Complex, 197, 204
 Anti-inflammatory, 9, 24, 153, 197, 198, 205, 211, 220, 225, 228
 Anti-Inflammatory Agents, 9, 198, 205
 Antineoplastic, 198, 205
 Antioxidant, 198
 Antipyretic, 198, 220
 Anus, 196, 198, 203
 Anxiety, 198, 221
 Aorta, 30, 198, 235
 Aortic Aneurysm, 9, 198
 Aortic Valve, 34, 47, 55, 198
 Apolipoproteins, 198, 216
 Arrhythmia, 198, 219
 Arterial, 198, 202, 213, 226, 232
 Arteries, 5, 8, 30, 198, 200, 205, 217, 219, 220
 Arterioles, 198, 200
 Artery, 5, 198, 200, 205, 222, 227, 235
 Arthralgia, 178, 189, 198, 229
 Articular, 66, 198, 222
 Ascorbic Acid, 141, 198, 213
 Aspirin, 4, 25, 45, 57, 155, 198
 Assay, 198, 203, 214
 Ataxia, 174, 175, 198, 232
 Atrial, 64, 198, 212
 Atrioventricular, 21, 44, 198
 Atrium, 198, 219, 235
 Atrophy, 174, 199
 Atypical, 103, 199
 Auscultation, 199, 212
 Autoantibodies, 7, 35, 103, 199
 Autoantigens, 57, 199
 Autoimmune disease, 123, 180, 199, 220
 Autoimmunity, 7, 23, 24, 26, 53, 57, 103, 179, 199
 Azithromycin, 62, 199

B

Bacteria, 5, 154, 197, 199, 203, 207, 211, 219, 230, 231, 233, 235
 Bacteriostatic, 199, 208
 Bacterium, 199, 212, 233
 Basal Ganglia, 198, 199, 202
 Basal Ganglia Diseases, 198, 199, 202
 Base, 195, 199, 206, 215
 Basement Membrane, 199, 208

- Benign, 199, 228, 235
 Bile, 199, 210, 213, 216
 Biochemical, 196, 200, 209, 211, 222
 Biopsy, 49, 200, 223
 Biopterin, 200, 221
 Biotechnology, 10, 11, 152, 160, 171, 173, 174, 175, 200
 Bladder, 200, 204, 220, 225, 234
 Blood Cell Count, 200, 212
 Blood Coagulation, 200, 233
 Blood Glucose, 200, 212
 Blood Groups, 56, 200
 Blood pressure, 200, 213, 219, 230
 Blood vessel, 150, 197, 200, 201, 211, 212, 215, 217, 223, 227, 230, 232, 233, 235
 Body Fluids, 200, 206, 220, 230
 Bone Marrow, 131, 195, 200, 214, 215, 217, 231
 Branch, 21, 27, 187, 200, 214, 217, 223, 226, 227, 230, 232
 Broad-spectrum, 196, 200, 223
 Buccal, 21, 200, 217
C
 Calcium, 46, 200, 204, 218, 234
 Calculi, 200, 211
 Capital Financing, 201, 225
 Carbohydrate, 58, 201, 205, 211, 224
 Carcinogenic, 201, 215
 Carcinogens, 201, 221
 Cardiomegaly, 155, 201
 Cardiomyopathy, 119, 201
 Cardiovascular, 5, 28, 53, 82, 84, 116, 132, 133, 201
 Carotene, 106, 201, 227
 Carrier State, 74, 201
 Case report, 18, 26, 28, 79, 94, 102, 131, 135, 201
 Caudate Nucleus, 6, 199, 201, 221
 Causal, 15, 201, 229
 Cause of Death, 70, 201
 Cecum, 66, 201, 216
 Cell Division, 174, 199, 201, 224, 229
 Cell Size, 201, 209
 Central Nervous System, 201, 220, 222
 Central retinal artery, 201, 227
 Cerebellar, 198, 201, 227
 Cerebral, 198, 199, 201, 202
 Cerebral Cortex, 198, 202
 Cerebrum, 201, 202, 234
 Cervical, 91, 202, 228
 Cervix, 202
 Character, 202, 206
 Chemotactic Factors, 202, 204
 Cholera, 202, 229
 Cholesterol, 107, 138, 199, 202, 216, 217
 Cholesterol Esters, 202, 216
 Chorea, 3, 6, 7, 13, 18, 24, 31, 73, 106, 127, 154, 155, 190, 202
 Chromatin, 202, 207, 221
 Chromosomal, 5, 202
 Chromosome, 202, 216, 229
 Chronic Disease, 153, 179, 202, 203
 Chronic renal, 150, 202, 224
 Chylomicrons, 202, 216
 CIS, 202, 227
 Citrus, 198, 203
 Clarithromycin, 15, 203
 Clindamycin, 83, 89, 203
 Clinical trial, 4, 171, 203, 205, 220, 226
 Clone, 7, 10, 30, 203
 Cloning, 200, 203
 Clot Retraction, 203, 224
 Coenzyme, 198, 203
 Cofactor, 203, 226, 233
 Collagen, 11, 103, 150, 196, 199, 203, 209, 218, 225
 Collagen disease, 150, 203
 Colloidal, 196, 203, 207, 229
 Colon, 174, 203, 216
 Comet Assay, 49, 203
 Community Health Services, 152, 203
 Complement, 42, 58, 191, 196, 203, 204, 217, 224
 Complementary and alternative medicine, 141, 142, 204
 Complementary medicine, 141, 204
 Complete remission, 204, 227
 Compliance, 36, 76, 115, 126, 133, 204
 Compulsions, 204, 221
 Computational Biology, 171, 173, 204
 Cones, 204, 227
 Congestion, 204, 208
 Congestive heart failure, 4, 150, 155, 204
 Connective Tissue, 3, 150, 198, 200, 203, 204, 205, 209, 217, 228, 231, 232
 Connective Tissue Cells, 205
 Consciousness, 196, 205
 Consumption, 205, 206, 221
 Contraindications, ii, 205
 Controlled study, 44, 205
 Coordination, 205, 220
 Cornea, 205, 229, 235
 Coronary, 5, 8, 30, 96, 205, 219, 220
 Coronary Thrombosis, 205, 219, 220

- Corticosteroid, 50, 77, 138, 205, 225
 Cortisone, 205, 225
 Coxsackie virus, 38, 115, 205
 Cryptosporidiosis, 199, 205
 Curative, 205, 232
 Cutaneous, 3, 205, 217
 Cytokines, 39, 205, 210
 Cytoplasm, 205, 207, 221
 Cytotoxic, 7, 62, 206
D
 Degenerative, 150, 206, 212, 222, 228
 Density, 67, 206, 209, 216, 221
 Dentists, 154, 206
 Deprivation, 110, 206
 Developing Countries, 37, 72, 95, 206
 Diabetes Mellitus, 206, 212
 Diagnostic procedure, 160, 206
 Diastolic, 206, 213
 Digestion, 199, 206, 215, 216, 231
 Direct, iii, 163, 206, 219, 227
 Disease Outbreaks, 10, 30, 206
 Disease Susceptibility, 6, 206
 Dislocation, 26, 206
 Drug Interactions, 165, 206
 Drug Tolerance, 206, 233
 Duct, 206, 228, 231, 232
 Dyes, 206, 209, 221
 Dysmenorrhea, 206, 220
 Dysplasia, 175, 206
 Dystrophy, 174, 206
E
 Echocardiography, 28, 42, 43, 44, 45, 206
 Edema, 131, 206
 Effector, 204, 207
 Efficacy, 100, 207
 Elastin, 203, 207, 209
 Electrolyte, 205, 207, 219, 230
 Electrophoresis, 203, 207
 Encephalitis, 207
 Encephalomyelitis, 13, 207
 Endemic, 27, 39, 58, 202, 207, 231
 Endocarditis, 23, 53, 82, 84, 89, 90, 132, 150, 154, 207
 Endocardium, 207
 Endotoxic, 207, 216
 Endotoxin, 207, 234
 End-stage renal, 202, 207, 224
 Environmental Exposure, 207, 221
 Environmental Health, 170, 172, 207
 Enzymatic, 196, 200, 201, 204, 207, 227
 Enzyme, 5, 22, 47, 195, 203, 207, 215, 218, 224, 226, 228, 231, 232, 234, 235, 236
 Eosinophilia, 108, 207, 209
 Eosinophils, 207, 216
 Epidemic, 20, 207, 231
 Epidemiological, 22, 31, 32, 47, 86, 151, 208
 Epidermal, 208, 218, 219, 235
 Epidermis, 208, 226
 Epistaxis, 154, 190, 208
 Epitope, 24, 27, 131, 208
 Epitope Mapping, 24, 208
 Erythema, 3, 49, 65, 78, 154, 155, 190, 208, 234
 Erythrocyte Indices, 200, 208
 Erythrocytes, 197, 200, 208, 227
 Erythromycin, 4, 73, 164, 199, 203, 208
 Essential Tremor, 174, 208
 Ethnic Groups, 8, 73, 208
 Excitation, 208, 209, 221
 Exotoxin, 6, 26, 208
 Extensor, 208, 226
 Extracellular, 5, 205, 208, 209, 218, 230
 Extracellular Matrix, 5, 205, 208, 209, 218
 Extracellular Matrix Proteins, 208, 218
 Extracellular Space, 5, 208, 209
F
 Family Planning, 171, 209
 Fasciitis, 4, 209
 Fat, 200, 201, 205, 209, 216, 220, 228, 230, 232
 Febrile, 40, 209, 224
 Femoral, 178, 209
 Femur, 209
 Fibrin, 200, 203, 209, 224, 232
 Fibroblasts, 22, 205, 209
 Fibrosarcoma, 209
 Fibrosis, 175, 209, 228, 229
 Flow Cytometry, 46, 209
 Fluorescence, 209
 Fluorescent Dyes, 209
 Follow-Up Studies, 87, 210
 Forearm, 200, 209, 210
 Free Radical Scavengers, 13, 210
 Free Radicals, 74, 91, 104, 198, 210
 Fungi, 210, 219
G
 Gallbladder, 195, 210
 Gangrene, 66, 210
 Gangrenous, 210, 229
 Gastric, 77, 138, 210
 Gastrointestinal, 150, 210, 231
 Gene, 4, 5, 55, 81, 121, 135, 151, 152, 153, 175, 176, 196, 200, 210, 221, 229

- Gene Expression, 4, 175, 210
 Genetic testing, 135, 210
 Genetics, 80, 102, 123, 154, 195, 210, 214
 Genotype, 22, 210, 223
 Giant Cells, 210, 228
 Gland, 195, 205, 210, 217, 218, 222, 224, 225, 229, 232, 233
 Glomerular, 130, 210
 Glomeruli, 210
 Glomerulus, 6, 210, 211, 221
 Glucocorticoid, 211, 225
 Glucose, 174, 198, 200, 206, 211, 212
 Glucuronic Acid, 211, 212
 Glycogen, 15, 211
 Glycogen Storage Disease, 15, 211
 Glycoprotein, 210, 211, 233, 234
 Glycosylation, 9, 211
 Gout, 9, 211, 220
 Governing Board, 211, 225
 Grade, 72, 96, 211
 Graft, 211, 213, 219
 Gram-positive, 211, 223, 231
 Growth, 174, 197, 199, 200, 206, 209, 211, 213, 215, 218, 220, 221, 224, 233, 234
- H**
- Haptens, 196, 211, 229
 Health Services, 138, 153, 211, 228
 Heart failure, 211
 Heart Murmurs, 154, 155, 212
 Heart Sounds, 212
 Heart Transplantation, 133, 212
 Hematocrit, 200, 208, 212
 Hemoglobin, 46, 197, 200, 208, 212
 Hemoglobinuria, 174, 212
 Hemolytic, 15, 25, 48, 54, 58, 74, 83, 85, 122, 209, 212, 231
 Hemorrhage, 212, 226
 Heparin, 23, 212
 Hepatic, 45, 196, 212
 Hepatitis, 105, 212
 Hepatocytes, 212
 Hereditary, 211, 212, 227
 Heredity, 3, 47, 58, 100, 210, 212
 Histocompatibility, 114, 212, 213, 219
 Histocompatibility Antigens, 114, 213
 Homologous, 196, 213, 229
 Hormonal, 199, 205, 213
 Hormone, 205, 213, 228, 233
 Host, 7, 8, 56, 57, 102, 129, 201, 213, 214, 235
 Human papillomavirus, 8, 213
 Humoral, 36, 57, 213
 Humour, 213
 Hybrid, 203, 213
 Hydrogen, 199, 201, 208, 213, 219
 Hydrolysis, 195, 213, 226
 Hydrophobic, 213, 216
 Hydroxylysine, 203, 213
 Hydroxyproline, 196, 203, 213
 Hypersensitivity, 213, 228
 Hypertension, 150, 213
 Hyperuricemia, 211, 213
 Hypothyroidism, 178, 213
- I**
- Id, 42, 139, 141, 179, 186, 188, 214
 Idiopathic, 214, 228
 Ileum, 201, 214
 Immune response, 29, 54, 57, 106, 119, 195, 197, 199, 205, 211, 214, 217, 230, 231, 235
 Immune system, 199, 214, 217, 220, 235
 Immunity, 29, 30, 43, 90, 92, 96, 107, 133, 214
 Immunization, 214, 225
 Immunoassay, 47, 74, 214
 Immunochemistry, 208, 214
 Immunodeficiency, 16, 174, 214
 Immunofluorescence, 214, 219
 Immunogenetics, 75, 214
 Immunogenic, 214, 216
 Immunoglobulin, 42, 63, 77, 107, 110, 197, 214, 219
 Immunologic, 27, 59, 134, 202, 214
 In vitro, 23, 60, 214
 In vivo, 7, 212, 214
 Incision, 214, 215
 Indicative, 151, 214, 223, 235
 Infancy, 5, 214
 Infarction, 214
 Infection Control, 150, 151, 215
 Infiltration, 210, 215
 Initiation, 154, 215
 Insulator, 215, 220
 Interleukin-2, 108, 118, 215
 Interleukin-7, 78, 215
 Internal Medicine, 17, 37, 43, 65, 80, 92, 129, 130, 134, 135, 215, 228
 Interstitial, 209, 215, 221
 Intestinal, 201, 205, 215, 217
 Intestine, 215, 216, 231
 Intracellular, 46, 215
 Intramuscular, 4, 63, 67, 108, 215
 Intramuscular injection, 4, 215
 Invasive, 5, 214, 215
 Involuntary, 199, 202, 208, 215, 220, 233

- Ischemia, 199, 215
 Isoenzymes, 54, 215
- J**
 Joint, 90, 91, 178, 190, 198, 215, 217, 222, 232
- K**
 Kb, 170, 215
 Kidney Disease, 170, 175, 216
- L**
 Labile, 203, 216
 Large Intestine, 201, 215, 216, 226, 230
 Latent, 216, 225
 Leprosy, 26, 216
 Lethargy, 213, 216
 Leukemia, 174, 179, 216
 Leukocytes, 200, 202, 205, 207, 216, 221, 234
 Library Services, 186, 216
 Ligament, 216, 225
 Lincomycin, 203, 216
 Linkage, 105, 216, 223
 Linkage Disequilibrium, 105, 216
 Lipid, 66, 78, 198, 216, 220
 Lipid A, 78, 216
 Lipophilic, 9, 216
 Lipopolysaccharides, 216
 Lipoprotein, 78, 216, 217
 Liver, 41, 150, 195, 196, 199, 210, 211, 212, 216, 225, 228, 234
 Localized, 66, 215, 216, 224, 229, 234
 Locomotion, 71, 217, 224
 Longitudinal study, 62, 66, 217
 Low-density lipoprotein, 216, 217
 Lupus, 31, 150, 217, 232
 Luxation, 206, 217
 Lymph, 190, 202, 213, 217, 228, 229
 Lymph node, 190, 202, 217, 228
 Lymphadenopathy, 217, 229
 Lymphatic, 215, 217, 228, 230
 Lymphatic system, 217, 228, 230
 Lymphocyte, 29, 60, 67, 68, 71, 118, 197, 217, 218
 Lymphocyte Subsets, 29, 118, 217
 Lymphoid, 197, 217, 233
 Lymphoma, 174, 217
 Lymphoproliferative, 23, 217
- M**
 Major Histocompatibility Complex, 213, 217
 Malabsorption, 174, 217
 Malignant, 174, 198, 209, 218, 220
 Malnutrition, 138, 196, 199, 218, 220
 Manifest, 154, 218
 Mastitis, 218, 229
 Matrix metalloproteinase, 9, 218
 Measles Virus, 79, 218
 Meat, 138, 218
 Mediator, 215, 218
 Medical Records, 218, 228
 MEDLINE, 171, 173, 175, 218
 Melanocytes, 218
 Melanoma, 174, 218
 Membrane, 116, 204, 218, 220, 222, 223, 227, 228, 232
 Mental, iv, 4, 153, 170, 172, 176, 202, 213, 218, 225, 226
 Mental Disorders, 218, 225, 226
 Mental Health, iv, 4, 153, 170, 172, 218, 225, 226
 Mercury, 209, 218
 Metabolic disorder, 211, 218
 Metastasis, 218, 219
 MI, 4, 57, 65, 193, 219
 Microbe, 102, 219, 233
 Microbiology, 7, 23, 24, 26, 69, 70, 74, 119, 133, 138, 199, 219
 Microorganism, 203, 219, 222, 235
 Mineralocorticoids, 195, 205, 219
 Minor Histocompatibility Antigens, 213, 219
 Mitral Valve, 29, 64, 127, 160, 219
 Mitral Valve Prolapse, 64, 127, 160, 219
 Mixed Connective Tissue Disease, 150, 219
 Molecular, 4, 7, 8, 10, 43, 70, 104, 171, 173, 200, 204, 212, 219, 224, 233, 234
 Molecule, 7, 197, 199, 203, 204, 207, 208, 213, 219, 226
 Monitor, 219, 221
 Monoclonal, 7, 51, 57, 80, 219
 Monoclonal antibodies, 7, 51, 57, 219
 Monocyte, 71, 219
 Mononuclear, 209, 220, 234
 Morbillivirus, 218, 220
 Mucins, 220, 228
 Mucosa, 217, 220, 231
 Multicenter study, 102, 220
 Multiple sclerosis, 35, 220
 Muscle Fibers, 220, 234
 Muscular Atrophy, 174, 220
 Muscular Dystrophies, 206, 220
 Musculoskeletal System, 94, 220
 Myelin, 220
 Myocardial infarction, 96, 205, 219, 220

- Myocardium, 60, 219, 220
 Myosin, 7, 10, 46, 90, 220, 234
 Myotonic Dystrophy, 174, 220
- N**
- Naproxen, 129, 159, 220
 Need, 3, 63, 149, 151, 153, 154, 181, 202, 211, 218, 220, 233
 Neonatal, 31, 46, 220
 Neoplasia, 174, 220
 Neoplastic, 217, 220
 Neopterin, 55, 108, 220
 Neostriatum, 201, 221
 Nephritis, 6, 31, 113, 130, 221
 Nephron, 211, 221
 Nephropathy, 216, 221
 Nerve, 198, 218, 220, 221, 222, 228, 229
 Nervous System, 174, 201, 218, 221, 231
 Neural, 213, 221
 Neuroblastoma, 178, 221
 Neurologic, 38, 71, 150, 221
 Neurotransmitter, 195, 196, 221, 231
 Neutrophils, 13, 67, 71, 91, 104, 216, 221
 Nuclear, 103, 131, 199, 219, 221
 Nuclei, 221, 222, 228
 Nucleus, 202, 205, 207, 220, 221, 231, 232
 Nutritional Status, 54, 138, 221
- O**
- Obsessive-Compulsive Disorder, 6, 221
 Oncogene, 174, 221
 Opacity, 206, 221
 Ophthalmic, 164, 221, 222, 227
 Ophthalmic Artery, 222, 227
 Opsin, 222, 227, 228
 Optic Nerve, 222, 227, 229
 Oral Health, 149, 154, 222
 Organ Transplantation, 150, 222
 Osmotic, 196, 222, 229
 Osteoarthritis, 9, 222
 Outpatient, 57, 222
- P**
- Paediatric, 110, 126, 222
 Palliative, 222, 232
 Pancreas, 195, 222
 Pancreatic, 174, 210, 222
 Pancreatic cancer, 174, 222
 Papillomavirus, 222
 Parasite, 57, 222
 Parotid, 222, 228
 Paroxysmal, 174, 222
 Partial remission, 222, 227
 Pathogen, 8, 222
 Pathologic, 44, 154, 200, 205, 213, 223, 226
 Pathophysiology, 150, 154, 223
 Patient Education, 178, 184, 186, 193, 223
 Pelvic, 223, 225
 Penicillin V, 89, 223
 Peptide, 196, 203, 223, 226, 231, 233
 Peptide Chain Elongation, 203, 223
 Percutaneous, 99, 223
 Perfusion, 210, 223
 Pericarditis, 28, 91, 155, 223
 Pericardium, 223, 232
 Peripheral blood, 10, 43, 77, 92, 116, 118, 223
 Peritoneal, 13, 223
 Peritoneum, 223
 Pharmacologic, 9, 223, 233
 Phenotypes, 56, 223
 Phospholipids, 209, 216, 223
 Phosphorus, 200, 223
 Phosphorylation, 4, 223
 Physical Examination, 179, 223
 Physiologic, 44, 224, 226
 Pigments, 201, 224, 227
 Pilot study, 85, 153, 224
 Pituitary Gland, 205, 224
 Plants, 203, 211, 224, 233
 Plasma, 8, 67, 78, 196, 197, 202, 212, 219, 224, 229
 Plasma cells, 8, 197, 224
 Plasma protein, 196, 224, 229
 Plasmin, 6, 224
 Plasminogen, 224, 231
 Plasminogen Activators, 224
 Pneumonia, 79, 104, 154, 205, 224
 Polyarthritis, 18, 40, 224
 Polycystic, 175, 224
 Polymorphism, 56, 224
 Polysaccharide, 23, 88, 113, 197, 224
 Posterior, 196, 198, 222, 224, 229
 Postpericardiotomy Syndrome, 54, 224
 Practice Guidelines, 172, 224
 Practice Management, 72, 225
 Precursor, 207, 221, 224, 225, 234
 Predisposition, 112, 225
 Prednisolone, 225
 Prednisone, 44, 45, 155, 225
 Prevalence, 17, 22, 30, 53, 61, 81, 104, 120, 134, 154, 225
 Preventive Health Services, 203, 225
 Primary Prevention, 134, 225
 Progression, 197, 225
 Progressive, 90, 202, 206, 211, 220, 222, 225
 Prolapse, 69, 225

- Proline, 203, 213, 225
 Prospective study, 33, 43, 47, 98, 217, 225
 Prostate, 174, 225
 Protein C, 6, 192, 196, 198, 216, 225, 229, 234
 Protein S, 152, 175, 200, 203, 208, 226, 232
 Proteolytic, 204, 224, 226
 Psoriasis, 90, 178, 226
 Psychiatric, 127, 150, 218, 226
 Psychiatry, 6, 9, 13, 46, 58, 73, 120, 122, 127, 226
 Public Policy, 171, 226
 Pulmonary, 150, 200, 205, 210, 212, 226, 235
 Purpura, 13, 14, 226
 Purulent, 195, 226
 Putrefaction, 210, 226
 Pyoderma, 53, 226
 Pyrogenic, 6, 10, 26, 30, 226
R
 Radiation, 207, 209, 210, 226, 236
 Radioactive, 213, 219, 221, 226
 Radiological, 223, 226
 Randomized, 63, 207, 226
 Receptor, 10, 47, 92, 105, 197, 226, 231
 Recombinant, 6, 77, 226
 Rectum, 198, 203, 216, 225, 226
 Recur, 4, 226
 Recurrence, 41, 84, 87, 91, 99, 226, 227
 Red blood cells, 208, 212, 227
 Red Nucleus, 198, 227
 Refer, 1, 200, 203, 210, 217, 227, 233
 Refraction, 227, 230
 Regeneration, 40, 71, 227
 Regimen, 207, 227
 Registries, 111, 153, 227
 Regurgitation, 11, 44, 64, 93, 124, 219, 227
 Remission, 23, 227
 Retina, 201, 204, 222, 227, 235
 Retinal, 27, 77, 222, 227, 228
 Retinal Artery, 27, 227
 Retinal Artery Occlusion, 27, 227
 Retinal Neovascularization, 77, 227
 Retinal Vein, 227
 Retinoblastoma, 174, 227
 Retinol, 227, 228
 Retrospective, 10, 60, 90, 228
 Retrospective study, 90, 228
 Rheumatic Diseases, 9, 13, 19, 21, 46, 51, 58, 68, 91, 98, 102, 103, 125, 134, 154, 228
 Rheumatism, 15, 67, 75, 86, 94, 117, 119, 120, 228
 Rheumatoid, 9, 12, 32, 35, 45, 52, 67, 71, 78, 116, 117, 150, 152, 178, 189, 203, 220, 228
 Rheumatoid arthritis, 9, 12, 32, 35, 45, 52, 67, 71, 78, 116, 117, 150, 152, 178, 189, 203, 220, 228
 Rhinitis, 228, 229
 Rhodopsin, 222, 227, 228
 Ribonuclease, 219, 228
 Ribose, 195, 228
 Risk factor, 225, 228
 Rubella, 79, 96, 228
S
 Salicylate, 40, 54, 55, 104, 105, 228
 Saliva, 110, 228
 Salivary, 27, 105, 222, 228
 Salivary glands, 228
 Sarcoidosis, 72, 228
 Scarlet Fever, 10, 24, 36, 42, 62, 90, 228
 School Health Services, 114, 228
 Sclera, 229, 235
 Scleroderma, 150, 209, 219, 229
 Sclerosis, 150, 174, 203, 220, 229
 Screening, 7, 112, 203, 229
 Secretion, 27, 195, 205, 213, 214, 219, 220, 229
 Sediment, 229
 Sedimentation, 127, 192, 229
 Segregation, 100, 229
 Seizures, 222, 229
 Semen, 225, 229
 Semisynthetic, 203, 229
 Septic, 90, 178, 229
 Septicaemia, 229
 Sequela, 7, 154, 229
 Serologic, 106, 214, 229
 Serotypes, 5, 17, 47, 52, 120, 229
 Serum Albumin, 10, 26, 138, 229
 Serum Sickness, 178, 229
 Sex Determination, 175, 229
 Sexually Transmitted Diseases, 150, 229
 Shock, 4, 5, 21, 138, 230, 234
 Side effect, 149, 163, 195, 213, 230, 233
 Signs and Symptoms, 151, 154, 227, 230
 Skeletal, 197, 220, 230, 234
 Skeleton, 195, 209, 215, 230
 Skin test, 21, 230
 Small intestine, 201, 202, 213, 214, 215, 230
 Sodium, 9, 211, 219, 220, 230, 232
 Soft tissue, 200, 209, 230
 Somatic, 213, 230
 Soybean Oil, 138, 230

- Specialist, 180, 230
 Species, 195, 213, 218, 219, 220, 222, 230, 231, 234, 235, 236
 Specificity, 7, 24, 138, 196, 230
 Spectrum, 16, 50, 230
 Spinal cord, 201, 202, 207, 221, 230
 Spleen, 217, 228, 230
 Spondylitis, 62, 121, 150, 230
 Sporadic, 227, 231
 Stenosis, 29, 231
 Steroids, 20, 205, 211, 231
 Stomach, 195, 210, 213, 230, 231
 Stool, 203, 216, 231
 Strand, 203, 231
 Streptococcal Infections, 4, 6, 22, 29, 52, 58, 62, 73, 79, 89, 96, 111, 127, 130, 132, 153, 178, 231
 Streptococci, 8, 16, 17, 27, 30, 54, 73, 78, 85, 88, 104, 106, 114, 122, 131, 134, 154, 228, 231
 Streptokinase, 6, 231
 Stress, 154, 225, 228, 231, 235
 Stricture, 231
 Stromal, 215, 231
 Stromal Cells, 215, 231
 Subacute, 23, 215, 231
 Subclinical, 28, 43, 45, 215, 229, 231
 Subcutaneous, 3, 42, 117, 133, 154, 155, 192, 206, 210, 231
 Substance P, 208, 229, 231
 Sulfamethoxypyridazine, 109, 231
 Superantigens, 10, 30, 231
 Suppression, 205, 232
 Sweat, 110, 232
 Sweat Glands, 232
 Symphysis, 225, 232
 Synergistic, 232, 233
 Synovial, 58, 232
 Synovial Fluid, 58, 232
 Synovial Membrane, 232
 Systemic, 28, 31, 47, 67, 91, 150, 164, 178, 192, 198, 200, 203, 215, 219, 225, 228, 229, 232
 Systemic lupus erythematosus, 28, 31, 67, 91, 150, 178, 203, 219, 232
 Systole, 212, 219, 232
 Systolic, 213, 219, 232
- T**
- Tachycardia, 134, 232
 Telangiectasia, 175, 232
 Tetracycline, 46, 232
 Thalamic, 198, 232
 Thalamic Diseases, 198, 232
 Therapeutics, 72, 82, 109, 165, 232
 Thigh, 209, 232
 Threshold, 213, 232
 Thrombin, 209, 225, 232, 233
 Thrombolytic, 224, 231, 232, 233
 Thrombolytic Therapy, 231, 233
 Thrombomodulin, 225, 233
 Thrombosis, 226, 233
 Thyroid, 150, 213, 233
 Thyrotropin, 214, 233
 Tic, 46, 233
 Titre, 46, 112, 115, 233
 Tolerance, 121, 233
 Tone, 190, 233
 Tonsillitis, 15, 134, 228, 233
 Tonsils, 130, 233
 Tonus, 233
 Toxic, iv, 4, 5, 207, 208, 214, 233
 Toxicity, 9, 104, 206, 218, 233
 Toxicology, 172, 233
 Toxin, 10, 23, 30, 207, 233
 Toxoplasmosis, 199, 233
 Trachea, 233
 Transfection, 200, 234
 Transferases, 211, 234
 Translation, 196, 208, 234
 Translocation, 203, 208, 234
 Transplantation, 202, 213, 214, 217, 234
 Trauma, 178, 199, 232, 234
 Tropomyosin, 10, 23, 90, 234
 Troponin, 106, 107, 234
 Tryptophan, 203, 234
 Tuberos Sclerosis, 175, 234
 Tumor Necrosis Factor, 108, 234
- U**
- Ulcer, 77, 138, 234
 Ultrasonography, 13, 234
 Unconscious, 214, 234
 Urea, 232, 234
 Urethra, 225, 234
 Uric, 211, 213, 234
 Urine, 192, 200, 212, 234
 Urticaria, 229, 234
 Uterus, 202, 235
 Uvea, 235
 Uveitis, 105, 235
- V**
- Vaccination, 79, 235
 Vaccine, 123, 126, 131, 134, 195, 235
 Valves, 7, 212, 235
 Vascular, 8, 150, 214, 215, 224, 234, 235

Vasculitis, 8, 31, 150, 235
Vein, 221, 222, 227, 235
Venous, 200, 226, 235
Venous blood, 200, 235
Ventricle, 198, 201, 219, 232, 235
Ventricular, 64, 134, 212, 235
Venules, 200, 235
Vertebrae, 230, 235
Veterinary Medicine, 171, 235
Viral, 60, 178, 207, 210, 220, 235
Virulence, 4, 5, 233, 235
Virus, 16, 210, 213, 228, 235
Visual field, 227, 235
Vitro, 212, 235

Vivo, 235
W
War, 98, 235
Warts, 213, 235
White blood cell, 192, 197, 216, 217, 219,
224, 235
Windpipe, 233, 236
Wound Healing, 218, 236
X
Xenograft, 197, 236
X-ray, 191, 192, 209, 221, 236
Z
Zymogen, 225, 236

