A study was conducted among 100 dental college students by giving a survey containing 15 questions and prior to this the students were given a brief overview about the disease rheumatic fever and its effects and then they were given time to give their responses and by the help of the data collected the result was concluded.

RESULT

So in this study the following results were obtained only 46% of the students were aware about the causative agent which caused rheumatic fever.53% of the students were not about the fact that rheumatic fever cause damage to the heart by endocarditis.53% students were not aware that rheumatic fever caused ulcerations in the oral cavity and rashes on the skin. As many dental students were not aware about the symptoms of the disease awareness is much needed and it can be achieved by conducting conferences and surveys.

DISCUSSION

Rheumatic fever usually starts off with a sore throat and the [7] sore throat with tender and swollen lymphnodes. Symptoms appear between one and five weeks after a sore throat, with an average of three weeks. In recurrent cases this incubation period is shorter, in keeping with a faster immune response. The diagnosis is based on major and minor criteria. In the acute disease the arthritis and toxicity are obvious but it can be more insidious with mild carditis. This probably accounts for only about half of those with typical rheumatic heart disease giving a history of RF. It causes [8] red rashes on the skin and difficulty while swallowing food. It
causes thick, bloody discharge from nose with a temperature of 101°F or above and tonsils that are red and swollen with white patches or pus. It even causes small, [9] red spots on the roof of their mouth and the usual symptoms are headache, nausea, vomiting. Though it has a lot of general manifestations its oral manifestations are the [10] primary symptoms which can be seen clearly in the initial stages of disease which can be diagnosed by a dentist who is into the job of looking into the oral cavity whenever a patient comes to him with a problem in his/her oral cavity. It must be remembered that dentists have a rare opportunity to detect cases of Rheumatic fever. So it is essential for a dentist who has to ensure the patients oral hygiene to know about the oral manifestations caused by the rheumatic fever and alert the patient for further diagnosis or treatment.

CONCLUSION

The study demonstrates that inadequate attention is paid to the maintenance of good oral health in patients with severe rheumatic heart disease. It is very likely that within our healthcare system, the oral health of patients with less severe rheumatic heart disease who are not attending specialist cardiac facilities is also suboptimal. This important aspect of the prevention of infective endocarditis or rheumatic fever needs greater attention.

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