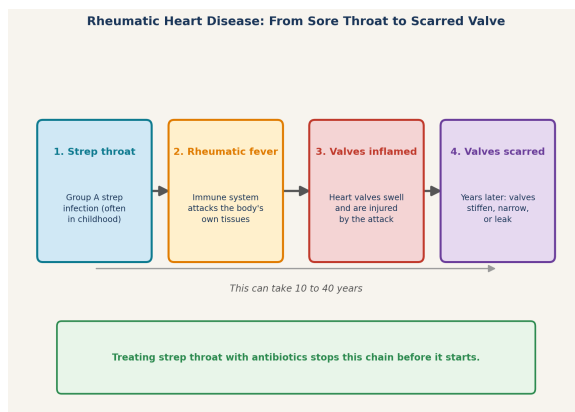


Understanding Rheumatic Heart Disease

How an untreated strep throat can scar the heart valves

Rheumatic heart disease is preventable. Treating strep throat — and staying on penicillin after rheumatic fever — protects the valves.



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Names & Terms You Will Hear

Term	Meaning
Rheumatic heart disease (RHD)	Lasting heart-valve damage caused by one or more attacks of rheumatic fever.
Rheumatic fever (RF)	An immune reaction a few weeks after an untreated strep throat. It can harm the heart, joints, skin, and brain.
Strep throat	A sore throat from a germ called group A strep. Antibiotics for strep throat keep rheumatic fever from starting.
Rheumatic mitral stenosis	A tight, narrowed mitral valve from rheumatic scarring. The most common valve problem in RHD.
Rheumatic valve disease	Another name for the valve damage caused by rheumatic fever.
Secondary prophylaxis	Regular penicillin — a shot every 3–4 weeks, or a daily pill — to stop repeat rheumatic fever attacks.
Valve stenosis	A valve that is too tight and does not open all the way. It blocks forward blood flow.
Valve regurgitation	A valve that leaks because it does not close all the way. Blood flows backward.



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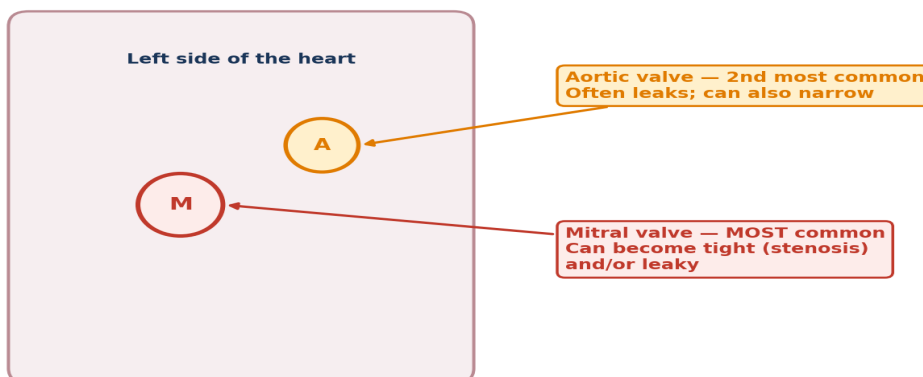


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What Is Rheumatic Heart Disease?

- Rheumatic heart disease (RHD) is **lasting damage to the heart valves**. It is caused by rheumatic fever, which follows an untreated strep throat.
- After strep throat, the immune system can **mistakenly attack the body's own tissues** — including the heart valves. This immune reaction is rheumatic fever.
- Each attack of rheumatic fever can **inflamm and injure the valves**. Over years, the valves thicken, stiffen, and scar. Repeat attacks make the damage worse.
- The **mitral valve** (between the upper and lower left chambers) is hit most often. The valve can become tight (stenosis), leaky (regurgitation), or both. The aortic valve is next most common.
- Damage builds up **slowly and silently**. Many people feel fine for 10 to 40 years. Symptoms often show up in young adulthood or middle age.
- RHD is **still very common worldwide** — about 40 million people have it, mostly in lower-income regions. It causes hundreds of thousands of deaths each year.

Which Heart Valves Does Rheumatic Disease Harm?



Right-side valves (tricuspid, pulmonary) are affected far less often

Rheumatic disease most often harms the mitral valve, which can become tight (stenosis), leaky (regurgitation), or both. The aortic valve is the next most affected. Right-side valves are involved far less often.



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An untreated sore throat can harm the heart.

Most sore throats are caused by viruses and clear on their own. But a strep throat — caused by bacteria — needs antibiotics. If it is not treated, the body's immune reaction can cause rheumatic fever and slowly scar the heart valves over years. A simple throat test and a full course of penicillin break this chain. When a sore throat comes with fever, swollen neck glands, and no cough, get it checked.



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Why It Matters

- RHD is the **top cause of heart-valve disease in young people** worldwide. Most damage starts in childhood, long before symptoms show up.
- A scarred valve makes the heart **work harder**. Over time this leads to breathlessness, tiredness, swelling, and heart failure.
- A stretched upper chamber can trigger an **irregular heart rhythm (atrial fibrillation)**. This raises the risk of stroke from blood clots.
- Scarred valves are **easier for bacteria to infect** (infective endocarditis). Good dental care and prompt treatment of infections matter.
- RHD is **preventable**. Treating strep throat early, and staying on penicillin after rheumatic fever, can stop valve damage before it starts or gets worse.

Which Valve, and What Goes Wrong

Valve	How Often	Main Problem	What You May Feel
Mitral	Most common	Tight (stenosis) and/or leaky	Breathless, tired, palpitations
Aortic	Second most common	Leaky; can also narrow	Breathless, chest pressure, faint
Tricuspid	Less common	Usually leaky	Leg/belly swelling, fatigue
Pulmonary	Rare	Rarely involved	Few symptoms



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Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
Untreated or partly treated strep throat	Strep throat that is not treated with antibiotics is the root cause. Finishing the full antibiotic course is key.
A prior attack of rheumatic fever	Each attack scars the valves more. People who had rheumatic fever are at high risk of repeat attacks without penicillin.
Childhood and young age	Rheumatic fever most often starts between ages 5 and 15. Most valve damage begins in childhood.
Crowded living conditions	Crowding helps strep spread from person to person. This raises the chance of repeat infections.
Limited access to health care	When antibiotics are hard to get, strep throat goes untreated. Then rheumatic fever can take hold.
Lower-income regions	RHD is far more common in parts of Africa, South Asia, the Pacific, and among some Indigenous groups.
Family or community outbreaks	Strep spreads in households, schools, and close communities. One untreated case can lead to others.



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Treatment Options

- **Prevent first.** Treat strep throat promptly. After rheumatic fever, stay on long-term penicillin to stop repeat attacks and protect the valves.
- **Water pills (diuretics)** ease breathlessness and swelling by removing extra fluid. They help symptoms but do not fix the valve.
- **Heart-rate medicines.** Beta-blockers slow the heart so a tight valve can fill. If the rhythm goes irregular (atrial fibrillation), a blood thinner is added too.
- **Blood thinners.** For rheumatic valve disease with atrial fibrillation, **warfarin** is the right blood thinner — not the newer pills. It lowers stroke risk.
- **Balloon valvuloplasty (PBMV).** For a tight rheumatic mitral valve with the right anatomy, a balloon on a catheter opens the fused valve from inside — no open surgery.
- **Valve repair** — open surgery to fix a damaged valve when possible. It keeps your own valve and often avoids long-term blood thinners.
- **Valve replacement** when the valve is too scarred to repair. Mechanical valves last decades but need warfarin; tissue valves last 10–15 years and may not.

Two Layers of Prevention



Two layers of prevention. Primary: treat strep throat early with antibiotics to stop rheumatic fever from starting. Secondary: after rheumatic fever, regular penicillin — a shot every 3–4 weeks or a daily pill — prevents repeat attacks and protects the valves.



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The Mitral Valve — Most Often Affected

- The mitral valve sits between the upper and lower chambers on the left side. In RHD it is the **most commonly damaged valve**.
- **Mitral stenosis (tight valve):** rheumatic scarring fuses the valve leaflets, narrowing the opening. Blood backs up into the lungs, causing breathlessness — at first with activity, later at rest.
- **Mitral regurgitation (leaky valve):** a scarred valve may not close fully, so blood leaks backward. The heart enlarges and works harder over time.
- Many people have **both problems** in the same valve — some narrowing and some leak together.
- A tight rheumatic mitral valve can often be opened with a **balloon procedure** instead of open surgery, when the anatomy is right.
- See our companion guides on the tight valve (mitral stenosis) and the leaky valve for a deeper look.



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The Aortic Valve — Second Most Affected

- The aortic valve is the door from the heart out to the body. It is the **second most common valve** damaged by rheumatic disease.
- **Aortic regurgitation (leak)** is common in RHD: the scarred valve does not close fully, so blood flows back into the heart. The heart enlarges to cope.
- **Aortic stenosis (narrowing)** can also occur when the leaflets thicken and stiffen, blocking forward flow.
- Symptoms can include breathlessness, chest pressure, and feeling faint with activity.
- When the aortic valve is badly damaged, it is usually **repaired or replaced** with surgery; a catheter-based valve (TAVR) may be an option for some patients.
- Often the mitral and aortic valves are **both involved**, and the heart team plans treatment for both at once.



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Right-Side Valves and Multi-Valve Disease

- The **tricuspid valve** (right side) is affected less often. When it is, it usually leaks, causing leg and belly swelling and fatigue.
- The **pulmonary valve** is only rarely involved in rheumatic disease.
- Right-side leakage is sometimes **secondary** — caused by high lung pressure from a damaged mitral valve rather than direct rheumatic scarring.
- Many people with RHD have **more than one valve** affected. The combination shapes the symptoms and the treatment plan.
- An **echocardiogram** checks every valve and measures how tight or leaky each one is. This guides the timing of any procedure.
- Because several valves can be involved, RHD is best followed by a cardiologist with regular imaging over time.



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Staying on Penicillin — Secondary Prevention

- After even one attack of rheumatic fever, the valves are vulnerable. **Each repeat attack causes more scarring.** Stopping repeat attacks is the goal.
- **Secondary prevention** means regular penicillin: usually an injection every 3–4 weeks, or a daily pill if shots are not possible.
- This is continued for **many years** — often into adulthood. Your cardiologist sets the length based on your age, valve damage, and risk.
- The shots can sting, but they are **low-cost, safe, and highly effective** at protecting the heart valves.
- If you are allergic to penicillin, **another antibiotic** can be used. Tell your care team about any allergy.
- Do not stop on your own. **Skipping doses** lets repeat rheumatic fever scar the valves further — and that damage cannot be undone.

Use warfarin — not newer blood thinners — for rheumatic valve disease with atrial fibrillation.

This pairing carries a high stroke risk. The INVICTUS trial (2022) found warfarin worked better than rivaroxaban for rheumatic valve atrial fibrillation. Newer pills are not recommended here. Ask your cardiologist before changing any blood thinner.



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Comfort Measures at Home (No Medication Needed)

These simple steps support healing and ease symptoms. Use them alongside any medication your doctor prescribes.

- Stay on your penicillin schedule if you had rheumatic fever — it is the single best way to protect your valves.
- Treat sore throats seriously: see a clinician for testing, and finish every antibiotic prescribed.
- Keep up good dental care and routine cleanings — healthy gums lower the risk of valve infection.
- Limit salt to reduce fluid buildup and ease breathing if your valve is affected.
- Get your yearly flu shot and stay current on pneumonia vaccines to cut infection risk.



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Long-term penicillin (after rheumatic fever)	Injection can sting. Rare allergic reaction. Needs a clinic visit every 3–4 weeks for shots, or daily pills.	Stops repeat rheumatic fever and more valve damage. Low cost and proven.	A daily pill instead of shots. A different drug if you are allergic to penicillin.
Medications for symptoms (diuretics, rate control)	Diuretics can lower potassium. Rate-control drugs may cause low blood pressure or tiredness.	Ease breathlessness and swelling. Help the heart cope while the valve is monitored.	Balloon procedure or surgery if the valve damage becomes severe.
Balloon valvuloplasty (PBMV) (tight rheumatic mitral valve)	Valve leak can worsen in a small number. Rare stroke or bleeding. Valve may re-narrow over years.	Opens the valve without open surgery. Quick recovery. Can be done during pregnancy.	Surgical repair or valve replacement; medicines only.
Valve repair or replacement (severe valve damage)	Open-heart surgery with stroke and infection risk and a 6–8 week recovery. Mechanical valves need lifelong warfarin.	Fixes or replaces a badly damaged valve. Restores normal blood flow and relieves heart strain.	Balloon procedure if a tight mitral valve is suitable; medicines while monitoring.



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Common Misconceptions

Myth	Reality
"A sore throat can't hurt my heart."	An untreated strep throat can. The body's reaction to strep — rheumatic fever — can scar the heart valves over years. Treating strep early prevents this.
"Rheumatic heart disease is a thing of the past."	Not worldwide. About 40 million people live with RHD today, mostly in lower-income regions. It remains a leading cause of valve disease in young people.
"If I feel fine, my valves are fine."	RHD is slow and silent. Valves can be damaged for years with no symptoms. Regular checkups and an echocardiogram can find problems early.
"Once I finish antibiotics for strep, I'm fully protected."	Treating one strep throat helps. But if you have already had rheumatic fever, you need long-term penicillin to prevent repeat attacks and more valve damage.
"Penicillin shots are not worth the hassle."	They are one of the most effective and lowest-cost ways to protect your heart. Skipping them lets repeat rheumatic fever attacks scar the valves further.
"Valve damage can be reversed with medicine."	Medicines ease symptoms but cannot un-scar a valve. Severe damage is treated with a balloon procedure, repair, or replacement. Prevention is what protects the valve.



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Mitral stenosis (tight valve)	Scarring fuses the mitral valve leaflets, narrowing the opening. Blood backs up into the lungs, causing breathlessness.
Valve leak (regurgitation)	A scarred valve may not close fully, so blood leaks backward. The heart works harder and can enlarge over time.
Atrial fibrillation	A stretched upper chamber can fall into an irregular rhythm. This causes palpitations and raises stroke risk.
Stroke from blood clots	Blood can pool in the enlarged upper chamber and form clots. A clot to the brain causes a stroke. Blood thinners lower this risk.
Heart failure	Damaged valves and an overworked heart can lead to fluid buildup — breathlessness, swelling, and fatigue.
Valve infection (endocarditis)	Bacteria can settle on a scarred valve. Fever, chills, or feeling unwell after dental or other procedures need prompt care.
Problems during pregnancy	Extra blood volume in pregnancy strains a damaged valve. Women with RHD need cardiology care before and during pregnancy.



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Points to Know

If you remember nothing else, remember these key points.

- RHD starts with an **untreated strep throat**. The immune reaction (rheumatic fever) scars the heart valves over 10–40 years.
- The **mitral valve** is affected most often — it can become tight, leaky, or both. The aortic valve is next.
- Symptoms often appear **years later**: breathlessness, tiredness, palpitations, and swelling. Many people feel fine at first.
- Diagnosis uses an **echocardiogram** (heart ultrasound) plus a history of rheumatic fever or strep.
- **Prevention works.** Treat strep throat early. After rheumatic fever, stay on penicillin (a shot every 3–4 weeks, or a daily pill).
- A tight rheumatic mitral valve can often be opened with a **balloon procedure**; badly damaged valves are repaired or replaced.
- RHD is **still common worldwide** — about 40 million people live with it. It is preventable and treatable.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- **Call 911** for sudden severe shortness of breath, especially when lying flat, or coughing up pink frothy fluid.
- **Call 911** for sudden arm or face weakness, trouble speaking, or vision loss — stroke warning signs.
- **Call our office today** if you are short of breath with everyday tasks — walking, stairs, or getting dressed.
- **Call our office today** for a fast, fluttering, or irregular heartbeat.
- **Call our office this week** for new ankle or leg swelling, or a weight gain of 3+ pounds in a few days.
- **Get a sore throat checked** — testing and full antibiotic treatment prevent rheumatic fever.
- **Call before dental or surgical work** — some valve patients need antibiotics first.
- **Call us before or early in pregnancy** if you have RHD — valve strain rises and needs close follow-up.

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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [AHA — Rheumatic Heart Disease](#) - American Heart Association patient page on RHD.
- [WHO — Rheumatic Heart Disease](#) - Global burden, prevention, and prophylaxis facts.
- [Cleveland Clinic — Rheumatic Heart Disease](#) - Easy-to-read overview of causes, diagnosis, and care.
- [CDC — Rheumatic Fever and Group A Strep](#) - How treating strep throat prevents rheumatic fever.
- [NIH MedlinePlus — Rheumatic Heart Disease](#) - Plain-language NIH reference.
- [Related guide: Mitral Stenosis](#) - Our guide on the tight mitral valve — the most common RHD problem.
- [Related guide: Aortic Stenosis](#) - Our guide on a narrowed aortic valve.
- [Related guide: Infective Endocarditis](#) - Our guide on heart-valve infection — a risk with scarred valves.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [AHA — Rheumatic Heart Disease](#) [Patient-Education]
How strep and rheumatic fever damage heart valves
- [AHA Scientific Statement — Contemporary Diagnosis and Management of Rheumatic Heart Disease \(2020\)](#) [Guideline]
Global burden, valve patterns, secondary prophylaxis, and management; basis for prevention statements (PMID 33073615)
- [WHO — Rheumatic Heart Disease \(Fact Sheet\)](#) [Guideline]
Global burden (~40 million people), prevention, and secondary prophylaxis
- [Cleveland Clinic — Rheumatic Heart Disease](#) [Patient-Education]
Diagnosis, valve damage, and prevention in plain language
- [Mayo Clinic — Rheumatic Fever](#) [Patient-Education]
Rheumatic fever, strep link, and its cardiac sequelae
- [CDC — Group A Strep: Rheumatic Fever](#) [Patient-Education]
Strep throat treatment to prevent rheumatic fever
- [2020 ACC/AHA Guideline for the Management of Valvular Heart Disease](#) [Guideline]
Management of rheumatic mitral and aortic valve disease, balloon valvuloplasty, and surgery
- [2021 ESC/EACTS Guidelines for the Management of Valvular Heart Disease](#) [Guideline]
European management of rheumatic valve disease and intervention thresholds
- [NIH MedlinePlus — Rheumatic Heart Disease](#) [Patient-Education]
Plain-language NIH reference on diagnosis and follow-up
- [World Heart Federation — Rheumatic Heart Disease](#) [Patient-Education]
Global prevention programs and secondary prophylaxis advocacy



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Reviewer note: Reviewed AHA, WHO, and Cleveland Clinic patient pages and the 2020 AHA RHD statement. This guide adds a strep-to-scar chain, a valve-by-valve view, a two-layer prevention map, and clear penicillin-prevention guidance.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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