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Rheumatic Fever And Post-streptococcal Reactive Arthritis

Version of 2016

4. POST-STREPTOCOCCAL REACTIVE ARTHRITIS

4.1 What is it?

Cases of streptococcal-associated arthritis have been described both in children and young adults. It is usually called "reactive arthritis" or "post-streptococcal reactive arthritis" (PSRA).
PSRA commonly affects children between 8 to 14 years of age and young adults between 21 to 27 years. It usually develops within 10 days after a throat infection. If differs from arthritis of acute rheumatic fever (ARF), which mainly involves large joints. In PSRA, large and small joints and the axial skeleton are involved. It usually lasts longer than ARF — about 2 months, sometimes longer.
Low grade fever might be present, with abnormal laboratory tests indicating inflammation (C reactive protein and/or erythrocyte sedimentation rate). The inflammatory markers are lower than in ARF.
The diagnosis of PSRA relies on arthritis with evidence of recent streptococcal infection, abnormal streptococcal antibody tests (ASO, DNAse B) and the absence of the signs and symptoms in a diagnosis of ARF according to "Jones criteria".
PSRA is a different entity to ARF. PSRA patients will probably not develop carditis. Currently, the American Heart Association recommends prophylactic antibiotics for one year after symptoms onset. In addition, these patients should be carefully observed for clinical and echocardiographic evidence of carditis. If heart disease appears, the patient should be treated as in ARF; otherwise prophylaxis can be discontinued. Follow-up with a cardiologist is recommended.