

Heart Congress 2018: Cardiac involvement in patients with rheumatoid arthritis - Liutsiia Feiskhanova - Kazan State Medical University

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The risk of cardiovascular pathology in rheumatoid arthritis (RA) is 1.5-2 times higher than in the population. This increased risk is based on systemic chronic inflammation, which is the hallmark of rheumatoid arthritis. Framingham scale and Score are insufficiently reliable for assessment of cardiovascular risk in patients with RA, because they have the value of the presence of rheumatoid factor and long-lasting increase of ESR. Cardiovascular risk is correlated with the presence of rheumatoid factor, antibodies to cyclic citrullinated peptide, activity and duration of the disease. Dyslipidemia develops earlier than in the population. Proinflammatory cytokines are involved in atherosclerosis and myocardial fibrosis. Sudden cardiac death occurs in two times more often in people with RA, than in the population. The greatest contribution to the development of sudden cardiac death is made by ventricular arrhythmias. Patients with RA have a tendency to develop myocarditis and fibrosis, which leads to diastolic dysfunction. According to our data, the diastolic dysfunction correlates with the degree of activity of the disease ($p < 0.05$). Pericardial damage is a common occurrence in rheumatic diseases. In our study, the pericardial effusion is found in about 30% of cases according to echocardiography, but specialists often find it difficult and see this picture as an increase of myocardial mass, which in the calculation of parameters indicates the presence of eccentric hypertrophy. Given the fact that RA is the most common rheumatic disease, it needs the special attention to cardiovascular pathology that increases the risk of fatal consequences in patients with RA.

Rheumatoid joint pain (RA) is an interminable fundamental infection with obscure etiology. It is described with determined provocative synovitis that generally influences fringe joints with symmetric dispersion. The course of this infection changes from gentle and present moment oligoarticular ailment to extreme and dynamic polyarthritis ailment with huge dysfunction. The predominance of RA malady is about 1% when all is said in done populace and influences ladies multiple times more than men, approximately. The beginning of RA sickness, nearly in 66% of patients, is related with exhaustion, anorexia, general shortcoming, and ambiguous musculoskeletal side effects; this underlying stage may take a long time to months. Alongside symmetric inclusion of joints, particularly hand and foot joints, explicit side effects show up gradually. Extra-articular appearances of RA can happen over the span of this infection and even before beginning of

arthritis. Cardiovascular ailment is one of the extra-articular signs of RA that is the most widely recognized reason for death in these patients. Segment and clinical information, for example, sex, age, work, medicate history, and span of ailment were gathered. The Ethical Committee of Guilan University of Medical Sciences affirmed this investigation and educated assent for cooperation in the examination was gotten from all subjects. Complete physical assessment of the joints was performed by a specialist rheumatologist in all subjects to assess the reduction of disease. Signs and indications of conceivable heart inclusion were assessed in patients by taking history and erythrocyte sedimentation rate (ESR) test; besides, a specialist cardiologist performed total cardiovascular assessment in all members. At that point all subjects were alluded to an equivalent community for electrocardiography and echocardiography. All layers of the heart may include in RA patients. Pericarditis is the most widely recognized type of heart association in these patients; besides, valvular scatters, coronary vasculitis, and ventricular diastolic brokenness can be seen in RA. Therefore, we chose to assess RA patients as far as history, clinical assessment, electrocardiography, and echocardiography to decide the predominance of kinds of cardiovascular inclusions in RA patients.