

Mitral Valve Prolapse

Prolapso de la válvula mitral

WHAT IS MITRAL VALVE PROLAPSE (MVP)?

The mitral valve is located between a reservoir chamber (left atrium) and the heart pump (left ventricle).

It is made up of two valve leaflets (called mitral leaflets because they resemble a bishop's mitre) which, when they are pushed open allow blood flow into the left ventricle and when they close prevent blood from returning into the left atrium.

Mitral valve prolapse (MPV), also called floppy or flexible valve syndrome, Barlow's syndrome, click-murmur syndrome, and systolic murmur, is a structural abnormality in one or both mitral leaflets that bulge (prolapse) like a parachute into the left atrium, causing an uneven closure of the valve and producing backward blood leak (regurgitation). (Figure)

Its reported prevalence is of 5 to 10% in the world population, and may present at any age. It is more common in women, and usually has an asymptomatic course with low risk of complications

WHAT CAUSES MPV?

The exact cause of MPV is unknown, but a typical myxomatous degeneration of the mitral leaflets (called myxomatous degeneration) causes their enlargement and thickening and the elongation of the chordae tendineae (attaching the leaflets to the ventricle).

A person can be born with the genetic risk of developing MVP or it can be caused by connective tissue diseases, as Marfan's syndrome, or skeletal abnormalities, such as scoliosis.

WHAT ARE THE SYMPTOMS OF MVP?

Most patients with this condition have no symptoms.

However, some patients may have unspecific symptoms, including palpitations, tachycardia, chest pain, shortness of breath, dizziness, fainting, and anxiety.

DIAGNOSIS

During cardiac auscultation, a typical murmur preceded by a 'click' may suggest MVP. The electrocardiogram (ECG) can detect associated arrhythmias and chest X-ray completes the evaluation.

Two-dimensional color Doppler echocardiography is the technique of choice for MVP diagnosis, complications, and severity.

PROGNOSIS AND COMPLICATIONS

Most people with MVP lead normal, active lives, and have no complications.

Complications are uncommon, and are related with:

- The degree of severity and the evolution of mitral valve regurgitation.
- The presence of cardiac arrhythmias.
- The possibility of valve infection (endocarditis).

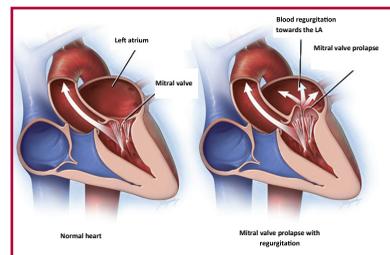
Medical consultation, antiarrhythmic drug therapy, if necessary, and mainly antibiotic prevention in case of surgical interventions or dental procedures can prevent and control eventual complications.

TREATMENT

Mitral valve prolapse usually requires no specific treatment, and the doctor will decide its need in each particular case.

Some people with MVP should avoid competitive sports.

In some cases of significant mitral regurgitation or infectious complications, surgical mitral valve repair or replacement may be necessary.



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Author: Rubén H. Álvarez, M.D.
Chief of the Department of Cardiology,
Clínica Güemes.
Luján, Province of Buenos Aires

Editor: Julio Manuel Lewkowicz, MD^{MTSAC}
Sanatorio Güemes, Buenos Aires

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