In BAV, Benign Pediatric Presentation shows no signs and symptoms of valve dysfunction. However, physical exam reveals:

BAV associated with CoA most commonly presents with upper-extremity hypertension. Neonatal History is based on poor feeding. Occasionally, the child presents with CVA or aortic dissection. The physical findings in order of severity include the following:

[Note: The systolic murmur continues throughout the diastole in older children. The ejection-click and low-pitched ejection systolic murmur of BAV is a consistent physical examination finding at the region of the upper-left sternal border].

[Note: Indication for surgery in BAV (1) EKG changes (T-wave/ST- changes) with peak-to-peak gradients &gt;50mmHg, at rest or exercise. (2) Benign presentation with peak-to-peak gradients &gt;60mmHg].