Lecture Outline

Mitral Stenosis

Mitral Regurgitation

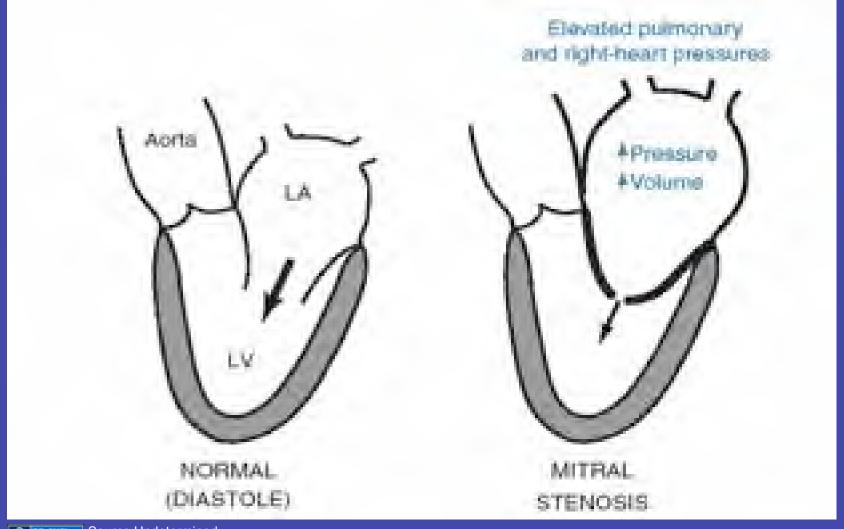
- Etiology
- Pathophysiology
- Clinical features
- Diagnostic testing
- Differential diagnosis
- Management

Etiology: rheumatic; female>male by 6:1

Mitral leaflets:

- Large anterior is contiguous to aorta
- Smaller posterior is contiguous to left atrial endocardium
- Normal area: 4-5cm²

- Fundamental problem: Inability to get blood from left atrium → left ventricle
- Stenotic process:
 - Scarring and fibrosis of leaflets and chordae tendineae
 - Commissural fusion
 - Leads to <u>funnel-shaped orifice</u> and pressure gradient across valve



- Consequences of † left atrial pressure:
 - Left atrial enlargement, blood stasis may lead to atrial thrombus formation and embolism
 - Development of atrial fibrillation
- Consequences of † pulmonary vein pressure
 - Leads to pulmonary artery HTN
 - Then RV hypertrophy and dilation

- Measuring severity: valve area
 - Severe: $< 1.0 \text{ cm}^2$
 - Moderate: 1.0-1.4 cm²
 - Mild: 1.5-4.0 cm²
- Symptoms unusual until area ≤ 1.5 cm but... during unusual flows ↑ (eg. exercise) or ...tachycardia which left atrial filling time... dyspnea may occur
- Symptoms progress as valve narrows

<u>History</u>

- Long course before sx onset
- Sx worsen with onset of atrial fibrillation
- Typically asx ___ then dyspnea with marked effort ___ then minimal effort ___ then orthopnea, paroxysmal nocturnal dyspnea

<u>History</u>

- Fatigue is common → patient cannot augment cardiac output
- Hemoptysis
- Embolic stroke.... usually when patient is in atrial fibrillation

Physical exam:

- Palpation may be a parasternal lift (RV)
- Auscultation:
 - 1. Accentuated first heart sound (S₁)
 - 2. Opening snap sudden stop in leaflet opening
 - 3. Diastolic rumble

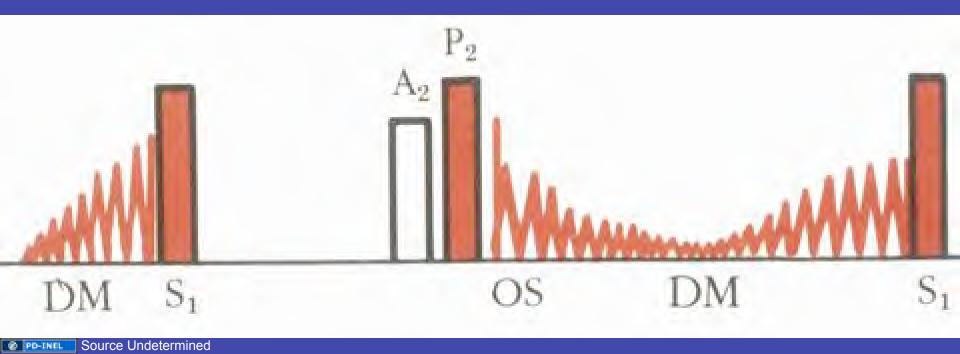
Higher left atrial P°, shorter S₂ to OS interval

Diastolic rumble:

- Low frequency murmur
- Occurs after opening snap (OS)
- Decrescendo contour

Pulmonary Hypertension:

• ↑ P₂ component of S₂



Mitral Stenosis

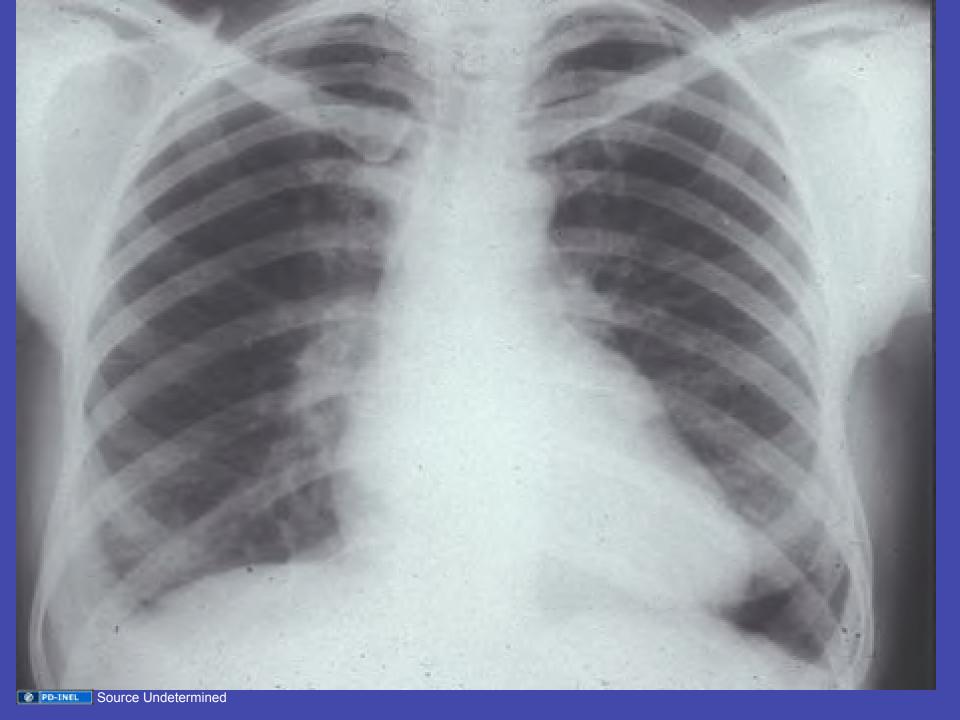
Diagnostic testing

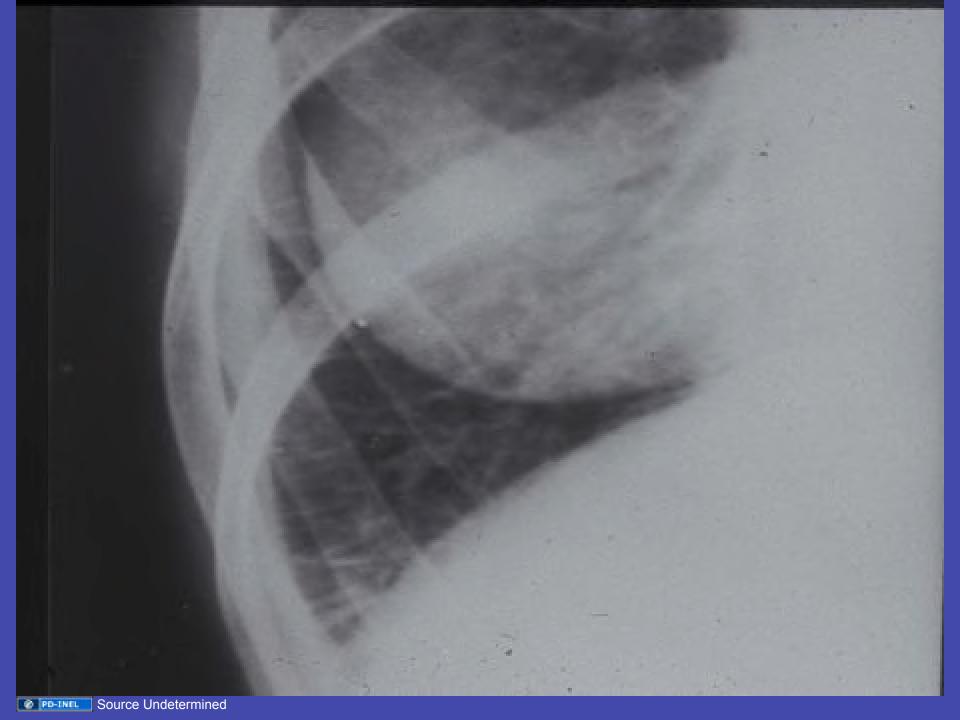
- Chest radiology
- Electrocardiography
- Echocardiography
- Cardiac catheterization

Mitral Stenosis: CXR findings

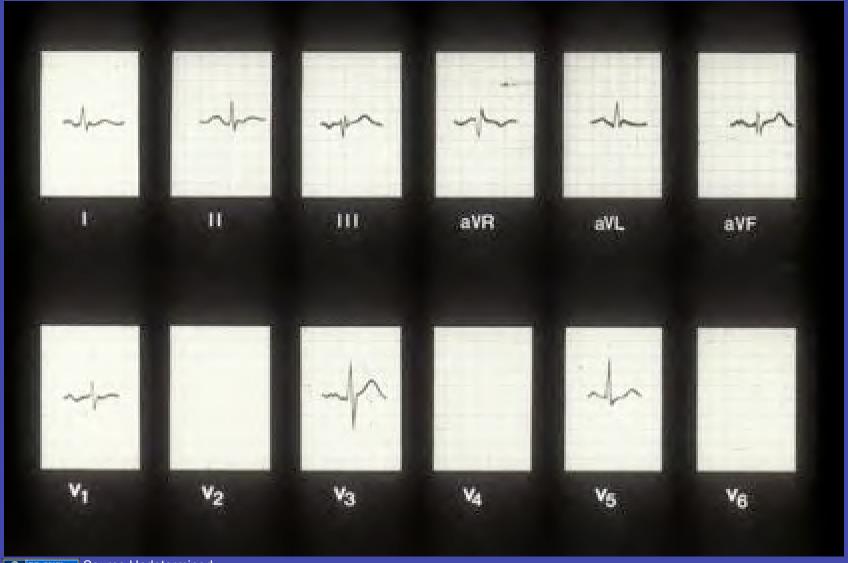
Reflect left atrial HTN

- Double density right cardiac border
- Convexity (LA appendage) just below left PA → 4 bump sign: aorta, pulm artery, atrial appendage, left ventricle
- Elevated left main bronchus
- Kerley lines





Mitral Stenosis: The ECG



Mitral Stenosis

Diagnostic testing

- Chest radiology
- Electrocardiography
- Echocardiography
- Cardiac catheterization

Echocardiography: Parasternal

Normal



Mitral Stenosis

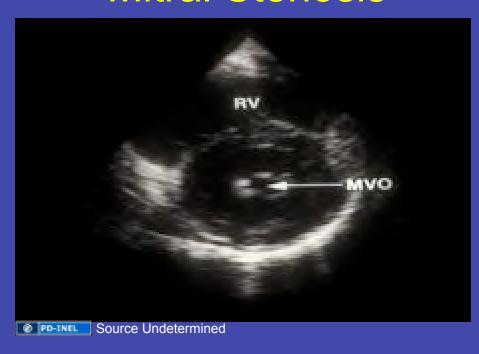


Echocardiography: Short Axis

Normal



Mitral Stenosis



Mitral Stenosis: Clinical Manifestations and Diagnosis

- Echo: 2D images
 - Increased LA size
 - Doming of valve leaflets
 - Valve stenosis
 - Valve area can be planimetered

Mitral Stenosis: Cardiac Catheterization

- Not required to establish dx in young patients – echo is sufficient
- Cath may be needed if:
 - Sx disproportionate to objective evidence
 - Other forms of heart disease suspected... eg. CAD
 - Mitral regurgitation of uncertain degree

Mitral Stenosis

<u>Differential Diagnosis</u>

- Atrial myxoma
- Cor triatriatum
- Congenital mitral stenosis

Mitral Stenosis: Management

<u>Medical</u>

- 2° prevention: penicillin → years
- Rate control for atrial fibrillation: beta-blockade, digoxin
- Anticoagulation
- Diuretics and rate control for congestion

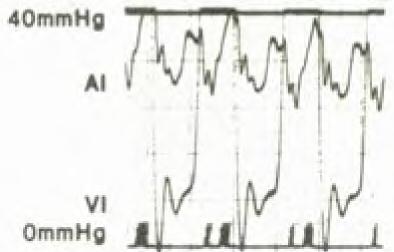
Mitral Stenosis

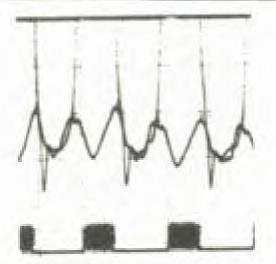
Mechanical Relief

- Closed surgical commissurotomy
- Open surgical commissurotomy
- Valve replacement
- Balloon mitral commissurotomy











Mitral Regurgitation