

# Mitral Valve Prolapse

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## What is it?

The mitral valve sits between the chamber of the heart that collects blood from the lungs (the left atrium) and the pumping chamber (the left ventricle). When it opens it allows blood into the ventricle but when the heart contracts it stops blood leaking back into the atrium and into the lungs. This encourages the blood to move forward and allows the heart to function as a one-way pump. The mitral valve is composed of two leaflets which swing shut like two doors to provide a seal. When one or both leaflets are too large the seal is disturbed and the valve becomes leaky. To help the valve leaflets function there are cords attached to the tips of the leaflets which act like parachute cords. An abrupt leak can occur if one of these cords breaks. This is generally a condition that you are born with but it may only become evident in later life. This condition is also known as floppy mitral valve or Barlow's syndrome.

There are varying degrees of this condition from the commonest form where there are minimal changes to the less common severe forms requiring surgery.

## What problems does it cause:

The leaking valve means that the heart has to pump more blood than is needed to compensate for the amount that leaks back. Initially the heart copes with this by enlarging but at a very late stage can fail. For this reason the valve is generally fixed well before the heart is too enlarged. Symptoms generally occur late and include shortness of breath and lethargy. You will be monitored with regular echocardiographic examinations and should report any new symptoms, particularly of shortness of breath, to your Doctor.

A leaking valve can also predispose to a bacterial infection on the valve called endocarditis. For those with an abnormal valve and significant leak you will be advised to have antibiotics with dental procedures. It is important to ensure you maintain good dental hygiene and see your Dentist regularly.

## How do you treat it:

Unless the leak is severe the initial treatment is regular observation and **ACE inhibitors** which are tablets that reduce the load on the heart and hence the leak. In the minority of patients with severe leak an open heart operation is required. It is preferred to repair the valve which restores a natural valve. The advantage is there is no long term requirement for blood thinner tablets (**Warfarin**). If the valve is severely abnormal repair may not be possible and the valve is then replaced generally by a mechanical valve necessitating blood thinners for life.