MITRAL VALVE PROLAPSE



■ ■ Description

The mitral valve is one of the heart valves. It prevents blood from moving backward through the heart and allows the heart to work more efficiently. Mitral valve prolapse is a condition once thought to be common, characterized by bulging and mild leakage of blood through the valve. The condition is associated with a click and a heart murmur that can be heard when physicians listen to the heart with a stethoscope. It is generally thought to be a benign condition unless associated with syncope (fainting), a family history of sudden death, or abnormal heart rhythms.

■ ■ Common Signs and Symptoms

- Generally, no symptoms
- Syncope (fainting)
- Palpitations
- Fatigue
- Anxiety
- Stroke (cerebrovascular accident)
- Chest pain
- Dyspnea (increased work of breathing)
- Arrhythmias (abnormal heart rhythms)
- Sudden death

■ ■ Causes

The cause of mitral valve prolapse is unknown in most cases. The condition is seen in persons with connective tissue diseases, such as Marfan syndrome.

■ ■ Risk Increases With

- Hypertrophic cardiomyopathy
- Connective tissue diseases, such as Marfan syndrome and Ehlers-Danlos syndrome
- Rheumatic fever

■ ■ Preventive Measures

- Take prophylactic antibiotics to prevent subacute bacterial endocarditis when going to the dentist or before surgery.
- When associated with fainting, athletes will often be asked to reduce training.
- When associated with Marfan syndrome, athletes are screened for progression of condition.

■ ■ Expected Outcome

Mitral valve prolapse is usually a benign condition that does not prevent sports participation. In most cases, athletes do not have symptoms and the condition is found incidentally on a preparticipation examination.

■ ■ ■ Possible Complications

The risk of complications from mitral valve prolapse is considered to be low, and athletes with this condition are generally expected to perform to the same level as athletes without structural heart disease. However, complications are associated with mitral valve prolapse, and these include:

- Sudden death
- Bacterial endocarditis (infection of lining of heart)
- Arrhythmias (abnormal heart rhythms)
- Emboli (blood clots formed in the heart, which can travel to other organs)
- Stroke

■ ■ General Treatment Considerations

Prophylactic antibiotics must be taken before dental appointments and certain medical procedures. If the valve leaks or becomes incompetent, surgery to replace the mitral valve may be necessary. A change in exercise tolerance should be evaluated carefully.

■ ■ Medication

No medications are indicated unless the athlete has symptoms. However, abnormal heart rhythms (arrhythmias), syncope (fainting), and complications of mitral valve prolapse require a change in training and perhaps in the sport the athlete participates in. Avoiding caffeine may reduce symptoms.

■ ■ Activity

No activity restrictions are required unless symptoms prevent participation.

■ ■ Diet

No dietary changes are required to treat this condition.

■ ■ Notify Our Office If

- There is a change in exercise tolerance
- There is a family history of sudden death before age 50 related to mitral valve prolapse
- You have an abnormal heart rhythm (arrythmia)
- You have an episode of syncope (fainting)

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Notes and suggestions	