

Mitral Valve Disorder

Mitral Stenosis (MS)

Mitral stenosis is narrowing of the mitral valve. It produces a diastolic murmur. Once common due to rheumatic fever, it is now somewhat rare. Rheumatic MS has a progressive course, slow in the early decades and accelerating later in life. There can be a latent period of 20-40yrs. Complications and symptoms include pulmonary hypertension, abnormal heart rhythms (such as atrial fibrillation and premature contractions), shortness of breath, chest pain, and heart failure. Significant MS requires surgical intervention. Surgery can be done through balloon dilation of the tight valve via a catheter approach – or the stenosis can be relieved via an open chest procedure. Sometimes, replacement of the valve is necessary. In underwriting, mitral stenosis is classified as minimal, mild (valve opening $>1.5 \text{ cm}^2$), moderate (valve opening $1.0 - 1.5 \text{ cm}^2$), or severe (valve opening $<1.0 \text{ cm}^2$)

Mitral Regurgitation (MR)

Mitral regurgitation, also called insufficiency, occurs when the mitral valve doesn't close properly, allowing backward flow of blood into the left atrium. It produces a systolic murmur that is transmitted to the armpit (axilla). Most cases are due to mitral valve prolapse (MVP). Other causes include coronary artery disease, rheumatic fever, or endocarditis (infection of the heart valve). Some individuals with MR never develop symptoms. Others eventually experience shortness of breath, abnormal heart rhythms (such as atrial fibrillation), fatigue, weakness, and heart failure. Significant MR requires surgical intervention. Successful repair (via an open chest procedure) of the valve (without replacement) has an excellent prognosis. Valve replacement is sometimes necessary.

If your client has had mitral stenosis and/or regurgitation, please answer the following:

1. How long has this abnormality been present? _____ (years)

2. Was the sleep apnea diagnosed as:

Mitral stenosis _____

Mitral regurgitation _____

Mitral valve prolapse (MVP) _____

3. Have any of the following occurred?

Chest pain Yes or No

Trouble breathing Yes or No

Heart failure Yes or No

Palpitations Yes or No

Atrial Fibrillation/Flutter Yes or No

4. Is there a history of any other heart disease in addition to the mitral valve disorder (problems with other valves, coronary artery disease, etc.)?

Yes, please give details

5. Have additional studies been completed? (check all that apply) Please send the reports.

Echocardiogram _____ (date)

Cardiac catheterization _____ (date)

None _____

6. Is your client on any medications?

Yes, please give details

7. Has your client smoked cigarettes or any other form of tobacco in the last 5 years?

Yes, please give details

8. Does your client have any other major health problems (ex: cancer, etc.)?

Yes, please give details
