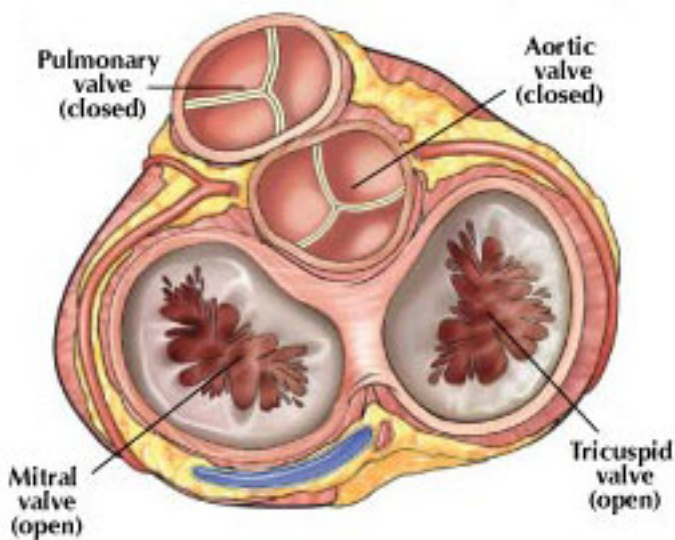


Every normal heart consists of heart muscle and four valves. Two valves are located between forechambers (atria) and pumping chambers (ventricles) as inlet valves, the other two are between ventricles and big arteries (aorta, pulmonary artery) as outlet valves of the pumping chambers. These valves regulate inflow into the heart and outflow into lungs of the body through coordinated opening and closing.



A disease may be caused by an inborn anomaly that gets worse with age. Some heart valve disease may only occur with wear due to increasing age or as a consequence of infections with bacteria.

Signs of heart valve disease may vary. The disease is often unrecognized for many years because the heart compensates the functional disturbance and patient does not experience any symptoms. If symptoms occur, decreased exercise tolerance is the most frequent. This may be

felt as **shortness of breath** on physical exertion, increased fatigue, or simply "getting slower".

Chest pain

may occur with some diseases, sometimes swelling of the ankles is noted.



The valves that are most frequently affected are those of the left heart. The **mitral** valve is the inlet valve of the left ventricle, and the

aortic

valve the outlet valve. One can differentiate between two principal functional changes, narrowing during outflow (

s

tenosis

) or leak during the closed phase (

regurgitation

). Sometimes a combination of the 2 disturbances may exist. The exact type of valve dysfunction may be detected by ultrasound (echocardiogram). Once a certain level of functional impairment is reached

medication

is not sufficient to stabilize the heart, and an operation or intervention is necessary. Without

surgery

principally the situation will continue to get worse, and ultimately additional damage to the heart muscle will develop that will contribute to heart failure or death.

Blog del Instituto Cardiotecnológico - "Heart Valve Disease"

Posted by Dr. Carlos Porras

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