Mitral Regurgitation

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Mitral valve (MV) disease is the most common of the valvular heart disorder, with a prevalence of more than 10% in people aged older than 75 years. The diagnosis and management is rapidly changing. That caused by new understanding of disease with improvements in and increased use of sophisticated imaging modalities. Mitral regurgitation (MR) is divided into primary or secondary MR. The classification of primary or secondary MR was very important because management of MR was different. The most common cause of primary MR is myxomatous degeneration of the MV leaflets and elongated and redundant chordal apparatus. Thickened redundant leaflets will prolapse into left atrium causing malcoaptation of leaflet edges and subsequent regurgitation. Stressed chordal structures due to prolapse is not uncommonly ruptured that caused an abrupt increase of severity of MR. other causes of primary MR include rheumatic disease, with rare causes healed infective endocarditis, and MR associated with systemic disease. Two-dimensional and Doppler echocardiography were standard for the assessment of patients presenting with MR. The severity of MR needs to be able to be established using quantitative assessment with proximal isovelocity surface area, volume quantification, left ventricle and atrial chamber size, and pulmonary artery pressure. In patients in whom a discrepancy exits between the MR severities further evaluation with other modalities such as MRI, CT, or cardiac catheterization. Secondary mitral regurgitation is mainly a disease of the left ventricle. Secondary MR includes both ischemic and non-ischemic functional MR causes. As left ventricular dysfunction usually precedes the onset of substantial MR, symptoms of exertional dyspnea and exercise intolerance are initially present but might progressively MR continues. Identification of the mechanism of secondary MR by echo is essential to understand potential therapies for which a patient could be a candidate. The best therapy for secondary MR is not clear. It is important to integrate the clinical and echocardiographic findings together to prevent unnecessary operation in patients with secondary MR. In conclusion,

classification of primary or secondary MR and understanding of MR mechanism were essential for management of patient with MR. Also, Not only multiple parameters but also assessment of clinical symptoms must be used to determine the severity of MR.