Weakened mitral valves are treatable, but type of surgery makes a difference

BY KATIE CHARLES

Wednesday, January 7th 2009, 11:02 AM

THE SPECIALIST: DR. DAVID ADAMS

As Professor and Chairman of Cardiothoracic Surgery at Mount Sinai, David Adams is a "superspecialist" in mitral valve repair—90% of his patients have mitral valve disease, and he performs several hundred valve repair surgeries a year.

WHO’S AT RISK: Mitral valve prolapse is an extremely common heart disorder that occurs when the valve between the heart’s left chambers doesn't close properly. Doctors estimate that more than 2% of the adult American population is living with mitral valve prolapse, and more than 100,000 people a year undergo surgery to repair or replace their valves.

Mitral valve prolapse strikes all segments of the population, affecting both men and women as well as people from all different ethnic and socioeconomic backgrounds. In fact, there's nothing you can do to prevent mitral valve prolapse. "It's a sporadic disease," says Adams, "doctors don't know for sure what causes it, but there's an undefined genetic predisposition."

The mitral valve makes sure oxygen-rich blood moves forward from your heart into the rest of the body. “The mitral valve has two leaflets,” says Adams. Strings called chordae attach to the leaflets and hold them in place; when these strings break, that edge of the leaflet flops. "Then you develop a lesion called mitral valve prolapse," says Adams, "and the prolapse allows some blood to be pumped back into your lungs as well as forward into the body."

Patients fall into two groups: younger people whose hearts adapt to their slowly degenerating valve, and older people whom may have a chord snap spontaneously. The younger patients can start developing mitral valve prolapse when they are in their 20s and 30s, and then live with it twenty or thirty years before they have to do anything about it. The average age of surgery is between 45 and 60.

SIGNS AND SYMPTOMS: Many people with mitral valve prolapse never show any symptoms of the disease. Usually, warning signs only start to occur when blood is leaking through the valve backwards, toward the lungs. The primary symptoms are arrhythmia (irregular heartbeat), dizziness, shortness of breath, and fatigue. Many times, it's discovered when the doctor detects abnormal sounds like clicking or a murmur when listening to the patient’s heart with a stethoscope.

Doctors can also monitor how much your heart is dilating and the amount of leakage through your valve with an echocardiogram, a noninvasive ultrasound of the heart.

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TRADITIONAL TREATMENT: When mitral valve prolapse is first diagnosed, doctors will often start patients out on a regimen of blood pressure drugs to help the blood vessels relax and keep the heart pumping more slowly and with less force. But once the heart starts to dilate as a result of degenerative mitral valve disease, surgery is the only option.

There are two surgical procedures available: artificial valve replacement and mitral valve repair. Artificial valve replacement removes your natural valve and replaces it with either a metal valve or an animal valve, and mitral valve repair leaves your valve in place and works to reconstruct the damaged parts.

Each of the different procedures has its own costs and benefits. Artificial valve replacement is a much simpler surgery, routinely done in every heart surgery hospital. But if you have a metal valve inserted, you'll have to be on blood thinner for the rest of your life to prevent clots from forming on the surface of the valve and causing strokes. “Those blood thinners translate into a 1-2% risk per year of a stroke or a major bleeding event,” says Adams. The problem with the animal valve replacements, which are taken from cows and pigs, is that they calcify and wear out over time. “Within 15-20 years, you need a second operation,” says Adams.

Mitral valve repair is the most technically difficult surgery, but it has the best results by far: only 10-15% of patients need a reoperation, risk of stroke is halved, and studies show a 10% increase in life expectancy. Doctors have reached a consensus that mitral valve repair is the best option for many patients, but 30-40% of patients are still getting mitral valve replacements. “This is one of the few heart diseases that there is a general consensus that people don't get the guideline therapy for intervention,” says Adams.

RESEARCH BREAKTHROUGHS: “There is a widespread agreement among experts,” says Adams. “What we think the field needs to move toward a better definition of the complexity of your prolapse. And then developing a network of regional specialists.” In too many communities, no one specializes in mitral valve surgery. “We need to have a definition of the complexity of your prolapse,” says Adams. “And it's not just the volume of repair, it's the volume of the type of repair.”

QUESTIONS FOR YOUR DOCTOR: Once you're diagnosed with mitral valve prolapse, ask your doctor “How simple or complex is my prolapse?”

If you have a simple prolapse, an experienced cardiac surgeon can probably fix that. If it's complex, you probably need to see a superspecialist.

Another good question is, “What are my chances of preserving my own valve by mitral valve repair? If the answer is less than 90%, you should see a superspecialist.

WHAT YOU CAN DO:

Get informed. Adams and his team maintain updated information, including helpful videos, at www.mitralvalverepair.org. Adams also points people to www.heart-valve-surgery.com, an info-packed blog where former patient Adam Pick posts first person testimonials. See a superspecialist. Find a center and a surgeon who do this extremely often. “And it's not just the volume of repair; it's the volume of the type of repair,” says Adams, who thinks 25-50 operations a year will likely be the goal for surgeons in the future.

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