

Getting to the heart of the matter about murmurs

By Agnes Oblas

Mitral valve prolapse is a common and usually benign heart condition. An estimated 4 percent to 7 percent of the population has this condition and the majority of these individuals do not suffer any symptoms at all.

Before going any further, let's digress to an anatomy lesson of the heart. Picturing a Valentine heart might help. Imagine a line right down the middle dividing it in half vertically and a line horizontally through the center. You end up with four quarter sections. The mitral valve would be located on the left side of the heart

between the top chamber (atrium) and bottom chamber (ventricle). It is made up of two flaps or leaflets that resemble a bishop's miter, hence its name. There are three other valves in the heart, but we won't be talking about them at this time.

When the heart is at rest between beats, blood flows passively through this valve from the top chamber of the heart to the bottom. As the ventricle begins to contract in its effort to pump blood out toward the body, the valve closes to prevent backflow into the atrium. It's when the mitral valve fails to close completely that some blood leaks backward into the atrium; the



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sound of this backflow can be heard through a stethoscope and is what constitutes either a murmur and/or a clicking sound.

Frequently, these murmurs are present in completely healthy individuals and do not mean that the mitral valve is damaged or that the leak is significant. Rather, it simply means that a part of one of the leaflets prolapses or falls backward during the ventricle's contraction.

It is the individual who develops symptoms from their prolapsed mitral valve that concerns us. The symptoms can range from minor and sometimes annoying to more bothersome and severe. These symptoms include a type of chest pain, lightheadedness, breathlessness, anxiety or palpitations; all of which can be fleeting and come and go for no reason. When symptoms

become severe enough to interfere with one's daily life, medical treatment is available.

In addition, antibiotics are recommended before undergoing dental or medical procedures for people who have known significant mitral valve prolapse where the chance of bacteria entering the general circulation would be a risk for attacking the malformed mitral valve. This could lead to endocarditis, a serious infection of the heart. Up until recently, anyone who had a murmur was supposed to take these antibiotics. We now know that a murmur in and of itself is not a criteria for this prophylactic antibiotic. If, however, it is discovered that you have developed a murmur that was not heard in the past, it is best to obtain an echocardiogram (three-dimensional ultrasound of the heart) to determine the true nature of that murmur.

As always, questions are welcome.

Agnes Oblas is a nurse practitioner who lives in Ahwatukee Foothills. For questions or if there is a topic you would like her to address call her at (602) 405-6320 or e-mail her at agirnnp@cox.net.