

# Cardiology

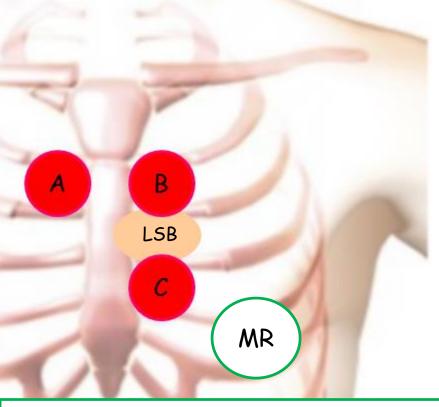
Mitral Regurgitation: Part 1 E-mail: Howard 12 days in march. com Apex - Axilla

**Location**: Apex

Systolic: harsh

Maneuvers: NA

 $\underline{\text{Murmur}}: \rightarrow \text{axilla}$ 



'...systolic murmur heard best at the apex'

# The Valves

Mitral (apex, S1)

<u>Stenosis</u> (diastolic, opening snap) Regurgitation (systolic → axilla)

<u>Prolapse</u> (midsystolic click, maneuvers)

<u>Location</u>: Apex  $\rightarrow$  Axilla

Systolic: holosystolic

Quality: LV ejection  $\rightarrow$  loud, harsh, hi pitch

#### Key associations:

- 1. Papillary mm rupture (M $\Phi$  phase, d 5-10)
- 2. Dilated CM (any cause)
  - Acute Rheumatic Fever
- 3. Endocarditis (SBE)

<u>Location</u>:  $Apex \rightarrow Axilla$ 

Systolic: holosystolic

Quality: LV ejection → loud, harsh, hi pitch

### Key associations:

- 1. Papillary mm rupture (M $\Phi$  phase, d 5-10)
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# Choose the Mainstay of Management?

- 1. Preload reduction
- 2. Afterload reduction
- 3. Chronotropic reduction
- 4. Inotropic agents

<u>Location</u>:  $Apex \rightarrow Axilla$ 

Systolic: holosystolic

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#### Key associations:

- 1. Papillary mm rupture (M $\Phi$  phase, d 5-10)
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### Choose the Mainstay of Management?

- 1. Preload reduction
- 2. Afterload reduction (with ACE inhibitor)
  - ~ Increases the forward stroke volume ~
- 3. Chronotropic reduction
- 4. Inotropic agents

<u>Location</u>: Apex  $\rightarrow$  Axilla

Systolic: holosystolic

Quality: LV ejection  $\rightarrow$  loud, harsh, hi pitch

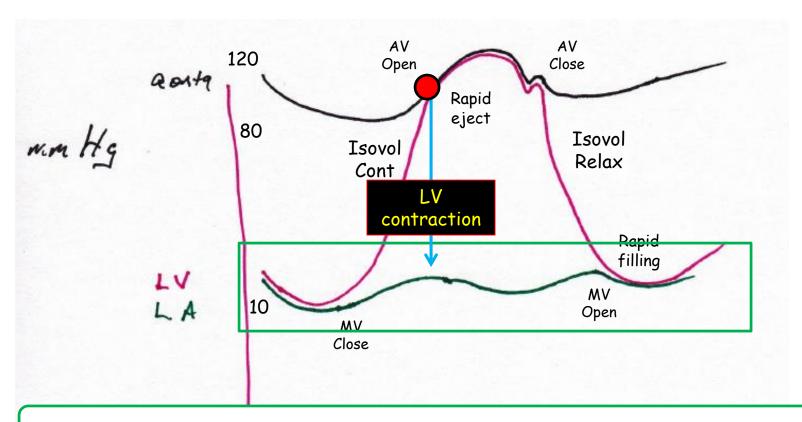
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- 3. Endocarditis

# Choose the Mainstay of Management?

- 1. Isosorbide dinitrate
- 2. Lisinopril
- 3. Metoprolol
- 4. Digoxin

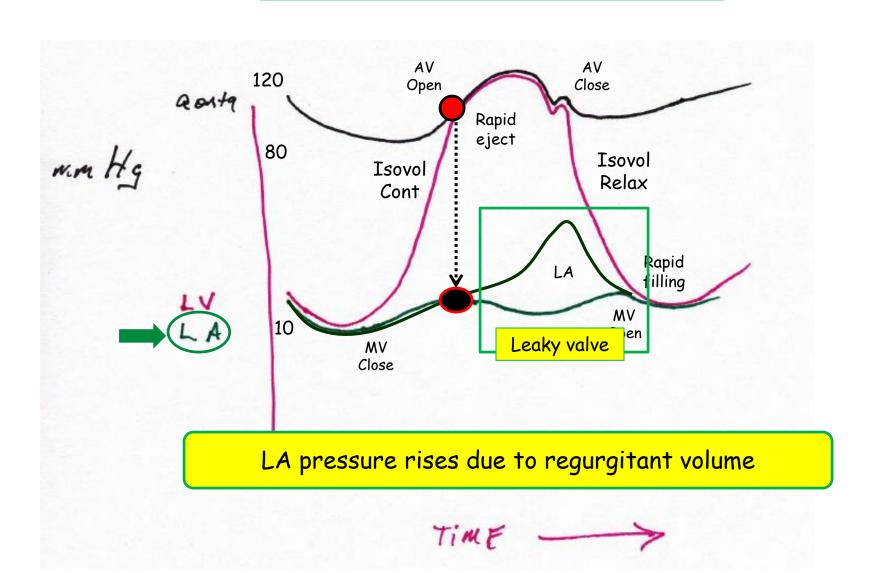
# Mitral Regurgitation: Hemodynamics



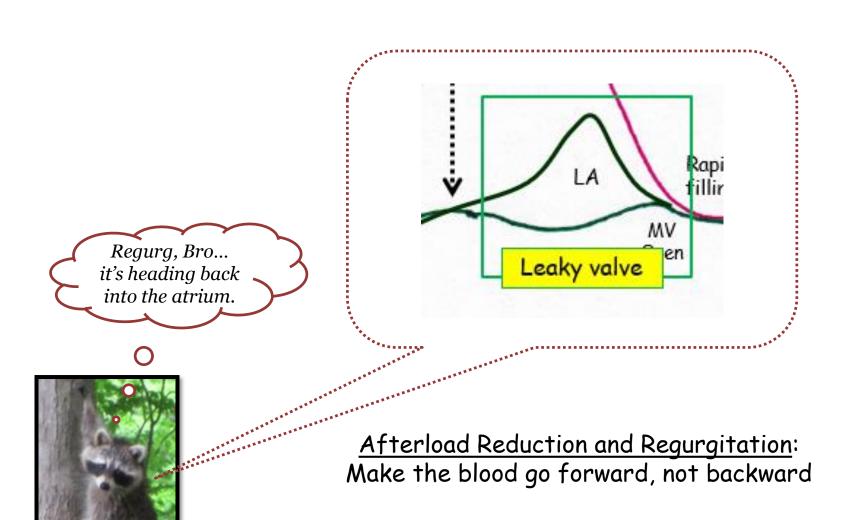
What happens to the LA mm Hg curve with mitral regurgitation?



# Mitral Regurgitation: Hemodynamics

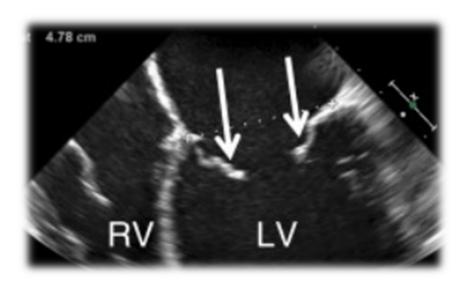


# Mitral Regurgitation: Hemodynamics



I. Chamber (annulus) dilation (DCM, ARF)

Patient presents with shortness of breath. PE: II/VI systolic murmur heard at apex...



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'...they report fleeting joint pain and skin rash...'

'...they had MI 5 days ago...'

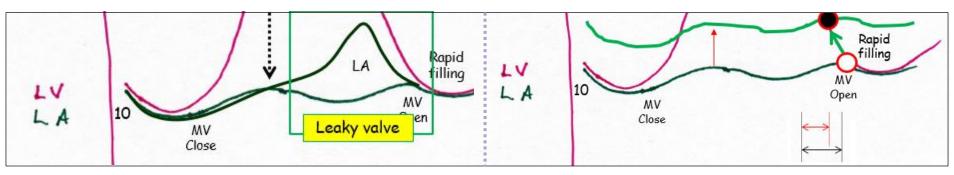
# I. Chamber (annulus) dilation (DCM, ARF)

Patient presents with shortness of breath. PE: II/VI systolic murmur heard at apex...

"...they report fleeting joint pain and skin rash..."

'...they had MI 5 days ago...'

Select the LA pressure curve seen in this patient?

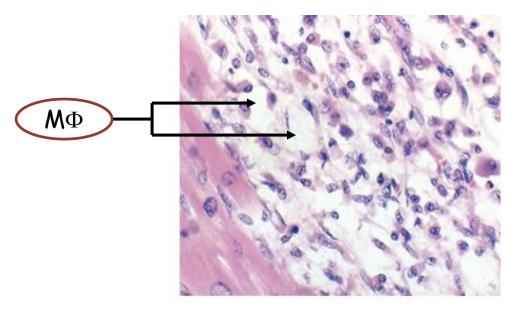


Regurgitation

Stenosis

# II. Post AWMI (day 5-10)

Patient is recovering well
Develops acute SOB with s/s of CHF (no CP).
New murmur heard radiating to the axilla
Answer: Papillary mm (or chordae) rupture

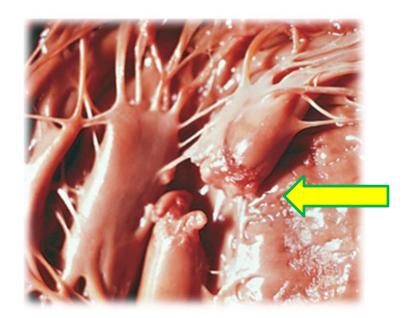




*Gk:* phage – 'to eat'

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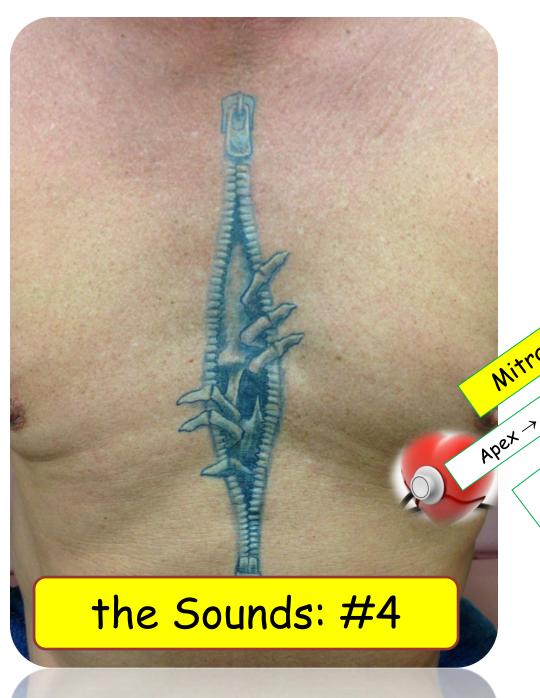
Physical Exam, Histopathology and Pathophysiology

# Scenario III. Vegetations

Acute
Infectious
Endocarditis

Subacute Bacterial Endocarditis

NonbacterialThrombotic Endocarditis (NBTE)



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