

Cardiology

Mitral Stenosis and Derivatives:
Part II: Pathology
(i.e. Rheumatic Fever)

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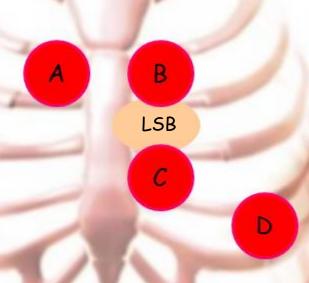
Valve Questions

Location (60 **→** 70%)

Systolic v Diastolic (50%)

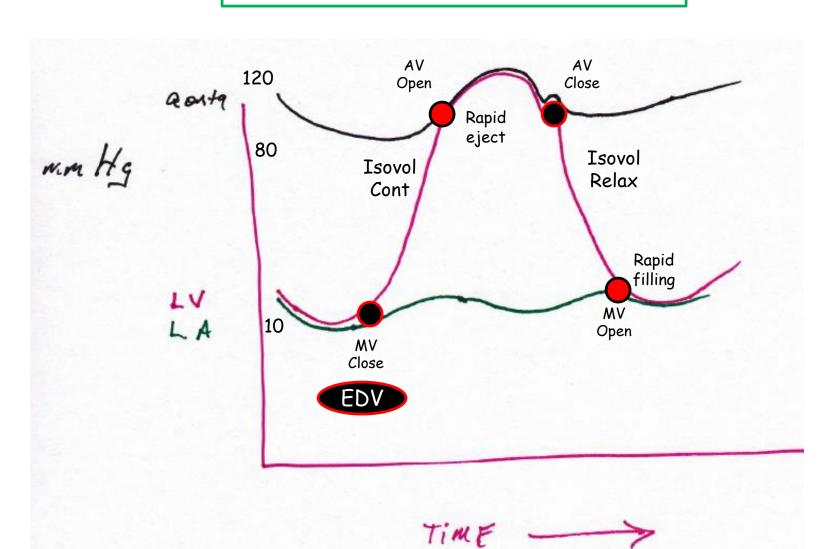
Maneuvers (20%)

Murmur v Sound (10%)



Let's Keep This Our Little Secret...

Cardiac Cycle



LV Pressure-Volume Loop

Ao Rapid ejection Close Ao ESV Pressure Open Isovolumetric Isovolumetric Relaxation Contraction EDV Hi Vol, Low Hg **EDV** MV MVRapid Filling

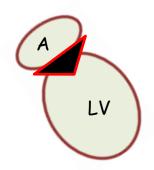
Volume

Open

Close

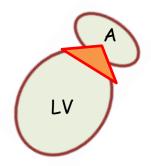
Mitral Valve, Stenosis:

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Location
Diastolic
Hemodynamics:
    PCWP
    Cardiac Cycle
    Pressure Volume Curve
    Opening Snap
Pathology
Microbiology (Rheumatic Fever)
Complications (A fib and derivatives)
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The Valves

Mitral (apex, S1)



<u>Stenosis</u> (diastolic, opening snap)

 $\frac{Regurgitation}{(systolic \rightarrow axilla)}$

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

Murmurs

Sound

Diastolic (soft)

Systolic (harsh)

What Causes That Low Grade, Diastolic Murmur with an Opening Snap?

Acute

Rheumatic Fever

(MS is late manifestation)

Acute Immune-Mediated Rheumatoid Carditis
(with known trigger)
-Sachs, 2016

(and subacute neuro twitching with late valvular stenosis)
-Sachs, a little later in 2016





Fleeting Nonerosive

Acute
Pancarditis (DCM)
Valvulitis (MR/AI)
Cause of Death





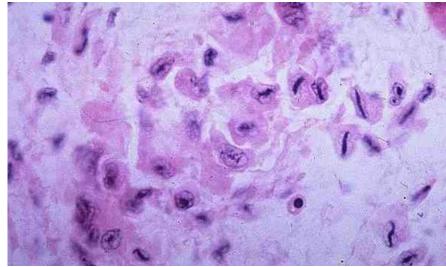


Sydenham Chorea

Acute
Pancarditis (DCM)
Valvulitis (MR/AI)
(Cause of Death)







Aschoff Body (with Anitschkow cells)



Acute
Pancarditis (DCM)
Valvulitis (MR/AI)
Cause of Death

Fleeting Nonerosive



Fleeting Nonerosive Acute
Pancarditis (DCM)
Valvulitis (MR/AI)
Cause of Death





Skin Criteria (2)

Erythema Marginatum

Subcutaneous (Rheumatoid) Nodules

Rheumatoid Nodule: Central (fibrinoid) necrosis rimmed by palisading histiocytes





Skin Criteria (2)

Erythema Marginatum

Subcutaneous (Rheumatoid) Nodules



Fleeting Nonerosive

Acute
Pancarditis (DCM)
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Sydenham Chorea





Fleeting Nonerosive

Acute
Pancarditis (DCM)
Valvulitis (MR/AI)
Cause of Death







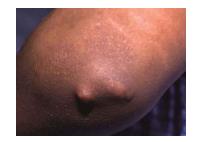
Sydenham Chorea

Fever Minor Criteria ASLO



Fleeting Nonerosive Pancarditis (DCM)
Valvulitis (MR/AI)
Cause of Death

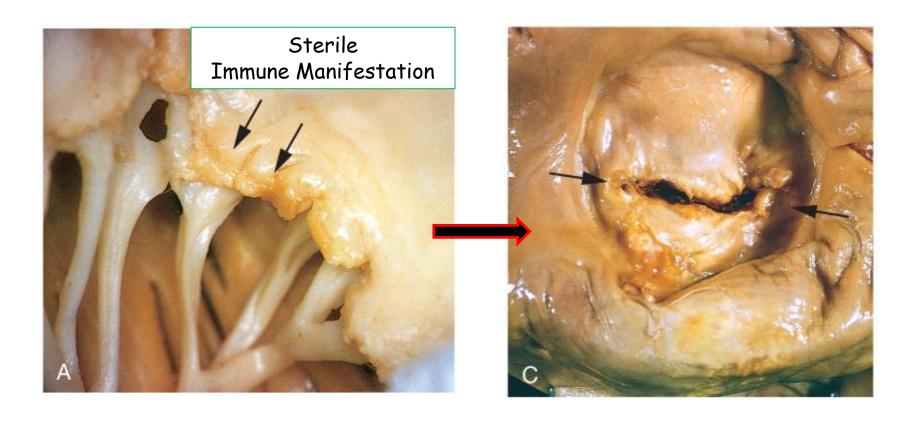






Sydenham Chorea

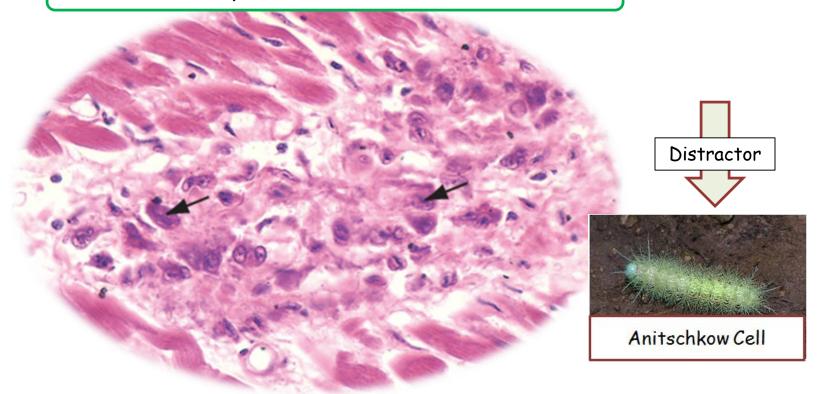
Immunopathology: Valvulitis



Verrucae present along line of closure 2° recurrent valvulitis

Mitral Stenosis: Commissure Fusion

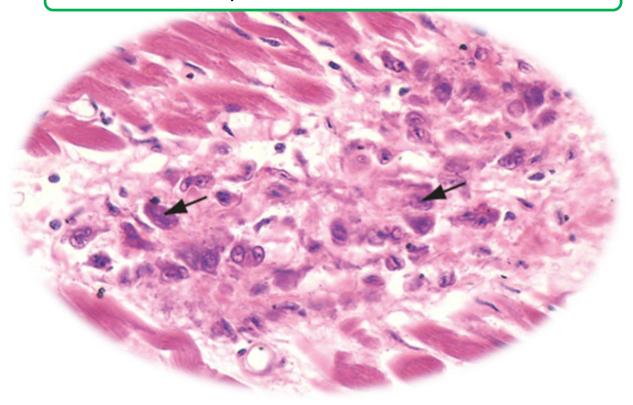
Aschoff Body: mixed mononuclear infiltrate



Aschoff Body:

- Present in a patient with acute rheumatic carditis.
 - A circumscribed nodule of mononuclear inflammatory cells with associated necrosis
- *Anitschkow cells*: MΦ within the nodule possessing condensed chromatin

Aschoff Body: mixed mononuclear infiltrate



Aschoff Body:

- 1. Confirm the diagnosis of Acute Rheumatic Carditis
- 2. Distinguish from other myocarditis [Chagas, viral, hemochromatosis (Prussian blue)]
- 3. Immunopathology derivatives (Type II hypersensitivity reaction, molecular mimicry, etc)

Grp A β -hemolytic strep aka Strep Pyogenes [bacitracin sensitive, PYR (+)]

Molecular Mimicry: antibodies directed against GAS antigens (M protein) cross-react with host antigens ('...epitope homology')

Type II Hypersensitivity Rxn (IC → fixed tissue)
[e.g. Grave's, Goodpasture, Pernicious Anemia]

Pharyngitis and skin can cause PSGN (Type III HSN Rx)
Only pharyngitis causes ARF

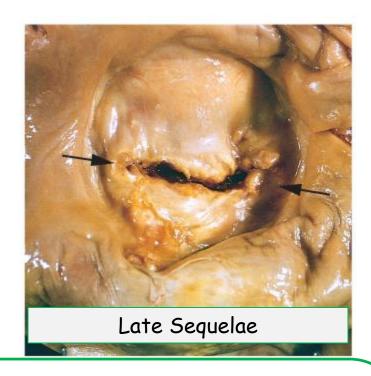
Grp A β -hemolytic strep aka Strep Pyogenes [bacitracin sensitive, PYR (+)]



Who gets recurrent GAS?

Crowded & Poverty
Look for the immigrant, Eastern European/South American with a murmur...





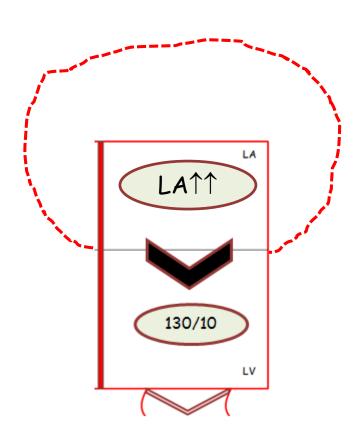
ARF causes pancarditis and valvular insufficiency (Ao or MV).

Repeated bouts of RF lead to late sequelae including valvular stenosis.

Rx: suppressive PCN x yrs

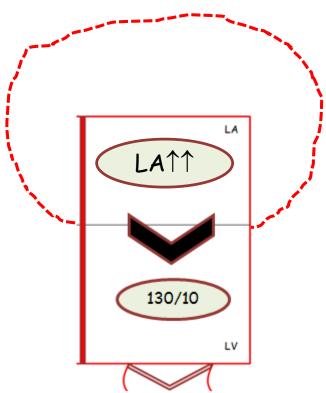
Special note: either aortic or mitral can become stenotic.

Derivatives and Final Tidbits: Complications



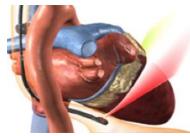
Compression of surrounding structures.
Which structures are those?

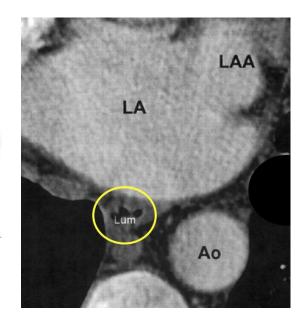
Derivatives and Final Tidbits: Complications



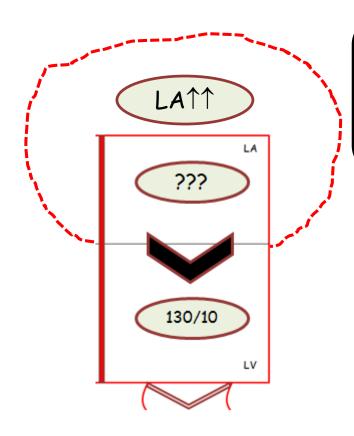
Compression of surrounding structures

Esophagus \rightarrow dysphagia Laryngeal nerve \rightarrow hoarseness





Derivatives and Final Tidbits: Complications

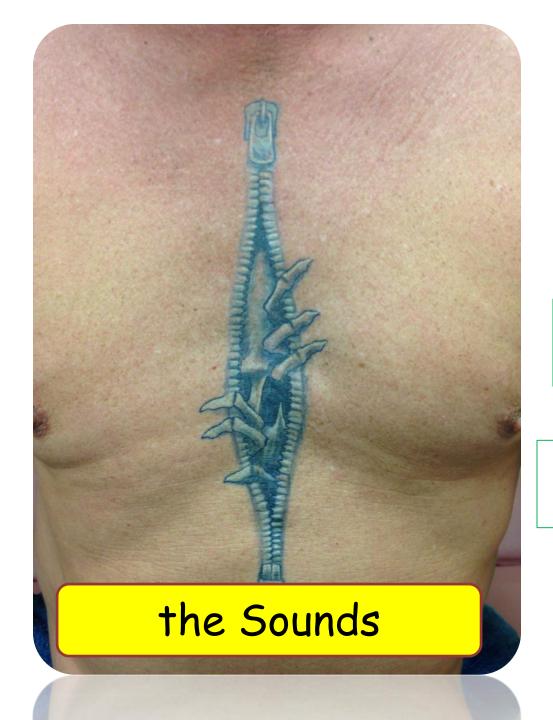


Compression of surrounding structures

Esophagus: dysphagia Laryngeal nerve: hoarseness

Atrial fibrillation





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(i.e. Rheumatic Fever and A fib)

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