

Q & A

Mitral Valve Prolapse

Q: *Mitral-Valve Prolapse, usually a benign condition, has been in some instances associated with sudden death and stroke, see May 26 MEDICAL WORLD NEWS. How would you rate documented MVP in a 30 year-old female, a 50 year-old female, with frequent symptoms?*

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A. In summary my thoughts on Mitral Valve Prolapse (Barlow's Syndrome) are as follows:

1. Less than a 20 year history of recognition
2. Affects predominantly young women (2/3 of cases) and most often recognized between ages 20 and 40.
3. May be extremely common but majority are really a normal variant rather than a diseased valve.
4. Physical findings: mid-systolic click and late systolic murmur are quite variable, even unreliable, so true incidence remains a mystery. Asthenic habitus common.
5. Symptoms probably related to increased adrenergic activity and ventricular ectopic beats.
6. Most (over 90 percent) have no real trouble.
7. Serious degrees of functional mitral insufficiency can be recognized by echocardiography.
8. Complications: ventricular arrhythmias, rupture of chordae tendineae, bacterial endocarditis, sudden death (occurring in a very small percent of cases and probably related to arrhythmia).
9. Dividing line between the "normal" and "abnormal" in these cases is not well defined and thereby is very difficult to determine clinically.
10. 90 to 95 percent are probably harmless and usually ignored in risk selection process. If difficulties have occurred and been recognized then carefully evaluation necessary (usually based on attending physician's information).
11. If recurrent syncope, ventricular tachycardia or atrial fibrillation have been well documented then real caution is necessary in underwriting.

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A. The issue of Circulation 59, No. 3, 1979 devoted two pages to key references of Mitral-Valve Prolapse. Any number of clinical findings including sudden death, are reported associated with MVP. To me the significant fact is that any place from 6 to 20 percent of otherwise healthy persons may be affected by this finding so in this large number of the population it should not be uncommon for patients to have many symptoms, some perhaps related to the disorder. Recent articles have emphasized the possibility of cerebral ischemic events in patients with MVP occurring with greater frequency certainly than the average population, in younger individuals. I suspect this may be one reason for the question relating to both 30 and 50 year old females.

I would determine the probable mortality assessment for these individuals, for insurance rating, with the assumption that multiple etiological factors that might contribute to Mitral-Valve Prolapse such as Marfan's, skeletal deformities, connective tissue disorders, Rheumatic heart disease, septal or congenital heart defects, and coronary artery disease are not present. If they are, assessment would be related to that of the underlying disorder as well. "Frequent symptoms" can include dyspnea, chest discomfort, palpitations, arrhythmias, fatigability and even syncope. Since some of these are presumably present, I assume the MVP to not be an incidental finding, would vary the rating depending upon the severity of the symptoms; i.e. the extent of medical attention and incapacity to lead normal lives. Plus 50 to 75 percent (Table "B" - "C"), with the qualifications previously stated, should be adequate. So much has been discussed and written about this disorder, that I urge those interested in further study to review the bibliography.

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Submit any questions you have to Daniel J. Sullivan, M.D., Vice President and Medical Director, Jefferson Standard Life Ins. Co., P.O. Box 21008, Greensboro, N.C. 27420, and he will refer them to our panel of experts.