

Successful Medical Therapy of Mitral Valve Prolapse, Complicated by Endocarditis: A Case Report and Review of the Literature

Galina Bogoslovskaya*

**Pietersburg Provincial Hospital, South Africa.*

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ABSTRACT

Mitral Valve Prolapse (MVP) is structural defect of Mitral Valve (MV). MVP results in mitral leaflets bulging into left atrium during systole. MVP only recognized for some 50 years. Before that MVP in milder form with systolic clicks misdiagnosed as pericardial adhesions. Advanced stage with progressive mitral regurgitation attributed to Rheumatic Heart Disease (RHD). Various types of MVP classified as classic and non-classic. Non-classic form MVP carries low risk of complications and often can be kept minimal by dietary attention. Severe cases of classic MVP, complications include mitral regurgitation, infective endocarditis, congestive heart failure, in rare circumstances, cardiac arrest. MVP most common cause of MR referred for surgery in Western world. Rheumatic mitral regurgitation more common in developing countries, where most cases of surgical valve disease attributed to rheumatic etiology. MVP generally benign condition, many individuals - asymptomatic but MVP also important contributing risk factor for arrhythmias, endocarditis, stroke, MR, MVR surgery and sudden death. Palpitations, fatigue, and orthostasis common especially when patient volume depleted. Symptoms of chest pain, dyspnea, anxiety, panic more common with MVP than in general population. We present the case of a 31-year-old man with mitral valve prolapse (MVP) and infective endocarditis.

Keywords: Mitral valve prolapse, Mitral valve regurgitation, Infective endocarditis, Mid-systolic click

Corresponding author: Galina Bogoslovskaya, Pietersburg Provincial Hospital, Limpopo Province, South Africa, E-mail: albogoslovsky@gmail.com

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