What is a mitral valve prolapse? [1]

Alice,

Is mitral valve prolapse a serious condition? Does it require treatment?

Answer

Dear Reader,

Take heart! Mitral valve prolapse (MVP) is not a serious condition for the vast majority of people — in fact, some people don’t even realize they have it. In short, MVP means that the mitral valve of the heart isn’t closing perfectly because of slight deformations in its flaps. In a perfect world, the mitral valve’s role is to form a seal between the left atrium and left ventricle of the heart to prevent any blood from flowing backwards. With MVP, this seal isn’t always watertight, which can occasionally lead to a little bit of regurgitation of blood back into the left atrium.

While this might sound serious, the amount of blood leaking back through the valve is very little, if any at all. As such, MVP doesn’t cause complications or symptoms in the vast majority of people. Their ticker keeps on ticking, and they often live healthy, active, and long lives. A minority of people with MVP might experience some symptoms though, including heart palpitations (like their heart is fluttering), shortness of breath, fatigue, dizziness, migraines, or mild chest pain. While MVP can affect people of any age, men over 50 tend to be at highest risk for complications, and those with conditions like scoliosis, Marfan syndrome [2], muscular dystrophy, or Graves’ disease [3]. Complications are very rare and include developing arrhythmias (because of strain on the heart muscle) or infective endocarditis (an infection of the heart chambers and valves).

A health care provider can diagnose MVP by doing echocardiography (most common test), a chest x-ray, or an electrocardiogram (EKG). Once someone is diagnosed with MVP, a health care provider would probably recommend one of three possible treatment plans:

- **No treatment, but monitor the valve.** This is the most common course of action. A health care provider might want to chat about lifestyle changes that could increase the risk of MVP complications (like quitting smoking). However, most times, consistent monitoring is all that’s necessary.
- **Medications.** If someone has noticeable palpitations or chest pain, a health care provider might prescribe beta blockers — the most commonly used MVP medication. Vasodilators or digoxin can be prescribed to help with chest pain, and diuretics can
alleviate shortness of breath by expelling water from the lungs. For those at risk of blood clots, blood thinning medications might also be a way to go.

- **Surgery.** In very rare cases, MVP might be severe enough or cause enough regurgitation that surgery is necessary to repair or replace the mitral valve. Any surgery comes with some risks, though, so this is usually a last resort.

As strange as it may sound, good oral hygiene can be one of the strongest defenses against complications of MVP. This is because bacteria can easily enter the bloodstream through cuts or infections in a person’s mouth, and then the deformed valve can actually ‘catch’ the bacteria, causing a heart infection called endocarditis. Sometimes, folks with MVP are given antibiotics before dental procedures as a precaution, but this is generally not necessary for all cases. It can be worth giving a dental provider a heads up about MVP, to be safe.

So, what’s the ruling? As long as the condition is monitored, those with MVP can still be the MVP (most valuable player!) of their life, work, and activities! score!

Alice!
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Published date: 
May 12, 2006
Last reviewed on: 
Apr 10, 2015

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