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MITRAL VALVE DYSPLASIA TREATMENT

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Abstract:

Hemodynamic shifts in patients with mitral valve dysplasia (MVD) were investigated in this article. Forty-seven patients with DMC were examined. Hemodynamic changes in patients with DMC can be characterized as a risk factor for myocardial dystrophy and heart failure. It is recommended to conduct timely complex treatment with obligatory inclusion of immunomodulatory therapy in DMC patients.

Keywords

Mitral valve dysplasia, heart, patients, drug therapy, blood pressure, extrasystole.

Introduction

At the turn of the twenty-first century, the DMK syndrome, which is a high risk of cardiovascular diseases both abroad and in our country, has been actively studied. DMC occurs in the population with a frequency of 6-10%. Functional DMC is often detected during echocardiographic (Echocardiographic) examination and it is caused by changes in the kinetics of papillary muscle flaps and subvalvular apparatus [1-4]. The aim of the work is to study hemodynamic shifts in patients with AMI and to perform drug correction in them.

Materials and Methods

Sixty-two subjects from 18-40 years old were examined, 15 of them were control group and 47 with DMC (men-32, women-15). During EchoCG examination the subjects were subdivided by the degree of mitral valve leaflet prolapse (MVC) into two groups: Group I - with MVC within 4-6 mm - 21; Group II - with MVC 7-9 mm - 26 patients. Methods of examination: 1) clinical examination, physical examination, blood pressure (BP) measurement, heart auscultation; 2) ECG registration - before and after treatment; 3) general blood analysis and clotting time; 4) ultrasound of heart and thyroid gland on Medison S-600 (Korea) and Toshiba SSH 10-A (Japan). The indicators of intracardiac hemodynamics were end-diastolic volume (EDV), end-systolic volume (ESV), ejection fraction (EF) and their changes.

Results and Discussion

The patients received a complex 7-14-day course treatment: vitamins, neurometabolics, vascular drugs in combination with timoptin (Uzbekistan). Thymoptin, consisting of acidic polypeptides containing α-1-thymosin, has immunomodulatory effect, increases nonspecific resistance of the organism, etc. Extrasystoles, premature ventricular repolarization syndrome, and decreased atrioventricular conduction were frequently observed on ECG in patients. These shifts were more frequently registered in group II ($p<0.05$). Clinical examination revealed a positive reaction of the clinorthostatic test in 75% of cases in group I, while in group II it was even higher - 97%. There was a tendency to decrease systolic BP by 11.2% in group I and by 7.8% in group II. In addition, we found shifts of diastolic BP parameters by 8.7% in group I and by 7.9% in group II. There was also a tendency in the decrease of EF and changes in QDO and CSR - towards increase. Changes in hemodynamic parameters indicated myocardial hyperreactivity manifested by tachycardia and single extrasystoles. According to the data of EchoCG-study, the patients showed positive dynamics of hemodynamic values ($p<0,05$). Thus, for example, the patients had a reduction in the prolapse of MC flaps, contractility and intracardiac hemodynamics parameters improved. In group II ($p<0,05$) rhythm disturbances, probably related to the enlargement of the left ventricular and atrial cavity, persisted. The increase in cardiac contractility probably suggests that thymoptin reduces myocardiodystrophy in patients with AMD. At the same time, it increases metabolism in cardiomyocytes and reduces the degree of left ventricular dysfunction. Thus, the revealed hemodynamic changes characterize DMC as a risk factor for myocardial dystrophy and heart failure. Patients with DMC should be examined and recommended complex treatment with mandatory inclusion of immunomodulator thymoptin.

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