

Valvular Heart Disease

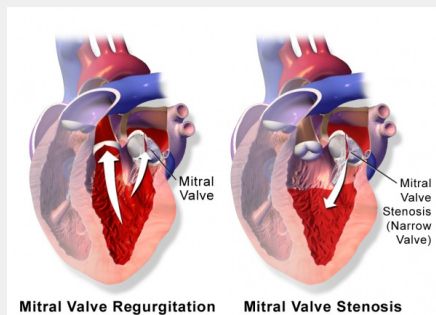
Mitral Stenosis	Aortic Stenosis
Mitral Regurgitation	Aortic Regurgitation
Mitral Prolapse	

* Hear murmurs!

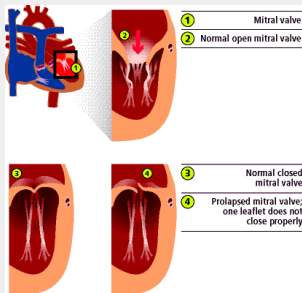
Stenosis: valve doesn't open all the way, not enough blood passes through

Regurgitation: valve doesn't close all the way so blood leaks backward

Mitral Valve Disease

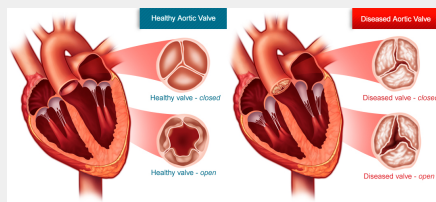


Mitral Valve Prolapse

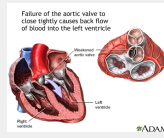


First Symptom: pts often SOB

Aortic Stenosis



Aortic Regurgitation



Pharmacological Interventions

Cardiac Glycosides

Beta-Blockers

Calcium Channel Blockers

Anti-Coagulants

Antibiotics

Surgical Management

Baloon Valvuloplasty: repair of cardiac valve; open heart; no long-term anti-coagulation therapy

Direct or Open Commissurotomy: cut leaflets apart if fused together

Mitral Annuloplasty: fix valve (e.g. regurgitation) so blood moving in the right direction

Replacement Procedures

Valve Types



Pt must be aware of the type!

Ball valve: more durable than tissue valve

Mechanical valve: inc. clot risk → lifelong Coumadin; used w/ younger pts b/c it lasts longer

Tissue valve: inc. infection risk → prophylactic antibiotics for invasive procedures

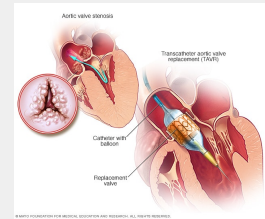
Porcine = pig / Bovine = cow
Homographs = cadaver/organ donor

Analysis

Activity Intolerance (original intent is r/t cardiac issues (CV))

Dec. CO

Transaortic Valve Replacement (TAVR)



Layers of the Heart Wall



Inflammatory Diseases

Myocarditis Rheumatic Carditis

Endocarditis Pericarditis

Cardiomyopathy

Myocarditis

Myocarditis: inflammation of the heart muscle

Usually also have pericarditis

Symptoms: fever, tachycardic (out of proportion for fever), c/o HA, fatigue, flu-like symptoms

HF w/ severe myocarditis

Treatment: largely supportive, treat symptoms

Rheumatic Carditis

Endocarditis, myocarditis, pericarditis, pancarditis

Associated w/ upper resp. Strep. infection
- 40% of people w/ Strep = rheumatic carditis

Most of damage done to endocardium - damages valves

Assessment: tachypnea, cardiomegaly (CXR), murmurs, pericardial friction rub, prolonged PR interval

Treatment: + Strep. = rheumatic heart disease → treat infection & control symptoms

Endocarditis

Infective Endocarditis: *microbial infection of endocardium*

Common in IV drug abusers, valve replacement, DM, immunosuppressed, burns

Vegetative lesions form

Assessment: *sunconjunctival hemorrhages, varying murmurs, conduction disorders, hematuria, Osler's nodes, petechial rash, cerebral emboli, Roth's spots in fundi, petechial hemorrhages on mucus membranes & fundi, poor dentition, splenomegaly, systemic emboli, digital clubbing, splinter hemorrhages, loss of (distal) pulses*

Treatment

Pericarditis

Usually caused by viruses (also bacteria, MI, radiation)

Acute: *fever, leukocytosis, ST segment change*

Chronic: *signs & symptoms of R-sided HF*

Assessment: *leaning on table (taking pressure off sac removes pain)*

Treatment: *NSAIDs (dec. inflammation), steroids (if NSAIDs don't work), antibiotics (if caused by bacteria)*

Cardiomyopathy

Heart muscle disease (usually unknown cause)

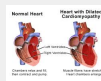
Classified in **3 Categories:**

- Dilated
- Restrictive
- Hypertrophic

Treatment:

- **Medical:** diuresis, digoxin
- **Surgical:** ventricular septal myomectomy (remove septum = 1 ventricle), heart transplant (palliative treatment until then)

Dilated Cardiomyopathy



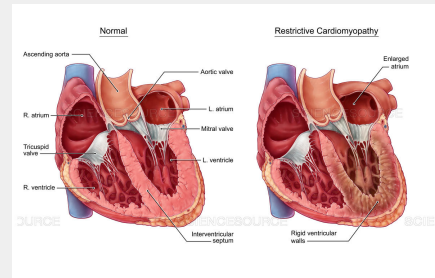
Symptoms: *dyspnea, fatigues, signs & symptoms of HF*

Expanded damage to fibers

Expanded ventricles

EF < 49%

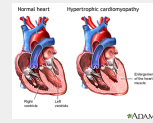
Restrictive Cardiomyopathy



Less common

Something restricts filling of ventricles, walls become stiff but not necessarily thickened

Hypertrophic Cardiomyopathy



Symptoms: *palpitations, dyspnea on exertion*
Massive hypertrophy of ventricle

Heart Transplantation

1967 in South Africa by Dr. Christiaan Barnard

Completed heart transplants

Survival rates

Cause of death

Criteria

Procedure

Ventricular assist devices

→ L. VAD?

C

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