



EMBARGOED UNTIL 20th NOVEMBER 2022 1730HRS SGT

Arrhythmic Mitral Valve Prolapse & Mitral Annular Disjunction Complex

Context:

Mitral valve prolapse is common in the general population and the prevalence of mitral annular disjunction in these group of patients is 20-60%. The incidence of sudden cardiac death is about 0.2% per year in arrhythmic mitral valve prolapse. There is thus a growing need to identify risk factors to guide optimal management.

Summary:

Risk Factors:

- Clinical – Young females, MR (usually not severe), syncope, family history of sudden cardiac death
- EP – Inferior T wave changes, complex PVCs/alternating morphology, NSVT
- Imaging – Myxomatous, bileaflet, redundant leaflets
 - Echocardiography
 - Mitral annular disjunction, annular dilatation
 - Spiked lateral annular velocities
 - Strain, myocardial work index, post-systolic shortening, mechanical dispersion
 - Cardiac MRI
 - LGE Fibrosis
 - T1 Mapping

Management:

- Consider longer duration of rhythm monitoring/loop recorder
- Treatment options include beta blockers, ICD, catheter ablation for PVCs, surgery for MR/annuloplasty

Message:

While our knowledge base continues to grow, further studies are still required to inform optimal management for these specific group of patients.

Session Details:

Oral Presentation - Sunday 20th November 2022

Arrhythmic Mitral Valve Prolapse & Mitral Annular Disjunction Complex by Dr Han Lim, Australia

Author:

Dr Jonathan Ong Wei Sheng
National Heart Centre Singapore

Press contact:

Ms Felicia Teng
secretariat@aphrs2022singapore.com