

CVS module - 2

6/11/24

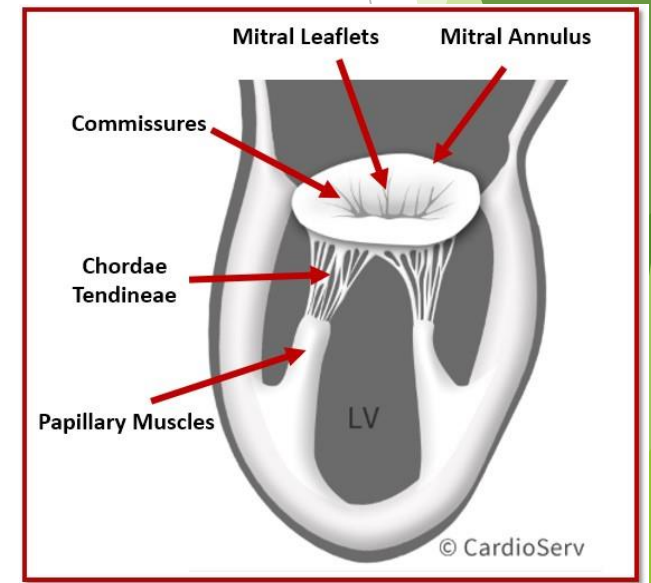
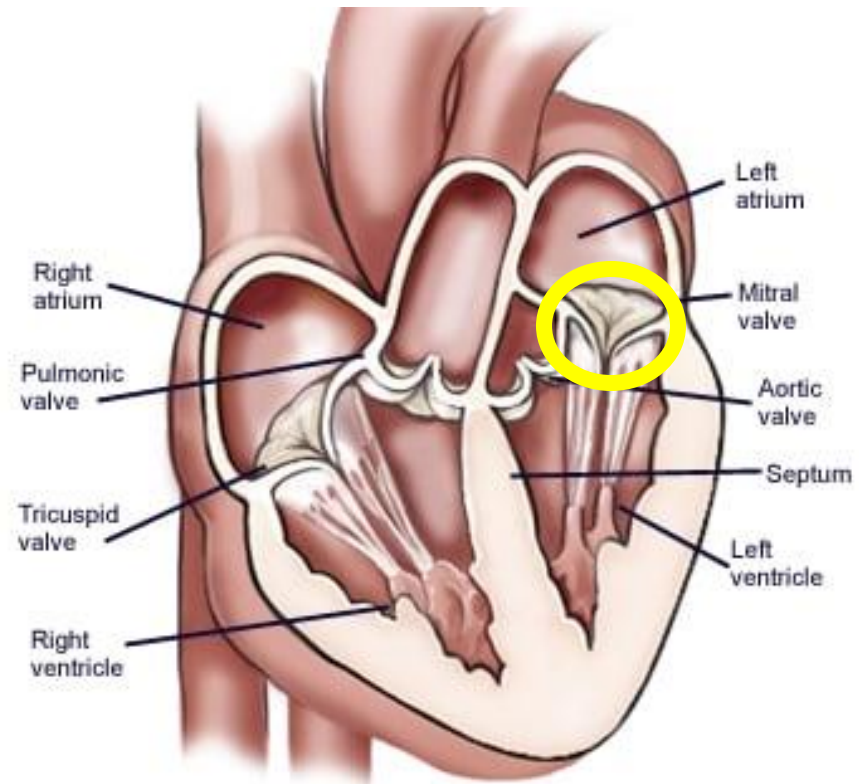
Valvular Heart Disease and endocarditis.

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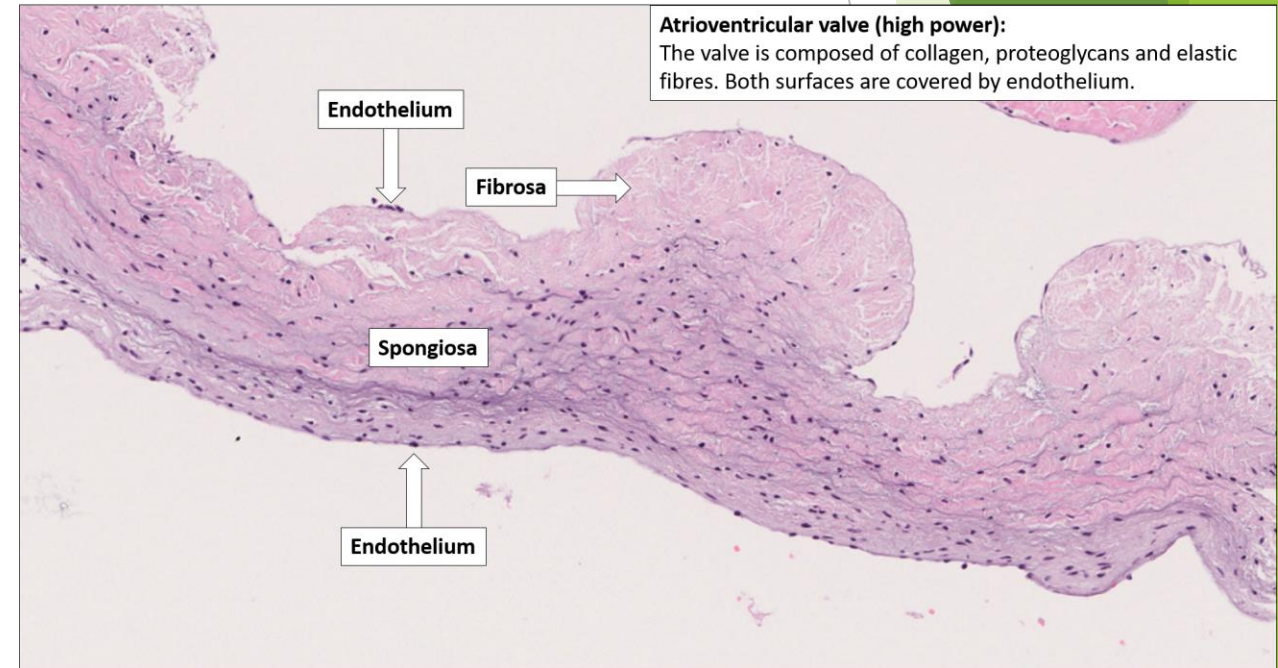
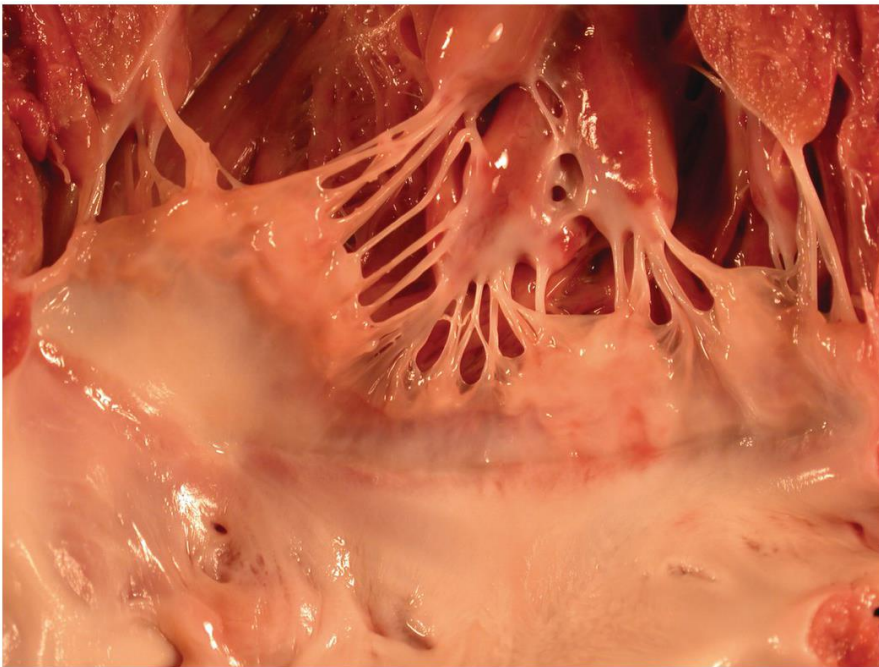
Anatomy

Triscup and the mitral the ones that has the leaflets



Macro and microscopic appearance

Extracellular change in the glycolactan and changed by exogenous will cause
chnaging
Stenosis
Regarge lose
Backward flow



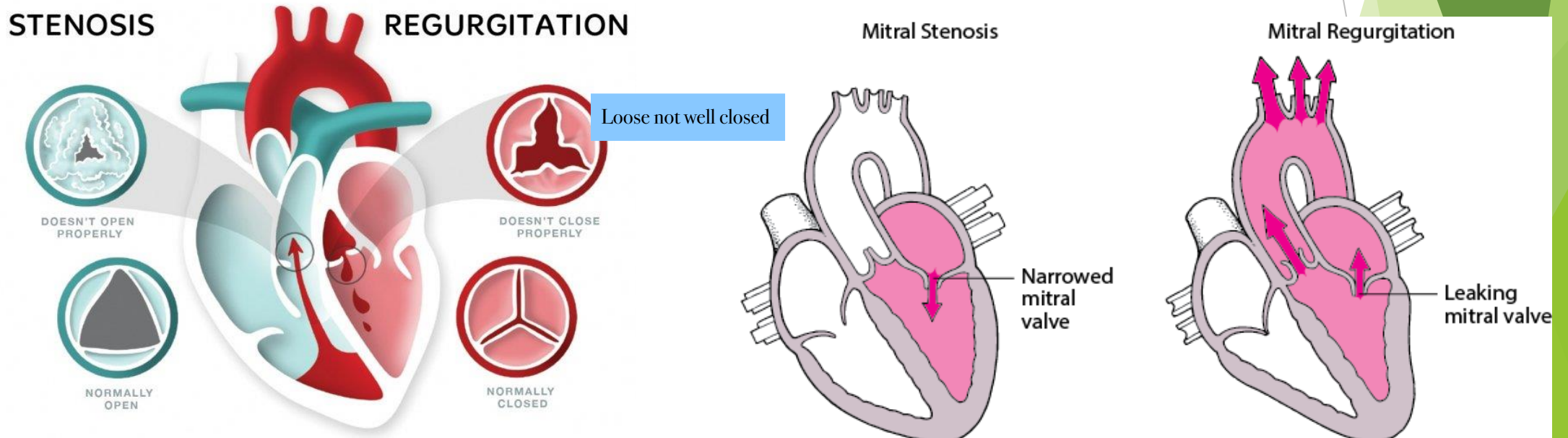
Valvular Heart Disease

- ▶ **Valvular heart disease** (VHD) comprises a group of conditions that affect the heart valves, leading to two main types of problems:
- ▶ **Stenosis** is the failure of a valve to open completely, obstructing forward flow, usually result from primary cuspal abnormality such as calcification or valve scarring.
The only one two the rest three
- ▶ **Insufficiency** results from failure of a valve to close completely, thereby allowing regurgitation (backflow) of blood, result from either:
 - Intrinsic disease of the valve cusps (e.g., endocarditis). Its loose
The same valves has inflammation
 - Disruption of the supporting structures such as : mitral annulus, tendinous cords, papillary muscles, or ventricular free wall.

Facts

Two pathology in the same valve

- ▶ **Stenosis** or **regurgitation** may occur alone or together in the same valve.
- ▶ Valvular disease can involve only one valve (the mitral valve being the most common target), or more than one valve.



Causes

- ▶ Valvular abnormalities can be congenital or acquired:

Bicuspid aortic valve is the pathological state

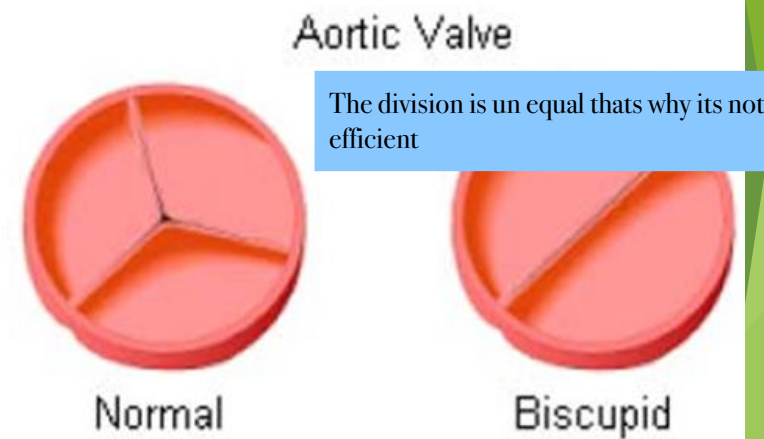
It should be tricuspid

- ▶ **I. Congenital:**
- ▶ Bicuspid aortic valve:
 - The most common congenital valvular lesion.
 - Occurs with a frequency of 1% to 2% of all live births.
 - Associated with a number of mutations, including those affecting proteins of the Notch signaling pathway.

Bicuspid aortic valve. Cont.

- ❖ The two cusps are of unequal size, with the larger cusp exhibiting a midline raphe resulting from incomplete cuspal separation.
- ❖ Bicuspid aortic valves are generally neither stenotic nor incompetent through early life; however, they are more prone to early and progressive degenerative calcification that gives rise to stenosis

Calcification in the abnormal valve is worst



II. Acquired valvular diseases

Table 11.4 Etiology of Acquired Heart Valve Disease

Mitral Valve Disease	Aortic Valve Disease
Mitral Stenosis	Aortic Stenosis
Postinflammatory scarring (rheumatic heart disease)	Postinflammatory scarring (rheumatic heart disease)
By the age	Senile calcific aortic stenosis Calcification of congenitally deformed valve
Mitral Regurgitation	Aortic Regurgitation
Abnormalities of leaflets and commissures	Intrinsic valvular disease
Postinflammatory scarring	Postinflammatory scarring (rheumatic heart disease)
Infective endocarditis	Infective endocarditis
Mitral valve prolapse	Aortic disease
"Fen-phen"-induced valvular fibrosis	Degenerative aortic dilation
Abnormalities of tensor apparatus	Syphilitic aortitis
Rupture of papillary muscle	Ankylosing spondylitis
Papillary muscle dysfunction (fibrosis)	Rheumatoid arthritis
Rupture of chordae tendineae	Marfan syndrome
Abnormalities of left ventricular cavity and/or annulus	Infectious cause and immunity reason
Left ventricular enlargement (myocarditis, dilated cardiomyopathy)	
Calcification of mitral ring	

Handwritten notes in Arabic script:

عوامل الشيخوخة
بأسباب الشيخوخة

Pathogenesis

- ▶ At structural level, valvular heart disease result from:
 - Degenerative changes.
 - Rheumatic fever .
 - Infective (bacterial) endocarditis .
 - Others .

Degenerative Valve Disease

- ▶ **Degenerative valve disease** is a term used to describe changes that affect the integrity of valvular ECM.

Important in the movement

- ▶ Degenerative changes include the following:
 - ▶ **1. Calcifications**, which can be cuspal (typically in the aortic valve) or annular (in the mitral valve).
 - ▶ **2 Alterations in the ECM.**
 - Changes consist of increased proteoglycan and diminished fibrillar collagen and elastin (myxomatous degeneration).
 - **3. Aging related:** Due to the repetitive mechanical stresses to which valves (40 million beats per year).

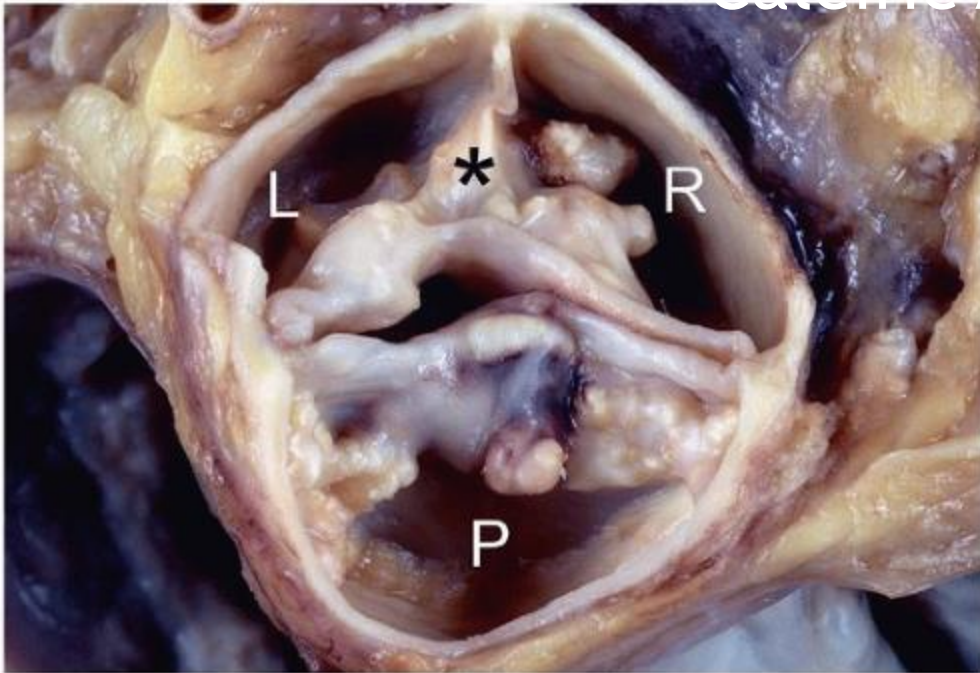
Important in the composition in the opening and closure of the heart

1. Calcific Aortic Stenosis

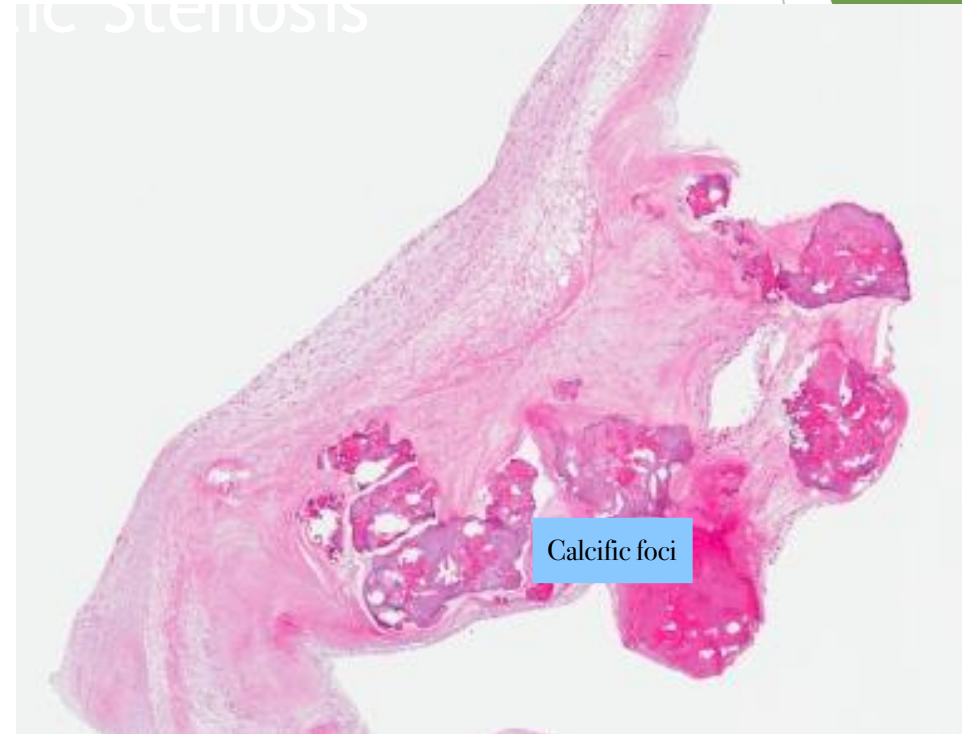
The calcification difficult in cut in the surgery

- ▶ The most common cause of aortic stenosis.
- ▶ Can be viewed as the valvular counterparts to age-related arteriosclerosis (same risk factors).
- ▶ Mostly is asymptomatic and is discovered only incidentally by viewing calcifications on a routine chest radiograph or at autopsy.
- ▶ Rarely, it may lead to valvular sclerosis and/or calcification can be severe enough to cause stenosis, necessitating surgical intervention





Nodular calcifications fill the cusp pockets



Large nodular calcific deposits in the wall

Clinically

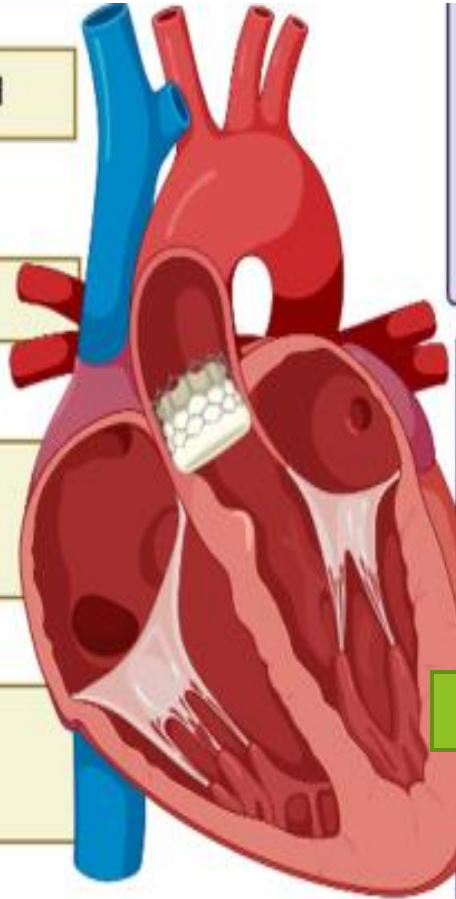
Aortic valve orifice is gradually restricted

Marked pressure gradient developed

Ventricular pressure must continue to exceed aortic pressure to overcome resistant to ejection

Left ventricle respond to increased systolic pressure by becoming hypertrophied

Increased in ventricular muscles mass and wall tension leads to increase in oxygen consumption and development of symptoms



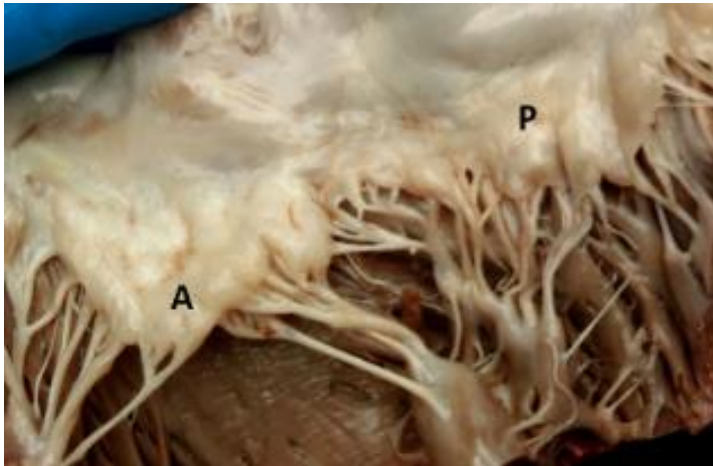
- The hypertrophied myocardium is prone to ischemia, and angina may develop.
- Systolic and diastolic dysfunction collude to cause CHF.
- Cardiac decompensation eventually ensues.

2. Myxomatous Mitral Valve.

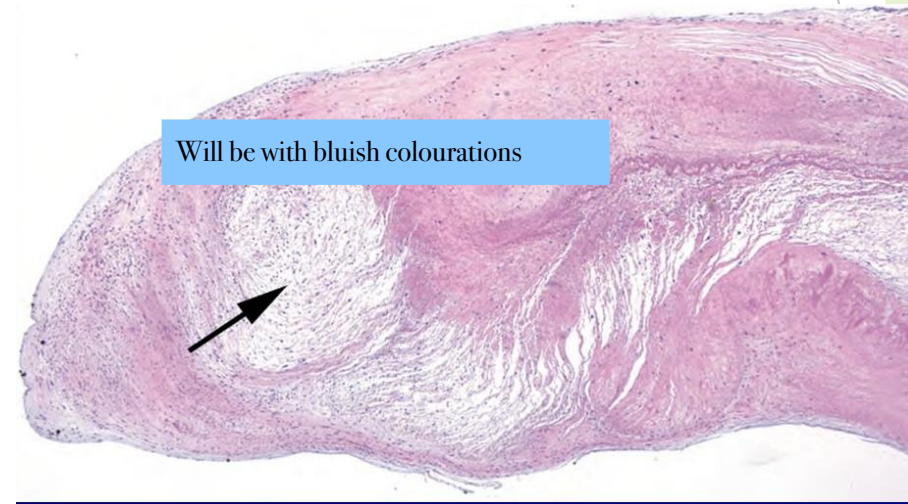
Like the myxomatous degeneration that can happen in any part of the body

- ▶ **Non-inflammatory progressive disarray of the valve structure and mechanical integrity caused by an altered synthesis and/or remodeling by type VI collagen.**
- ▶ **Myxomatous degeneration of the mitral valve is a common feature of Marfan syndrome and occasionally occurs in other connective tissue disorders.** Are long

Myxomatous Mitral Valve



Voluminous and thickened leaflets



Thickening and proliferation of the spongiosa with pooling of glycosaminoglycan that expands to the fibrosa.

Will cause valve dysfunction

ENDOCARDITIS

- ▶ **Infective endocarditis (IE)** is an inflammation of the endothelial lining of the heart muscle, valves and great vessels.
- ▶ The valves have a particularly high propensity for infection due to the lack of blood supply and limited access to immune cells.

Valves are common to have pathologic cases due to the low blood supply to it

Coronary circulation separated from the systemic circulation

Infective Endocarditis (IE)

- ▶ Is a microbial infection of the heart valves or the mural endocardium that leads to the formation of vegetations composed of thrombotic debris and organisms, often associated with destruction of the underlying cardiac tissues.
- ▶ **Causative organisms**
 - Streptococci.
 - Staphylococci
 - fungi, rickettsiae (agents of Q fever), and chlamydial species.
- ▶ **The aortic and mitral valves are the most common sites of infection, although the tricuspid valve is a frequent target in the setting of intravenous drug abuse.**

Risk factors

- ▶ **Pre existing structural heart disease:** rheumatic heart disease (RHD), hypertrophic cardiomyopathy (HCM), subaortic stenosis, ventricular aneurysm
- ▶ **Degenerative valve disease:** mitral valve prolapse, bicuspid aortic valve, calcific aortic valve disease
- ▶ **Cardiac interventions:** prosthetic valve, pacemaker, defibrillator, IVDA (right sided endocarditis), indwelling catheter
- ▶ **Congenital heart disease:** small ventricular septal defect, bicuspid aortic valve.

Predisposing factors

CARDIAC AND VASCULAR ABNORMALITIES

- RHD
- Myxomatous mitral valve
- Degenerative calcific valvular stenosis
- Bicuspid aortic valves
- Prosthetic valves

HOST FACTORS

- Neutropenia
- Immunodeficiency
- Malignancy
- Therapeutic immunosuppression
- Diabetes mellitus
- Alcohol
- IV drug abuse

Pathogenesis

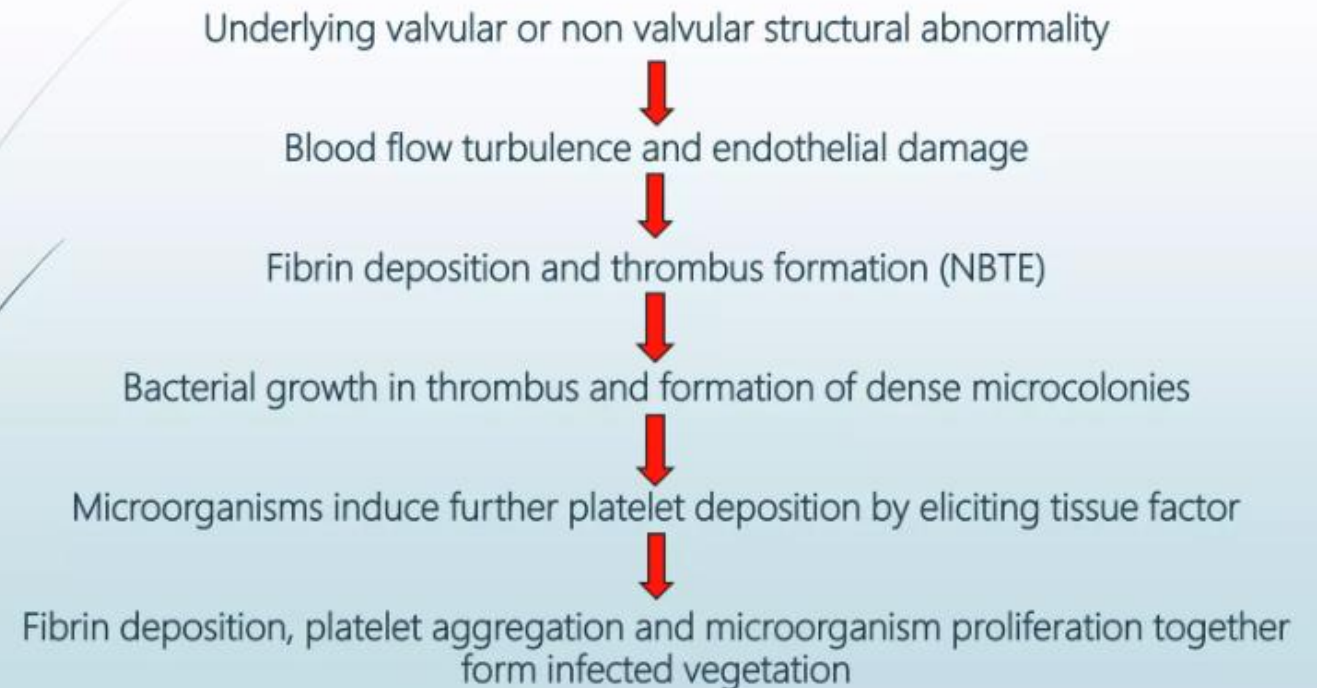
Experimental evidence indicates that 2 factors are needed to establish endocardial infection:

- Endothelial damage over valve cusp with platelet deposition (thrombus).
- Episode of bacteremia

Infected vegetation and its components

Colonisation in the affected area

PATHOGENESIS OF INFECTIVE ENDOCARDITIS



Classification

▶ **Acute endocarditis:**

- Refers to destructive infections, frequently involving a highly virulent organism attacking a previously normal valve.
- It is associated with of substantial morbidity and mortality, even with appropriate antibiotic therapy and/or surgery.

▶ **Subacute endocarditis:**

- Refers to infections by organisms of low virulence affecting a previously abnormal heart, especially scarred or deformed valves.

- The disease typically appears insidiously and—even if untreated—follows a protracted course of weeks to months; most patients recover after appropriate antibiotic therapy.

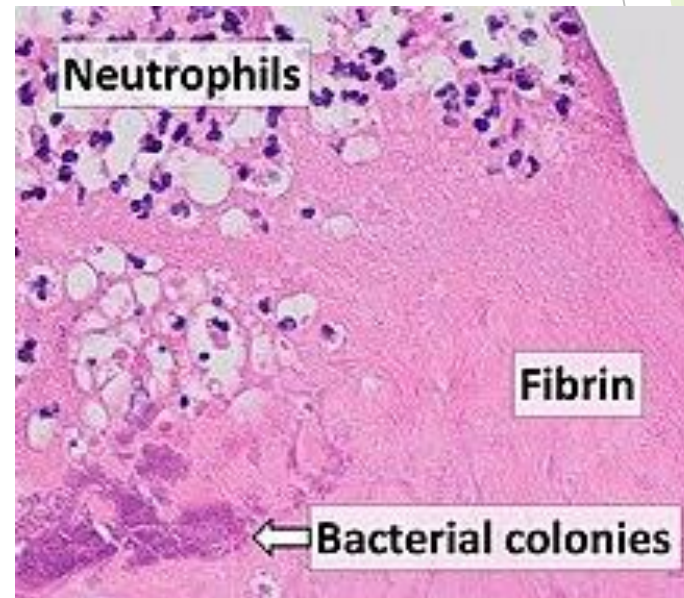
Distinction between Acute and Subacute Bacterial Endocarditis

Feature	Acute	Subacute
Underlying Heart Disease	Heart may be normal	RHD,CHD, etc.
Presentation	Toxic presentation Progressive valve destruction & metastatic infection developing in days to weeks	Mild toxicity Presentation over weeks to months
Organism	S. aureus, Pneumococcus S. pyogenes, Enterococcus	viridans Streptococci, Enterococcus

Morphology



Large vegetation on atrial aspect of valve



Mostly swab culture cant be differentiated by the staining

- Fresh vegetations contain platelets and fibrin with a rich infiltrate of neutrophils

* In chronic lesions, vegetations may show varying degrees of organization, vascularization and calcification

Clinical features

- ▶ Vague constitutional symptoms such as fever, rigors, night sweats, anorexia, weight loss, arthralgia
- ▶ Development of new murmur or change in nature of an existing murmur .

Abnormal heart sound

- ▶ **Neurological:**

- ▶ Confusion, hemiplegia and sensory dysfunction due to emboli.

In vegetations shots

- ▶ **Renal:**

- ▶ Infarction causes loin pain and hematuria.

- ▶ **Splenomegaly** and splenic infarction due to emboli

Clinical features. cont. Specific



Osler nodes: tender lesions found on finger pulps and thenar / hypothenar eminences



Eyes: Roth spots (boat shaped hemorrhages with pale centers, in retina) .

Prognosis

- ▶ IE generally is fatal.
- ▶ The outcome of valvular disease depends on the valve involved, the degree of impairment.
- ▶ However, with appropriate long-term (6 weeks or more) antibiotic therapy and/or valve replacement, mortality is reduced 3 culture septicemia to reassure
- ▶ Antibiotics should not be initiated before three sets of blood cultures have been taken

Endocarditis in SLE

Libman-Sacks Endocarditis

Non infective may be RF

- ▶ Is characterized by the presence of sterile vegetations on the valves of patients with systemic lupus erythematosus.
- ▶ The lesions probably develop as a consequence of immune complex deposition and thus exhibit associated inflammation, often with fibrinoid necrosis of the valve adjacent to the vegetation; subsequent fibrosis and serious deformity can result in lesions that resemble chronic rheumatic heart disease.
- ▶ These can occur anywhere on the valve surface, on the cords, or even on the atrial or ventricular endocardium.