

MITRAL VALVE STENOSIS: QUANTITATIVE METHODS

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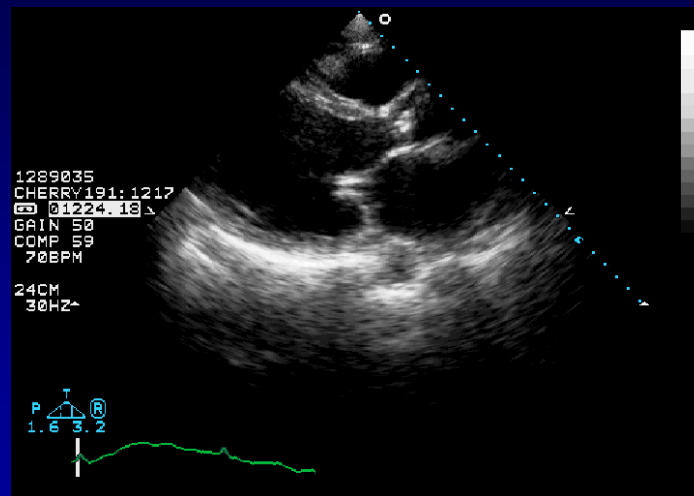
MITRAL STENOSIS

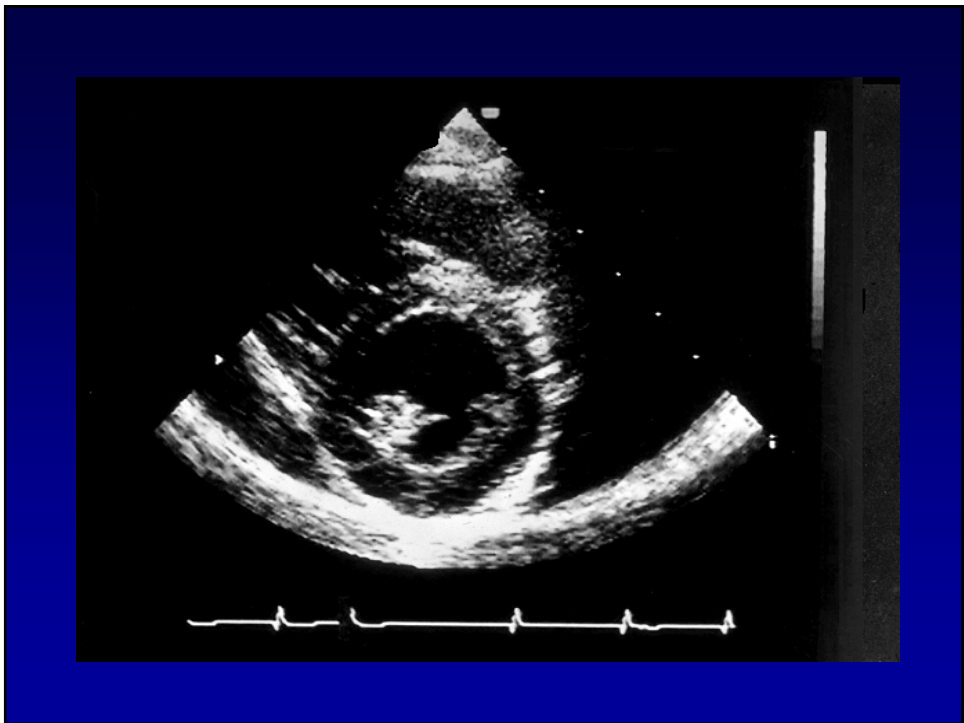
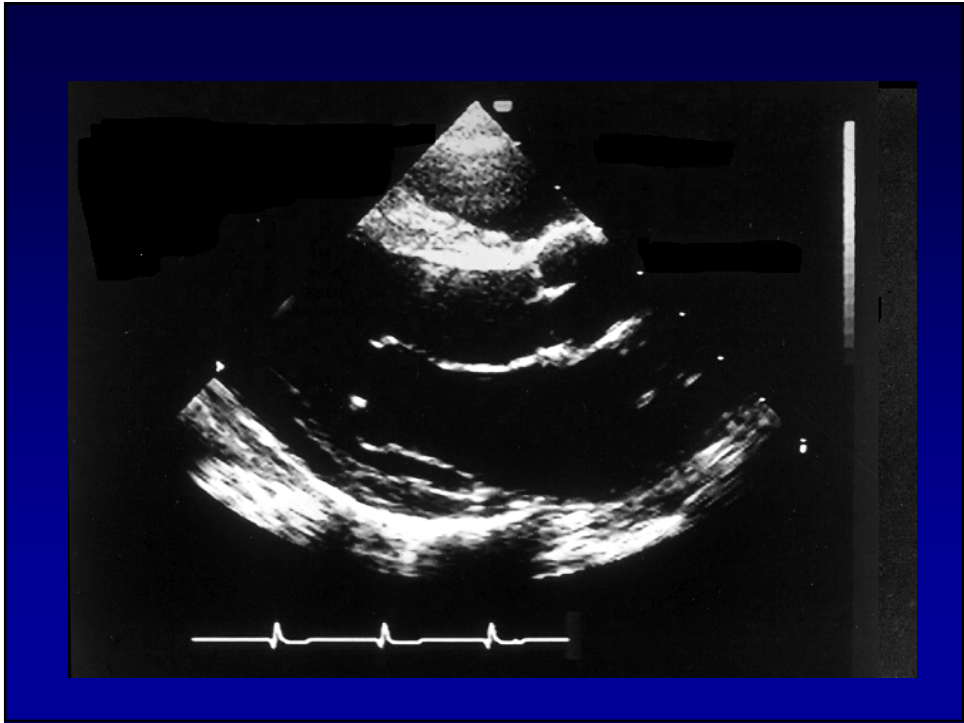
- Diagnosis**
- Quantification**
- Management**

**Diastolic mitral leaflet doming
concave toward the LA is seen in:**

- 1. Only rheumatic MS**
- 2. Rheumatic and calcific MS**
- 3. Rheumatic and congenital MS**
- 4. Rheumatic MS, and AI with
flow impinging on the MV**

Rheumatic MS

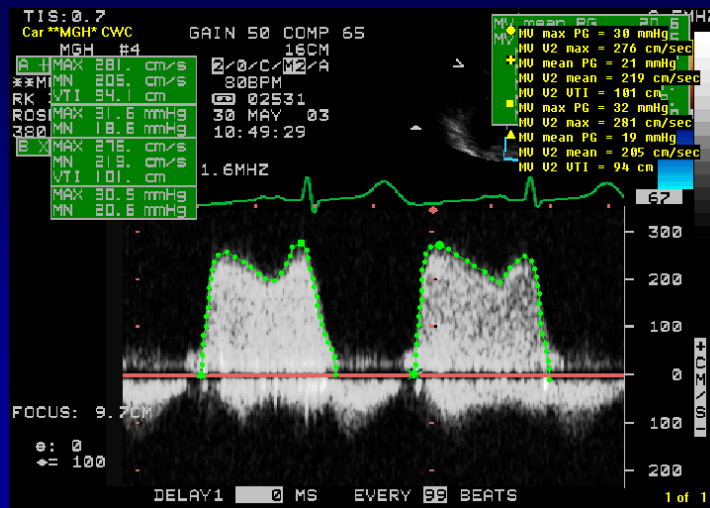


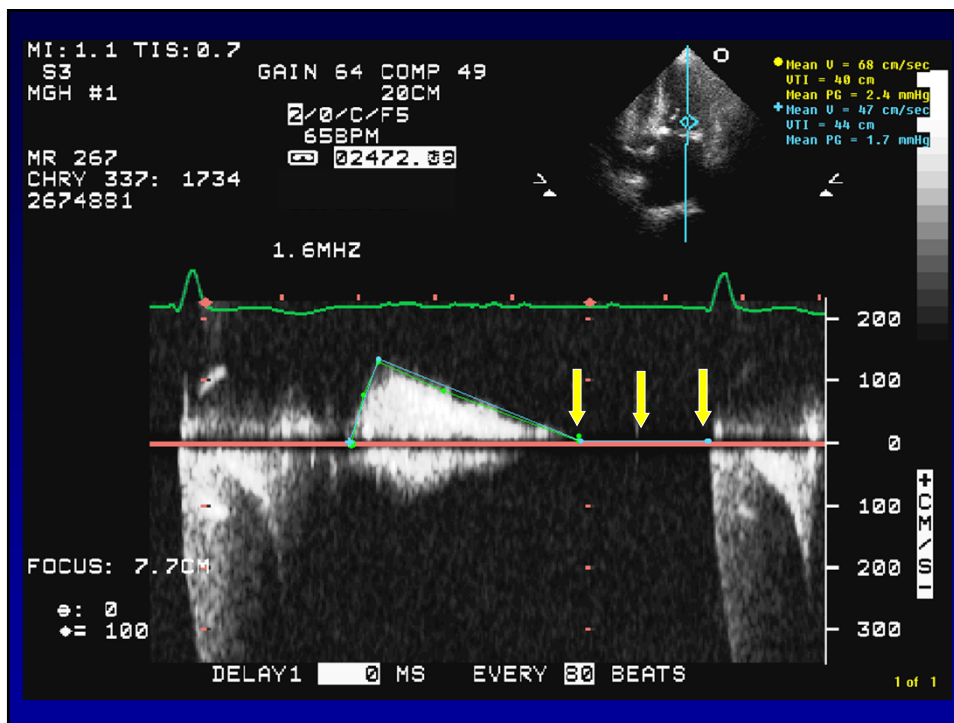
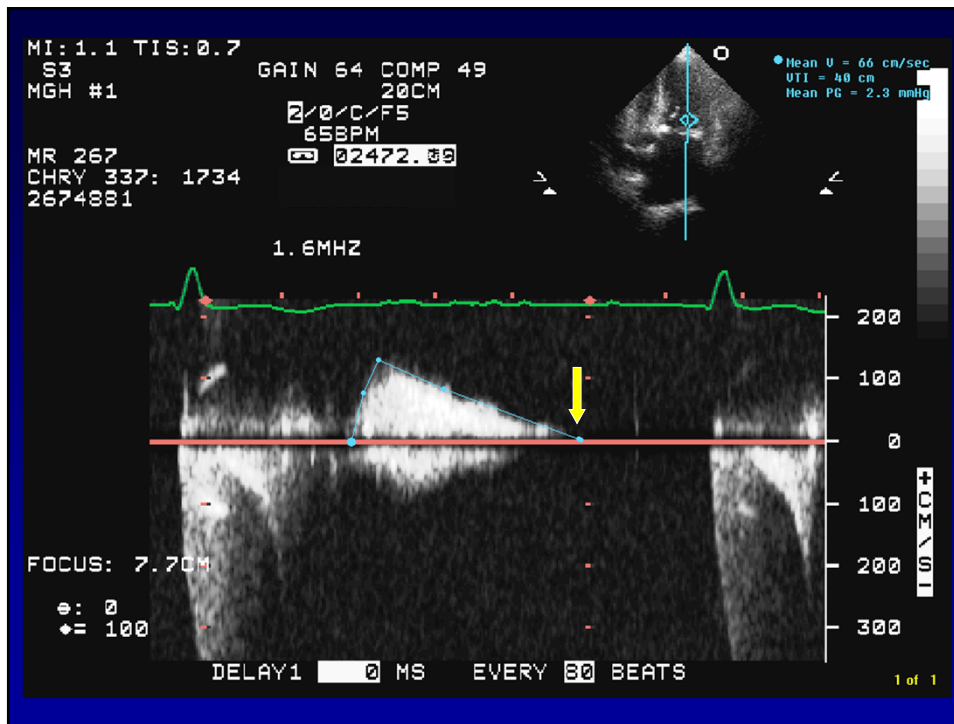


MITRAL STENOSIS

- Diagnosis
- Quantification
- Management

Pressure Gradient



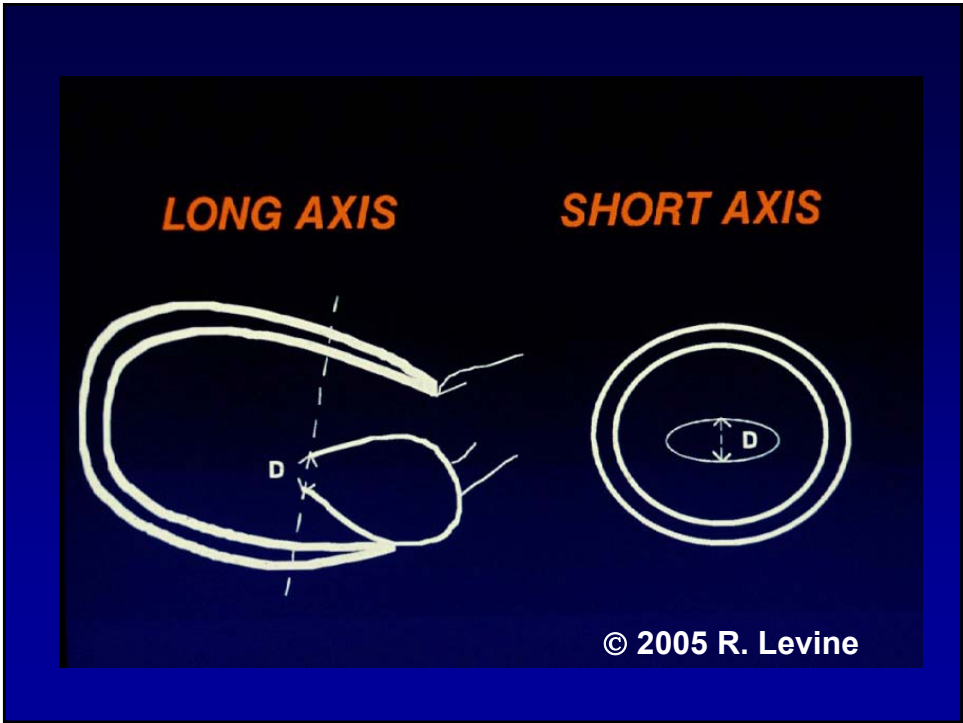
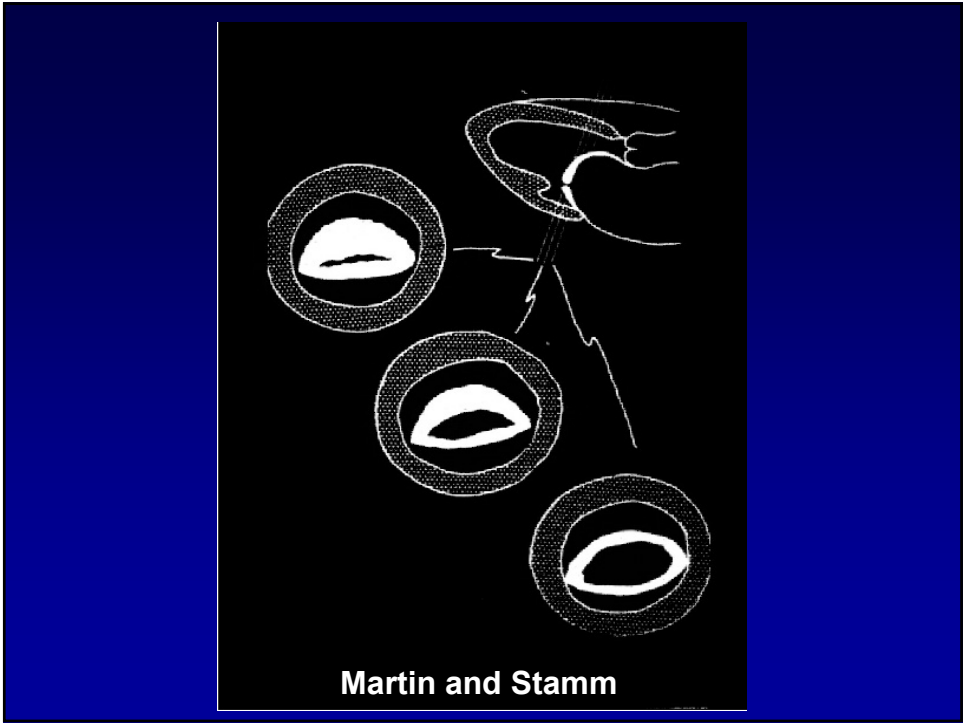


Assessment of Mitral Stenosis

- **Mitral valve area measurement**
 - **> 1.5 cm² - Mild**
 - **1.1 to 1.5 cm² - Moderate**
 - **< or = 1.0 cm² - Severe**

Quantification of Mitral Valve Area

- **Direct Planimetry**
- **Pressure Half-Time**
- **Continuity / PISA**



Real-Time 3D: Biplane Feature

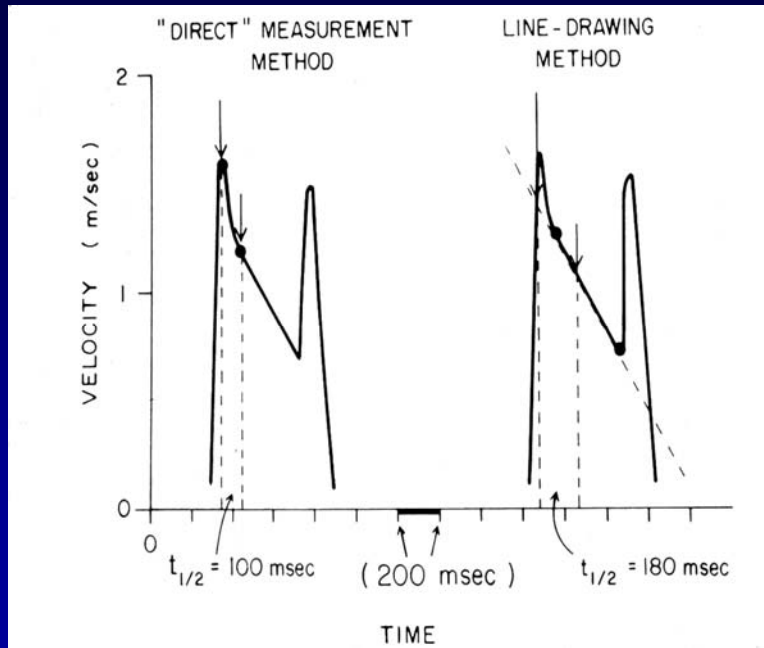
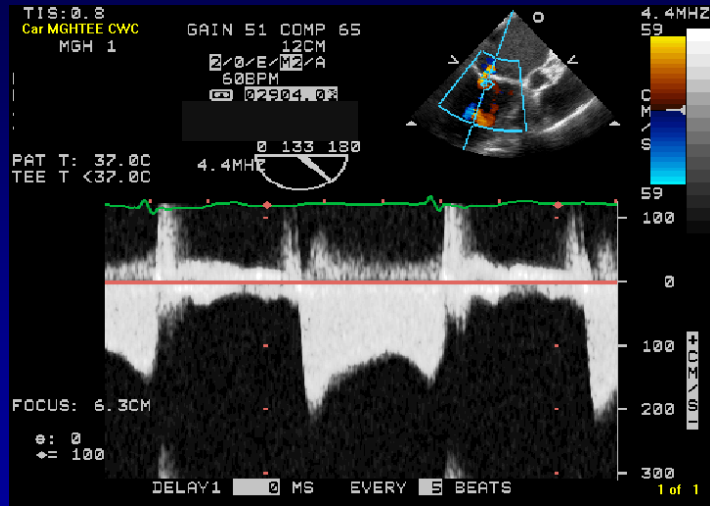


Sebag AJC 2005

Quantification of Mitral Valve Area

- **Direct Planimetry**
- **Pressure Half-Time**
- **Continuity / PISA**

P1/2: Nonlinear Slope

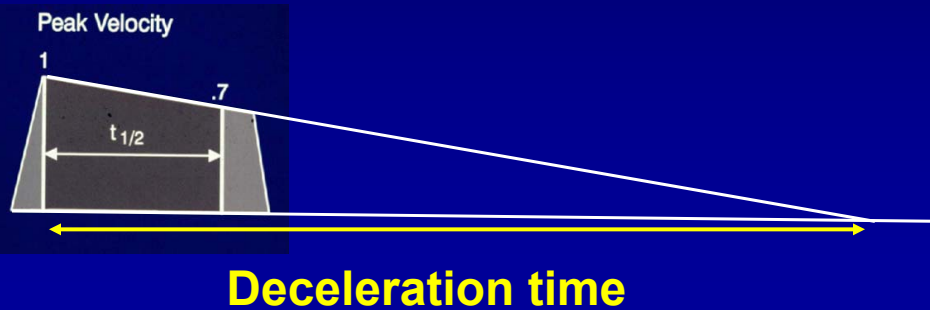


A patient has mitral stenosis with an E-wave deceleration time of 1000 milliseconds. What is the mitral valve area?

1. 0.22 cm²
2. 0.75 cm²
3. Depends on cardiac output
4. 1.5 cm²

PHT = 29% of total deceleration time (DT)

$$\text{MVA} = 220 / \text{Pressure half time}$$
$$\text{MVA} = 750 / \text{Deceleration time}$$



MITRAL PRESSURE HALF-TIME

Comparison of Formulations

- Empirical formulation:

$$T_{1/2} = 220/MVA$$

- Theoretical derivation:

$$T_{1/2} = \frac{11.6 C_n \sqrt{P}}{c_c MVA}$$

$T_{1/2}$ = mitral half-time (ms)

MVA = anatomic valve area (cm²)

C_n = mean net LA and LV compliance (cm³/mmHg)

P = peak LA-LV pressure gradient (mmHg)

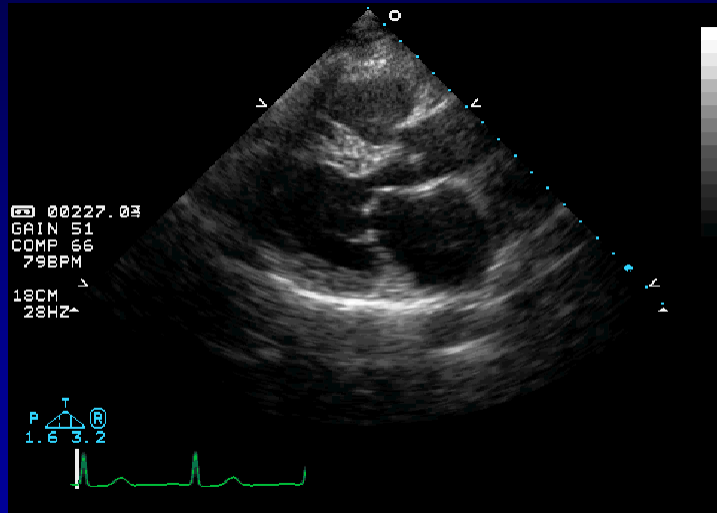
c_c = coefficient of contraction (about 0.78)

James Thomas

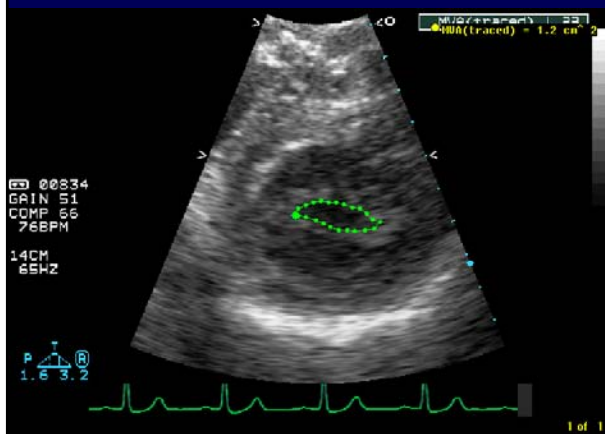
Transmitral E-wave deceleration time varies most consistently with which physiological parameters?

1. Directly with mitral valve area, directly with ventricular stiffness
2. Directly with mitral valve area, inversely with ventricular stiffness
3. Inversely with mitral valve area, directly with ventricular stiffness
4. Inversely with mitral valve area, inversely with ventricular stiffness

Rheumatic Mitral Valve Stenosis: Case

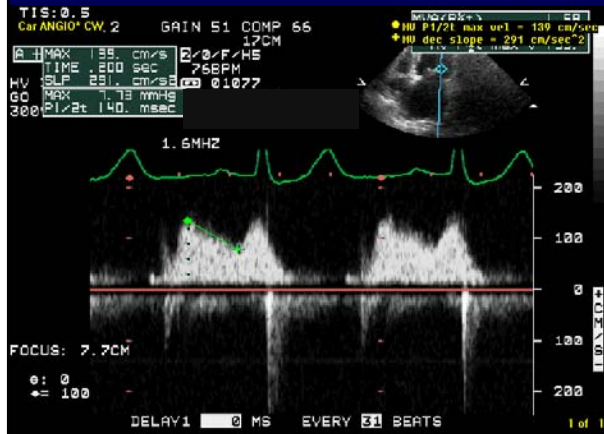


Rheumatic Mitral Valve Stenosis



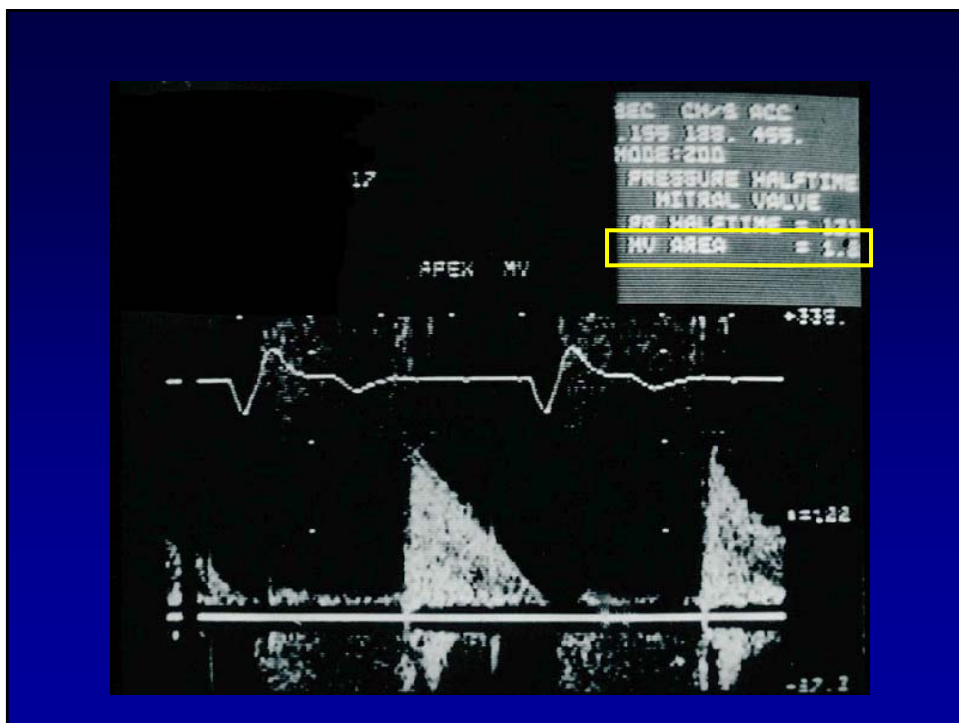
**MVA by
Planimetry =
1.2 cm²**

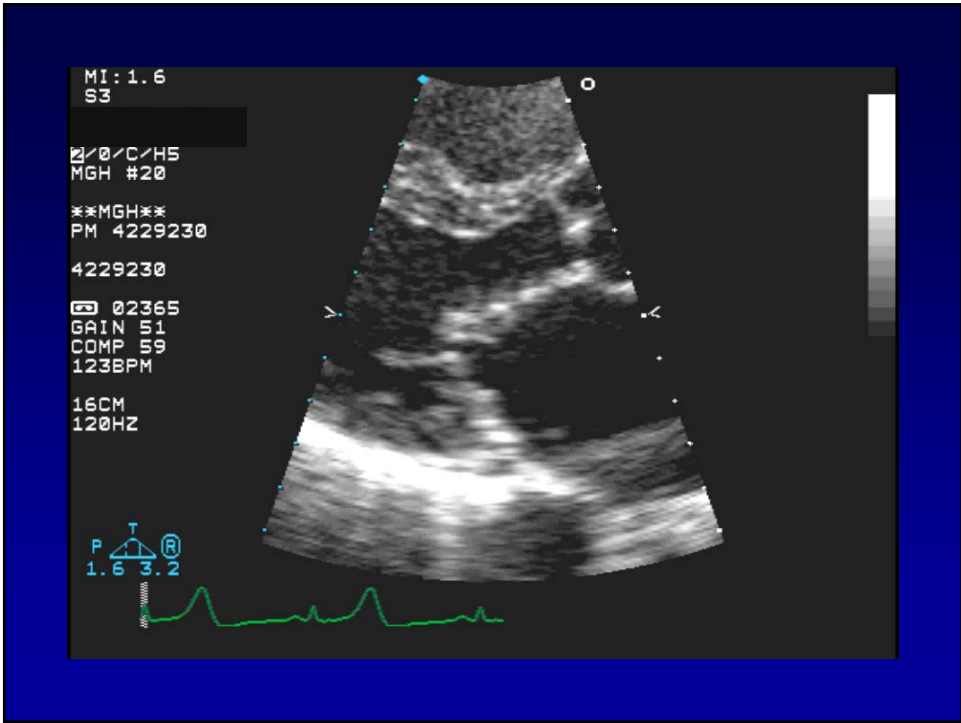
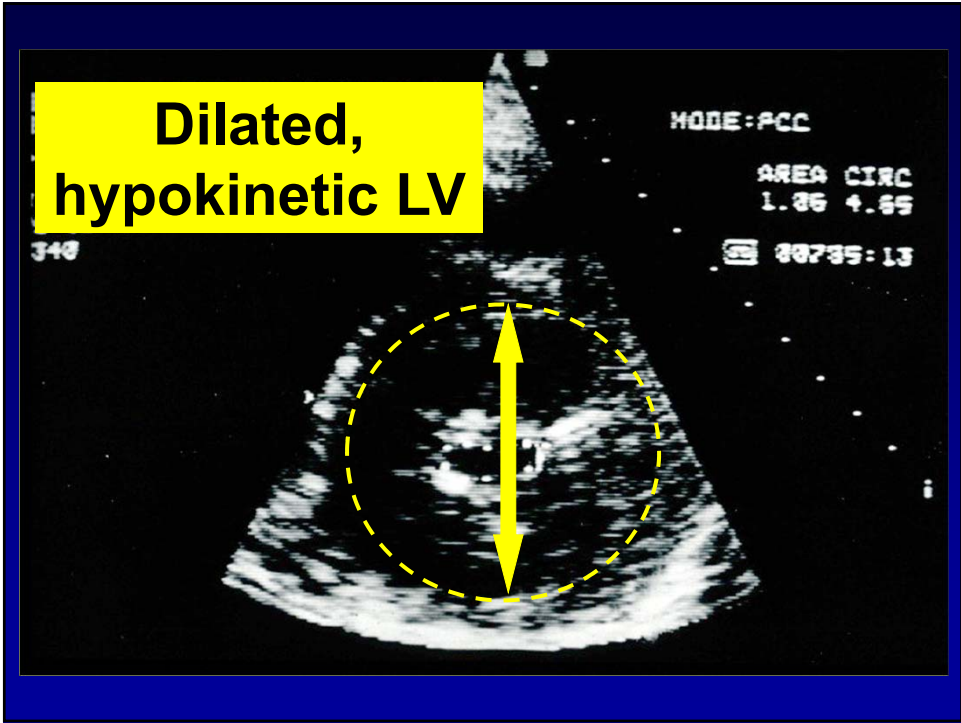
Rheumatic Mitral Valve Stenosis

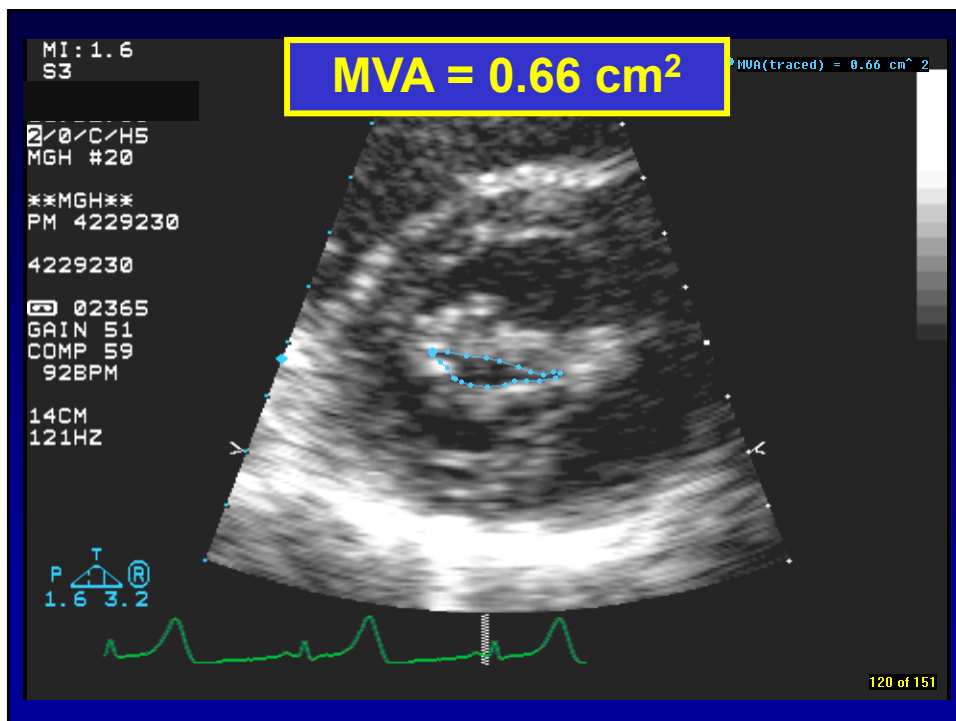
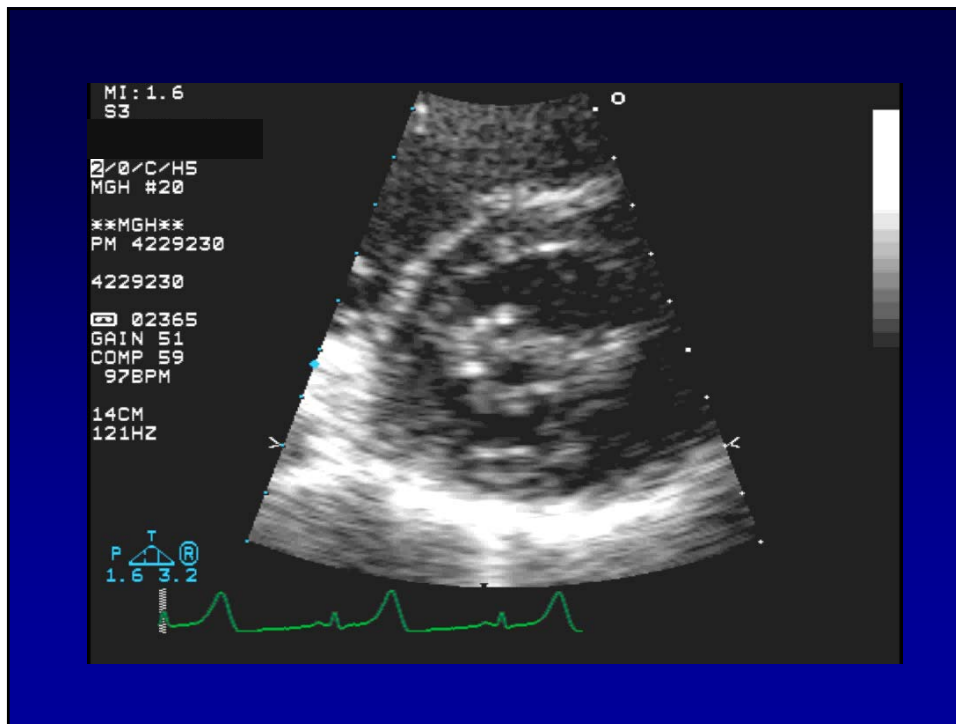


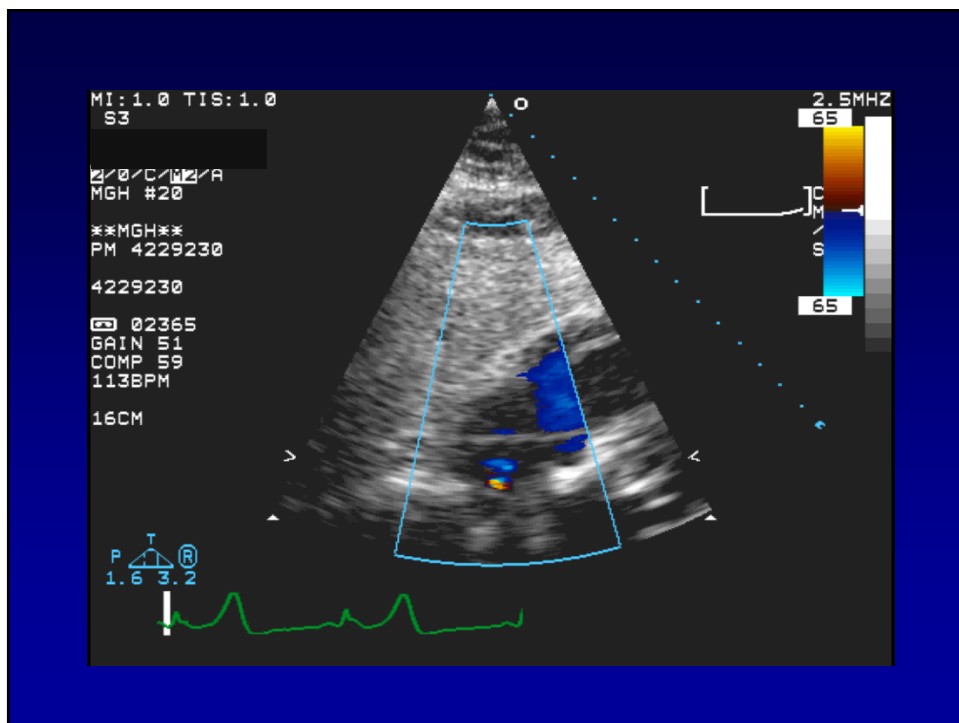
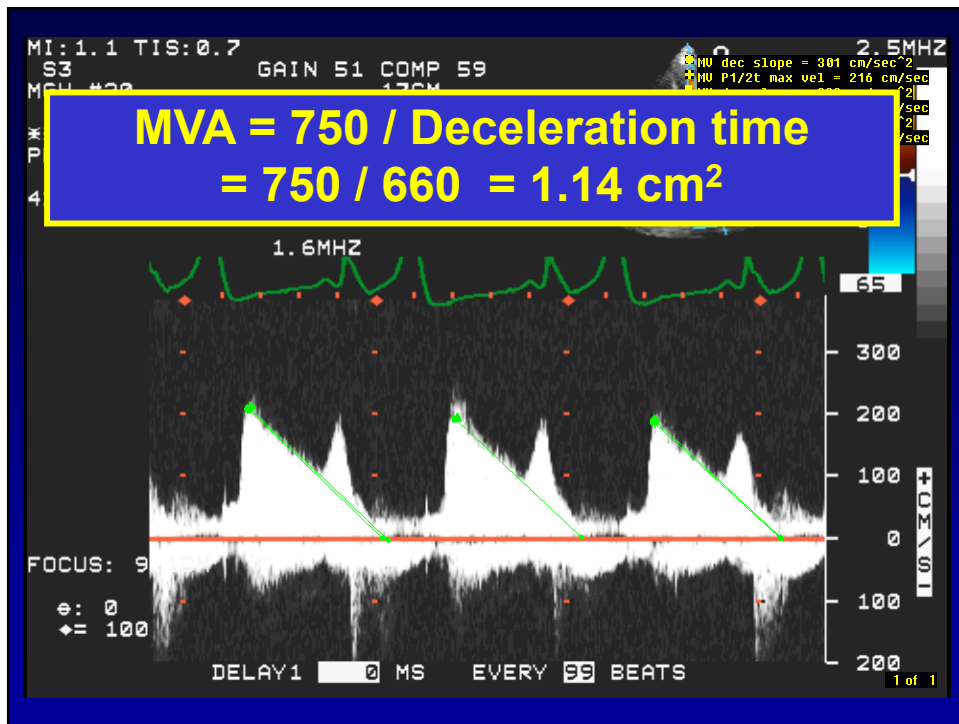
**MVA by P $\frac{1}{2}$ t =
1.6 cm²**

**45-year-old woman with
mitral stenosis, dyspnea
and fatigue**









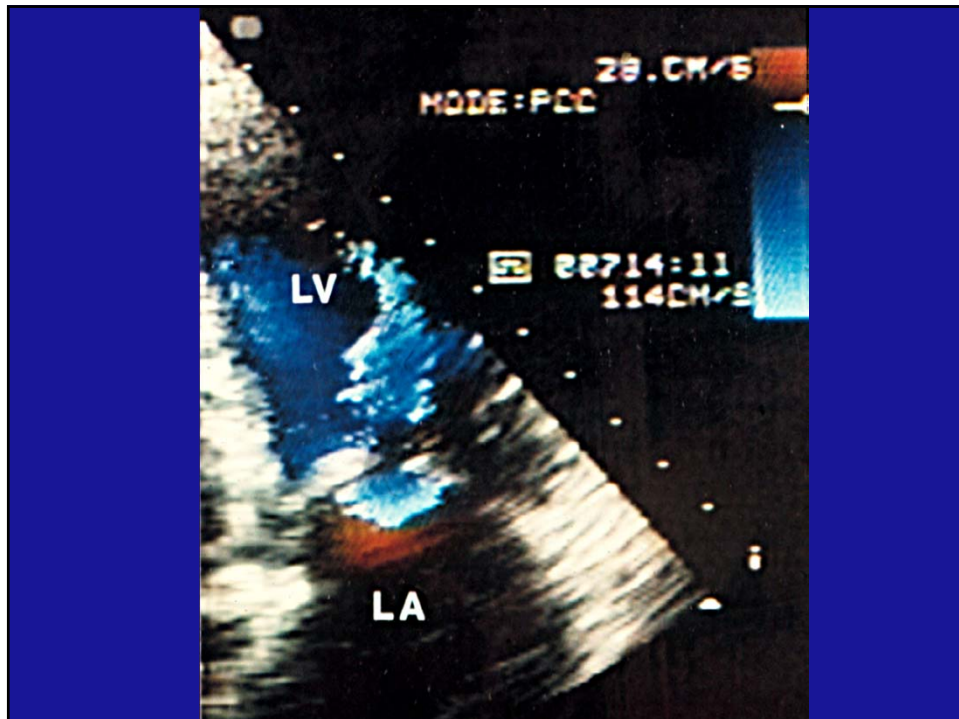
Take Home Message

- **Rely on planimetry, esp. biplane**
- **Pressure half time area can be falsely elevated because of noncompliant (stiff) LA or LV, AI (at least moderate), or ASD.**

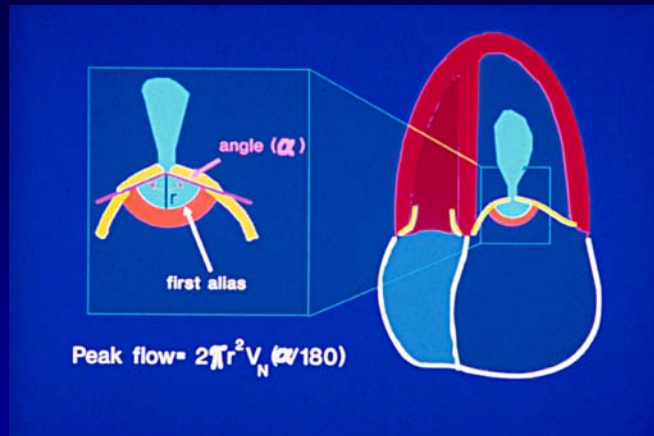
Quantification of Mitral Valve Area

- **Direct Planimetry**
- **Pressure Half-Time**
- **Continuity / PISA**

AREA = Flow rate / velocity

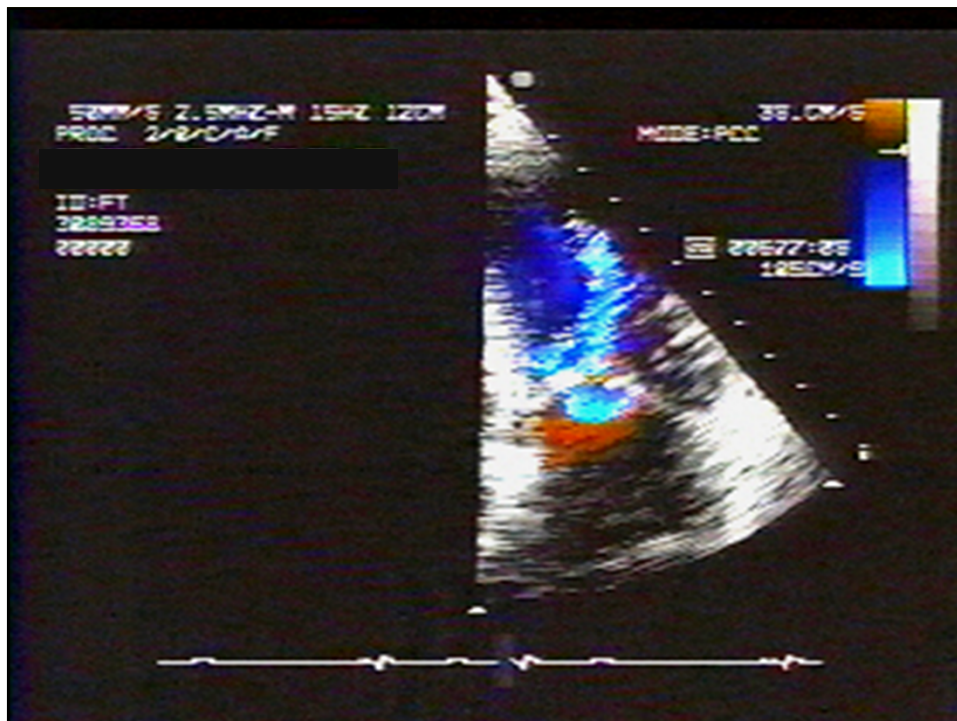


PISA Method



MVA = Peak Flow/Peak MS velocity

Leonardo Rodriguez



$$\text{Peak flow rate} = 2\pi r^2 v (\alpha / 180)$$

$$r = 1.06 \text{ cm}$$

$$v = 38 \text{ cm/sec}$$

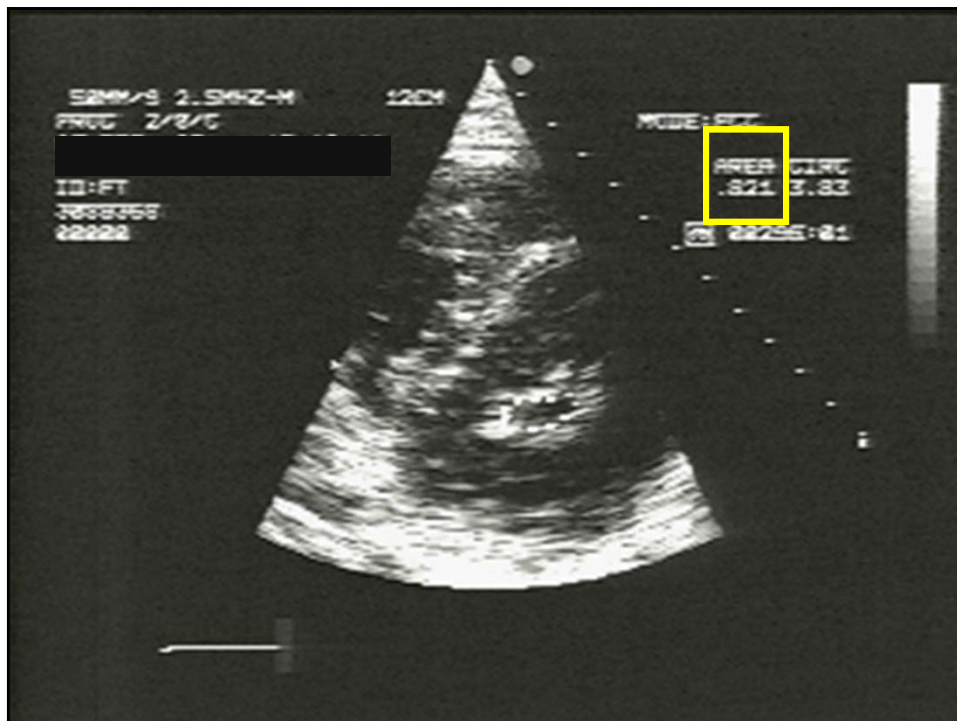
$$\alpha = 110^\circ$$

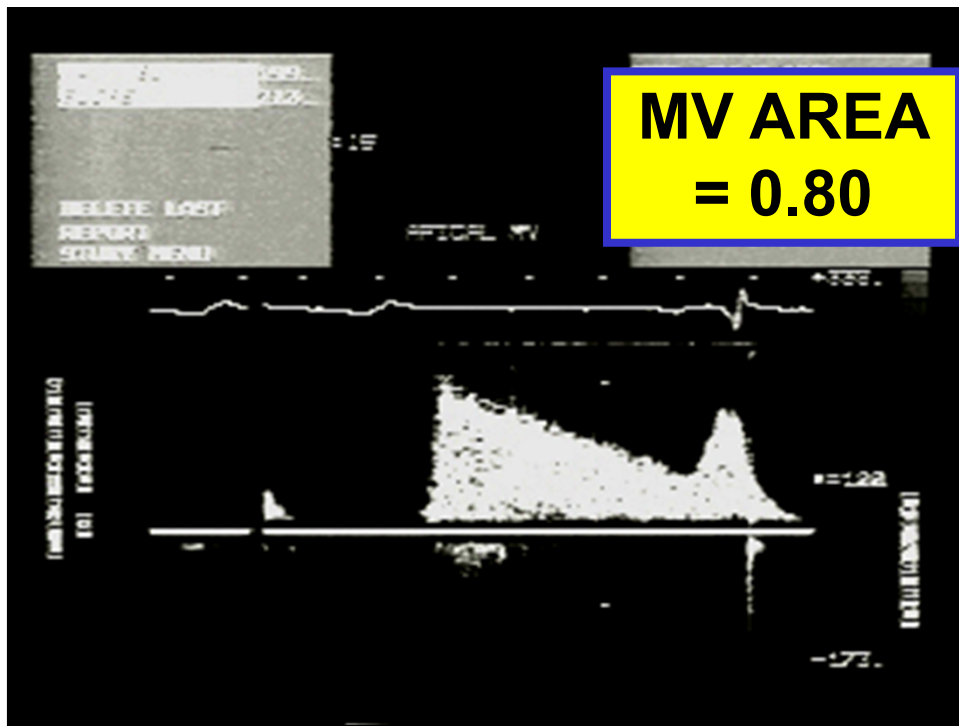
$$\text{Peak flow rate} = 164 \text{ cm}^3/\text{sec}$$

$$\text{MVA} = \text{Peak flow rate} / \text{Peak velocity}$$

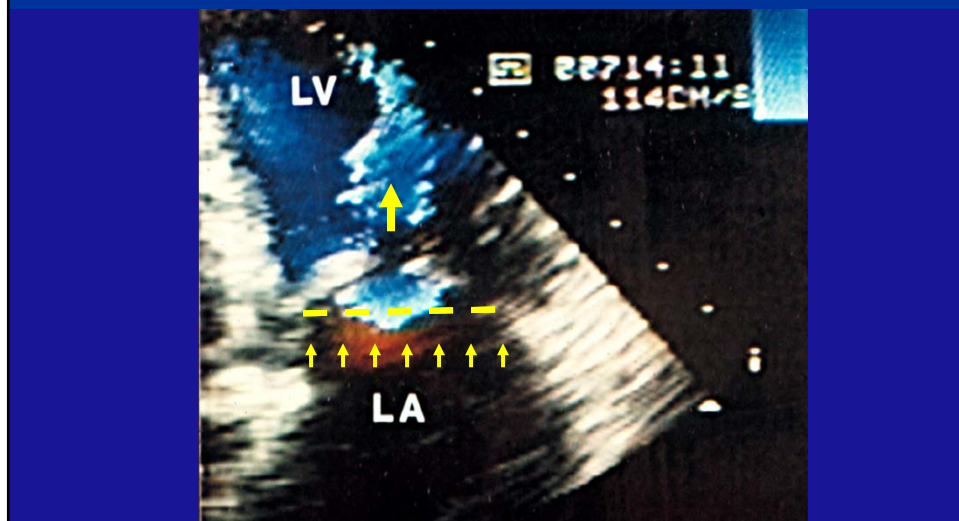
$$= (164 \text{ cm}^3/\text{sec}) / (200 \text{ cm/sec})$$

$$= 0.82 \text{ cm}^2$$





Can we apply the continuity equation as we do across the aortic valve?



CONTINUITY EQUATION

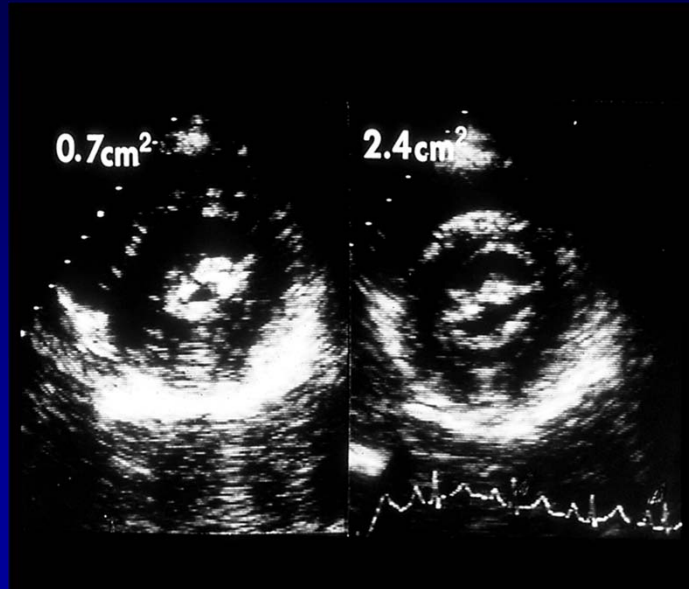
$$\begin{aligned} \text{MVArea} &= \frac{\text{Forward flow}}{\text{Velocity}} \\ &= \frac{\text{Systolic flow (AV, PV)}}{\text{Mitral CW time-velocity integral}} \end{aligned}$$

- No important MR
- No important AR (PR)

MITRAL STENOSIS

- **Diagnosis**
- **Quantification**
- **Management**

Commissural splitting



METHODS

Echocardiography

BEFORE PMV:

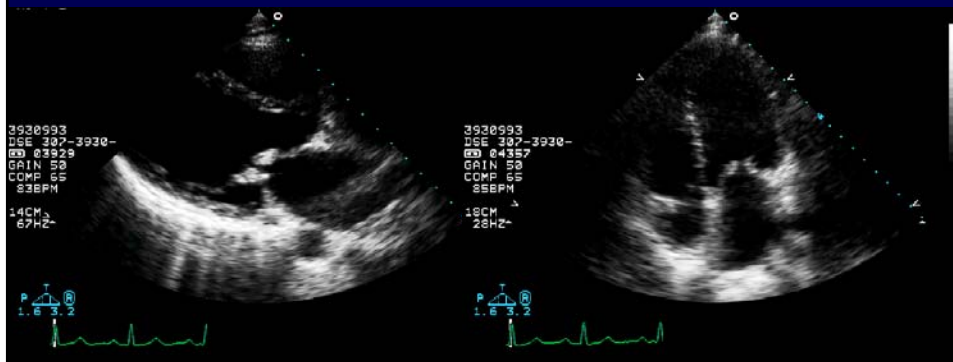
Echocardiographic Examination

- Standard Views
- Echocardiographic Score of Valve Morphology:

| | |
|---------------|--------|
| Mobility | 0 - 4 |
| Thickening | 0 - 4 |
| Calcification | 0 - 4 |
| Sub-Valvular | 0 - 4 |
| | <hr/> |
| Total | 0 - 16 |

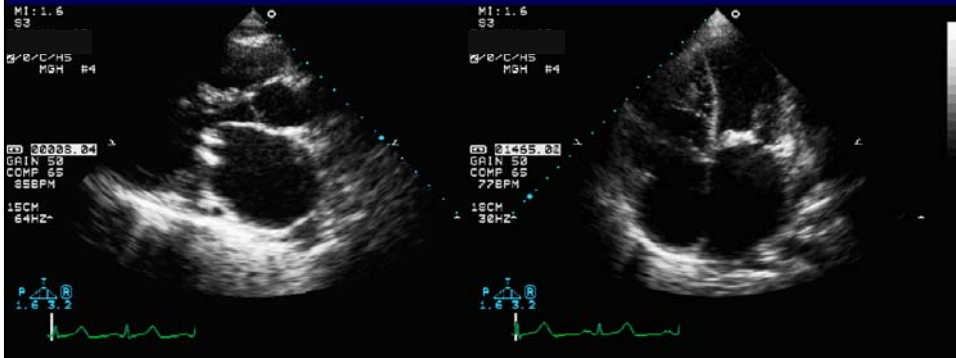
**Echo score < 8 associated with
greater success of percutaneous
mitral valvuloplasty**

Mitral Stenosis-Low Echo Score-4



**Mobility = 1
Thickening = 1
Calcification = 1
Subvalvular = 1**

Rheumatic Mitral Valve Stenosis High Echo Score-11

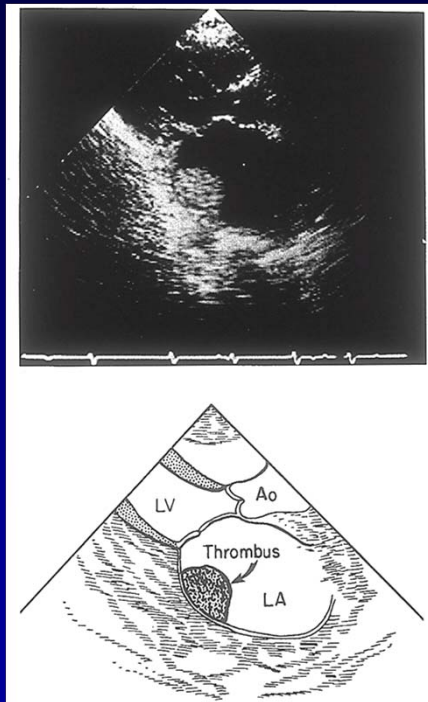


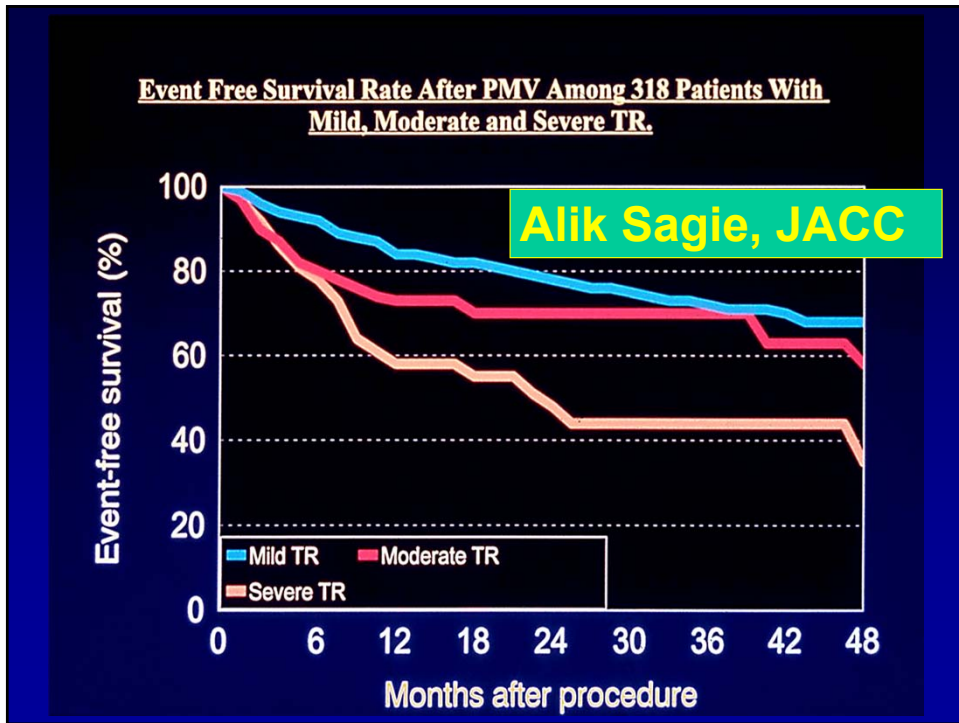
Mobility = 2
Thickening = 2
Calcification = 3
Subvalvular = 4



DON'T DO IT!

- **Calcific MS**
- **Moderate MR**
- **High score**
- **LA thrombus**
- **Likely to tear**
- **Severe TR**





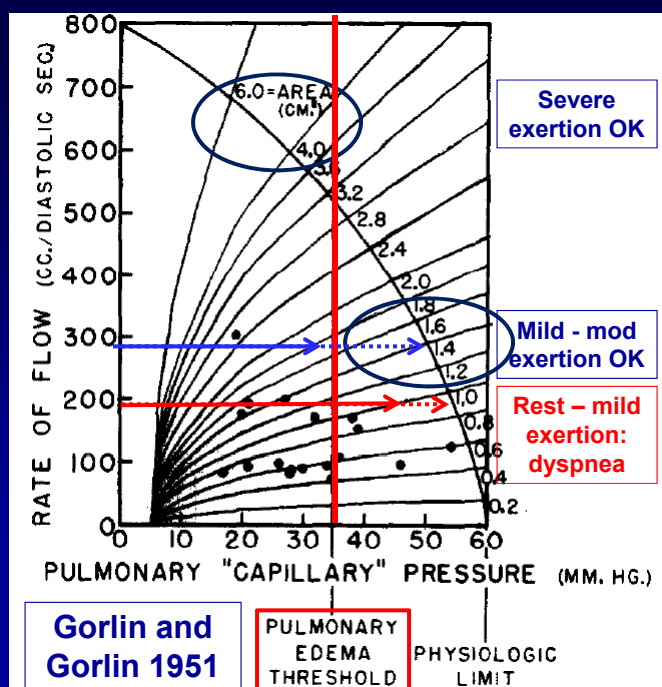
MITRAL STENOSIS

- **Diagnosis**
- **Quantification**
- **Management**

2014 AHA/ACC Guideline for the Management of Patients With Valvular Disease (Nishimura)

- $> 1.5 \text{ cm}^2$ – “Progressive”
- $1.1 \text{ to } 1.5 \text{ cm}^2$ – “Severe”
- $\leq 1.0 \text{ cm}^2$ – “Very severe”

Based on symptoms and improvement with intervention
But MVA $\leq 1.5 \text{ cm}^2$ may be as'xic!



Echo and Hydrodynamic Assessment of Mitral Stenosis

- **Mitral valve area measurement**
 - **$> 1.5 \text{ cm}^2$ - Mild**
 - **$1.1 \text{ to } 1.5 \text{ cm}^2$ - Moderate**
 - **$< \text{ or } = 1.0 \text{ cm}^2$ - Severe**