Valvular Heart Disease

Diagnosis/Definition

* Valvular heart disease can be congenital or acquired and lead to valvular stenosis and/or regurgitation typically with accompanying murmur
* Murmur: Diastolic, holosystolic, grade 3 or greater systolic murmur or any murmur associated with symptoms or signs of cardiac disease should be evaluated with an echocardiogram

Initial Diagnosis and Management

* Detailed symptom history, focused physical examination to include characterization of the murmur and directed risk-factor assessment (congenital heart disease, known valvular disease, aortic aneurysm)
* 12 lead ECG
* Echocardiogram if murmur is consistent with above criteria
* Chest X-ray if signs and symptoms of HF or pulmonary disease
* Repeat echocardiogram in the time frame as indicated by cardiology consultant

Indications for Specialty Care Referral

* Symptomatic patients with moderate to severe stenotic and/or regurgitant lesions
* Asymptomatic patients with severe stenotic and/or regurgitant lesions
* All patients with valvular lesions and associated LV enlargement and/or decreased EF
* Pregnant patients with known valvular disease and NYHA class II-IV symptoms
* Pregnant patients with valvular disease and pulmonary hypertension
* Pregnant patients with a mechanical prosthetic valve requiring anticoagulation

Endocarditis Prophylaxis

* Please see: *Circulation* 2007;116;1736-1754 for the complete reference article
* Prophylaxis against IE is reasonable for the following patients at highest risk who undergo dental procedures involving manipulation of gingival tissue, periapical region of teeth or perforation of the oral mucosa
	+ Patients with prosthetic valve or prosthetic material in valve repair
	+ Patients with previous infective endocarditis
	+ Congenital Heart Disease (CHD)
		- Unrepaired cyanotic CHD
		- Repaired CHD with prosthetic material or device during the first 6 months after the procedure
		- Repaired CHD with residual defect at site of prosthetic material
		- Cardiac transplant patients with regurgitation due to a structurally abnl valve
	+ Prophylaxis is NOT recommended for non-dental procedures