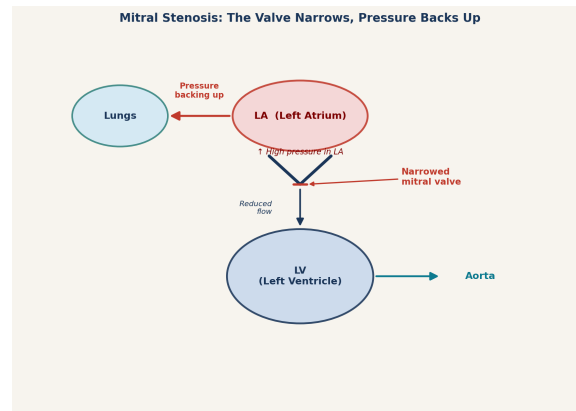


Understanding Mitral Stenosis

When the mitral valve narrows — causes, symptoms, and treatment

Mitral stenosis is treatable. Finding it early — before the lungs suffer — makes a real difference.



Online: <https://go.riasalimd.com/mitral-stenosis-guide>

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Names & Terms You Will Hear

Term	Meaning
Mitral stenosis (MS)	The medical name for a narrowed mitral valve. The valve blocks blood from the left atrium to the left ventricle.
Rheumatic mitral stenosis	The most common type worldwide. Caused by scarring after rheumatic fever — from strep throat.
Calcific MS	In older adults, calcium buildup in the valve ring can narrow the opening.
Congenital MS	A rare form present from birth where the valve did not form normally.
Valve area (MVA)	How open the valve is. Normal: 4–6 cm ² . Severe stenosis: below 1.0 cm ² .
Mean gradient	Pressure across the valve. High gradient means the heart works harder to push blood through.
Wilkins score	An echo score (0–16) that predicts how well a balloon procedure will work. Score of 8 or lower: good fit for PBMV.
PBMV	Balloon valvuloplasty. A balloon opens the narrowed valve from inside using a catheter.



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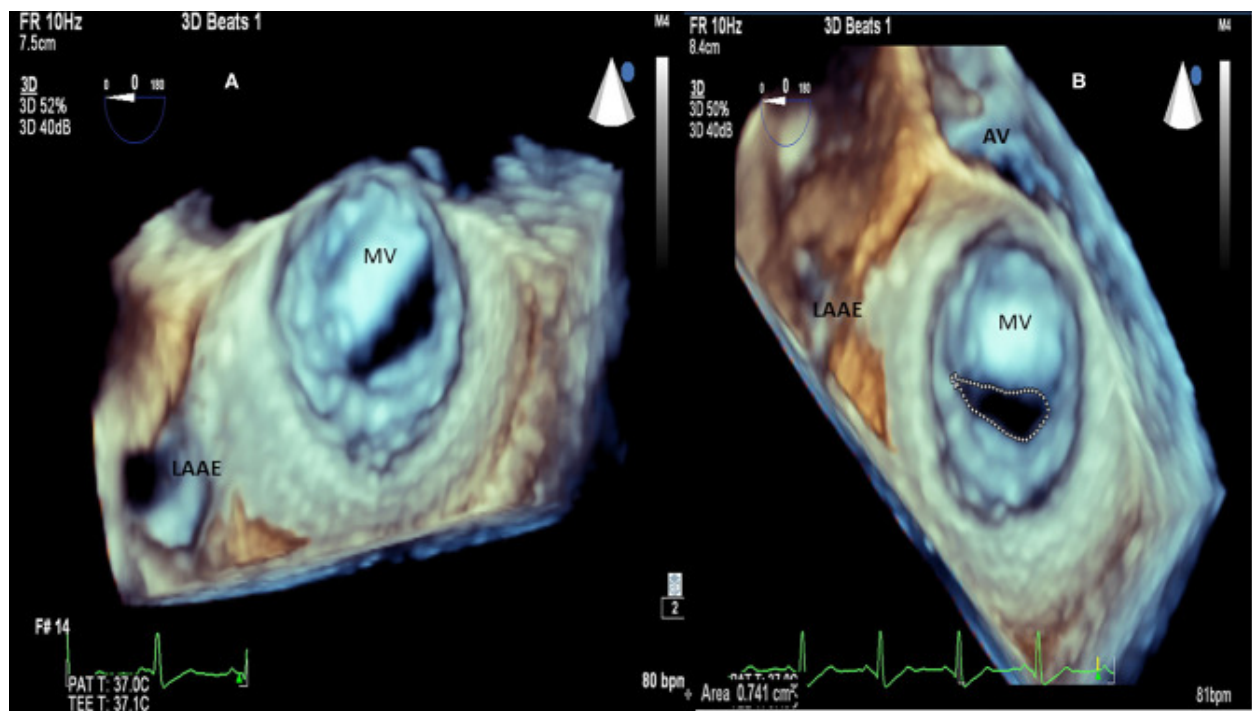
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What Is Mitral Stenosis?

- Your **mitral valve** sits between the upper left chamber (atrium) and the lower left chamber (ventricle). It opens to let blood in, then closes to keep it from leaking back.
- In mitral stenosis, the valve leaflets **thicken and fuse** together. Usually this is from old rheumatic fever scarring. The opening gets narrow — like a clogged funnel.
- Blood **backs up** in the upper chamber and into the lungs. Lung pressure rises. This causes shortness of breath — at first with activity, then at rest.
- The lower chamber gets **less blood**. The heart speeds up to cope. Over years, the upper chamber stretches and the lung vessels are damaged.
- Progress is **slow** — often 20 to 40 years from rheumatic fever to symptoms. Many people find out only after a doctor hears a murmur.



A real 3D transesophageal echo from a patient with severe mitral stenosis. Left: the valve opening (MV) looks small and pinched — this is the classic 'fish-mouth' shape caused by scarred, fused leaflets. Right: the same valve with its opening traced (dotted line) to measure the area — 0.741 cm², well into the severe range. LAAE = left atrial appendage. Image: Vieira et al., *Frontiers in Cardiovascular Medicine* 2021 (CC BY 4.0).



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Mitral Stenosis Severity — Valve Area and Pressure Gradient

MILD	MODERATE	SEVERE
Valve area > 1.5 cm ²	Valve area 1.0-1.5 cm ²	Valve area < 1.0 cm ²
Mean gradient < 5 mmHg	Mean gradient 5-10 mmHg	Mean gradient ≥ 10 mmHg
Echo every 3-5 years	Echo every 1-2 years	Echo every year or sooner

Three levels of MS severity by valve area and pressure gradient. Mild: valve area > 1.5 cm², gradient < 5 mmHg, echo every 3–5 years. Moderate: 1.0–1.5 cm², 5–10 mmHg, echo every 1–2 years. Severe: < 1.0 cm², gradient 10 mmHg or higher, echo every year or sooner. Thresholds from 2020 ACC/AHA valve guideline.



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Why It Matters

- Backed-up lung pressure can cause **high blood pressure in the lungs** (pulmonary hypertension). Once this sets in, recovery after valve treatment is less complete.
- A stretched upper chamber triggers **irregular heart rhythm (AFib)** in up to 40% of patients. AFib with MS greatly raises stroke risk. It needs treatment.
- Without care, MS leads to **worsening breathlessness**: first with activity, then at rest, then fluid in the lungs, then right heart failure.
- MS is **very treatable** — by balloon procedure or surgery. Acting before the lungs are badly damaged gives the best result.
- **Pregnancy** is a special risk. Extra blood volume stresses a narrow valve. Even mild MS can cause sudden severe symptoms during pregnancy.

Mitral Stenosis — Severity at a Glance

Severity	Valve Area	Gradient	Symptoms	Echo
Mild	> 1.5 cm ²	< 5 mmHg	Usually none	Every 3–5 years
Moderate	1.0–1.5 cm ²	5–10 mmHg	Breathless on exertion	Every 1–2 years
Severe	< 1.0 cm ²	10 mmHg or more	Breathless at rest, AFib	Yearly or sooner



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Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
Rheumatic fever in childhood	Strep throat triggers an immune attack that scars the valve leaflets over 10–40 years. This is the top cause of MS worldwide.
Strep throat not treated	Untreated strep drives rheumatic fever. Antibiotics for strep + long-term penicillin after rheumatic fever prevent re-scarring.
Low-income countries	Crowding raises strep spread. Lack of antibiotics lets rheumatic fever progress. About 40 million people worldwide have rheumatic heart disease.
Older age (calcific MS)	Calcium builds up in the valve ring in older adults. This can slowly narrow the valve opening.
Birth defect (congenital)	Rare valve abnormalities at birth can cause narrowing with no rheumatic history.
Lupus (rare)	Lupus can involve the mitral valve, though true stenosis is uncommon.
Carcinoid tumor (rare)	These tumors can cause fibrous thickening of heart valves, more often on the right side.



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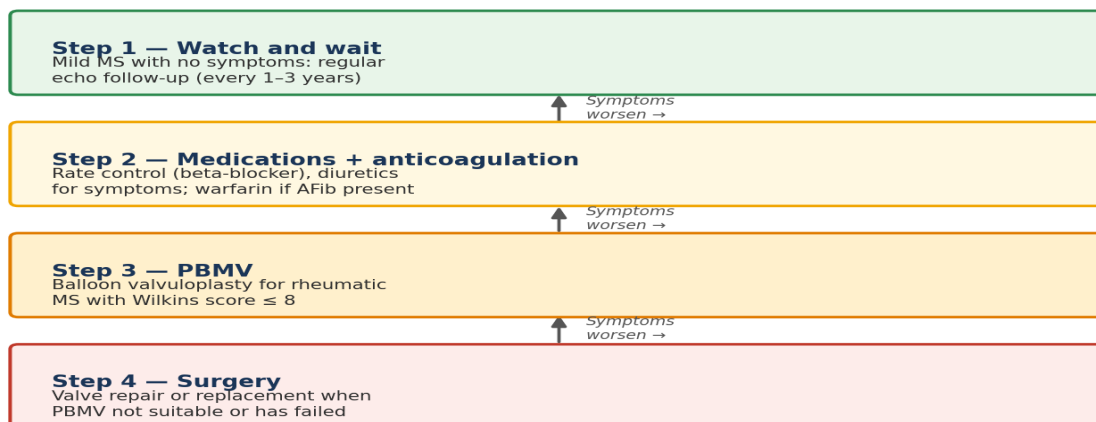


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Treatment Options

- **Mild MS, no symptoms.** Watch and wait. Echo every 3–5 years. Treat strep infections quickly. Take penicillin prophylaxis if you had rheumatic fever.
- **Rate control.** Beta-blockers or diltiazem slow the heart rate. A slower rate lets the ventricle fill better through the narrow valve.
- **Water pills (diuretics)** reduce lung fluid and ease breathing. They help symptoms but do not fix the valve.
- **Blood thinners (anticoagulation).** Warfarin is used for MS with AFib, prior stroke, or a clot in the upper chamber. Use warfarin — not newer blood thinners — for rheumatic MS with AFib. The INVICTUS trial showed warfarin works better here.
- **PBMV (balloon valvuloplasty).** A small balloon on a catheter opens the fused valve leaflets from inside. Best for rheumatic valves with Wilkins score of 8 or lower. No open surgery. Can be done during pregnancy.
- **Surgical repair** — open surgery to separate fused leaflets. Used when the balloon procedure is not an option and the valve is still repairable.
- **Valve replacement** when the valve is too damaged to repair. Mechanical valves last decades but need warfarin. Tissue valves last 10–15 years and may not need warfarin.

Mitral Stenosis Treatment Ladder



Treatment steps escalate with severity and symptoms. Mild MS: watch and wait with echo. Step 2: medicines and blood thinners for symptoms and AFib. Step 3: balloon procedure (PBMV) for suitable rheumatic valves. Step 4: surgery when balloon procedure is not an option.



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Why AFib Raises Stroke Risk in Mitral Stenosis

- In a healthy heart, the upper chamber contracts firmly with each beat. In MS, the chamber **stretches and slows down**. Blood pools instead of flowing forward.
- When AFib starts, the upper chamber **stops contracting** at all. Blood swirls slowly — especially in a small pouch called the left atrial appendage. Clots form there.
- Those clots travel to the brain and cause a **stroke**. MS with AFib raises stroke risk 10 to 17 times compared to the general public.
- **Warfarin** (target INR 2.0–3.0) is the recommended blood thinner. It stops clots from forming in the upper chamber. Monthly INR checks keep the dose right.
- Slowing the heart rate also matters. A slower rate gives the lower chamber more time to fill through the narrow valve. This eases breathlessness.
- AFib may resolve after valve repair or replacement — but only if the upper chamber has not been stretched too long. After years of stretching, AFib often persists.



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Balloon Valvuloplasty (PBMV) — The Less-Invasive Option

- **What happens:** a thin tube (catheter) goes from a leg vein up to the heart. A small needle crosses the wall between the upper chambers. A balloon opens the fused valve leaflets from inside.
- **Good fit for PBMV:** Wilkins echo score of 8 or lower (soft, mobile leaflets, little calcium), no significant valve leak, no clot in the upper chamber. Rheumatic MS responds best.
- **Results:** valve area often doubles — from ~0.9 to ~1.8 cm². Symptoms improve greatly in 80–95% of good candidates. Results last 10–15 years on average.
- **Rare risks:** valve leak gets worse in ~5%, small hole in the chamber wall (usually heals), stroke in less than 1%, minor bleeding at access site.
- **Safe in pregnancy:** PBMV can be done after the first trimester with lead shielding to protect the baby. It is the preferred option for pregnant women with severe MS.
- **Re-narrowing:** the valve can narrow again over years. A second PBMV is sometimes possible. If not, surgery is the next step.



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Mitral Stenosis in Pregnancy

- Pregnancy raises blood volume by 40–50% and heart rate by 15–20 beats per minute. A narrow valve cannot handle this surge. Sudden breathlessness or fluid in the lungs can result.
- Even women with **moderate MS who felt fine before** can develop symptoms in the second or third trimester — when cardiac stress peaks.
- **Plan before pregnancy:** women with moderate or severe MS should see a cardiologist first. If the valve is bad enough, balloon treatment before conception gives a safer pregnancy.
- If severe MS is found during pregnancy, **PBMV is the preferred option**. It avoids open surgery and its risks to the baby.
- During pregnancy: beta-blockers for rate control (generally safe), small doses of water pills for fluid, warfarin for AFib (second and third trimester).
- For delivery: cardiology and a high-risk OB team should co-manage. Most patients can tolerate labor with close monitoring. C-section is not always needed.

Use warfarin — not newer blood thinners — for rheumatic MS with AFib.

Rheumatic MS with AFib is a high-stroke-risk pair. The INVICTUS trial (2022) showed warfarin worked better than rivaroxaban here. Newer pills such as apixaban and rivaroxaban are NOT recommended for rheumatic MS with AFib. Ask your cardiologist before switching blood thinners.



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Comfort Measures at Home (No Medication Needed)

These simple steps support healing and ease symptoms. Use them alongside any medication your doctor prescribes.

- Limit salt to reduce fluid buildup and ease breathing.
- Avoid intense aerobic exercise with moderate-to-severe MS — ask your cardiologist what is safe.
- Long-term penicillin: if you had rheumatic fever, a daily pill or monthly injection prevents re-scarring.
- Get your flu and pneumonia shots each year to cut infection risk.



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Watch + medications (mild/moderate MS, few symptoms)	MS can worsen over time. Diuretics can drop potassium. Rate-control drugs may cause low BP or fatigue.	No invasive procedure. Most mild/moderate patients stay stable for years with medicines.	Balloon procedure or surgery if symptoms worsen or valve area drops below 1.5 cm ² .
PBMV — balloon valvuloplasty (rheumatic valve, Wilkins score of 8 or lower)	Valve leak worsened in ~5%. Small hole between upper chambers (usually heals on its own). Stroke or access-site bleeding — rare.	No open surgery. Quick recovery. Safe in pregnancy. Valve area often doubles. Lasts 10–15 years.	Surgical repair or replacement; medicines only.
Surgical valve repair (for suitable anatomy)	Open-heart surgery: stroke risk 1–2%, infection risk, 6–8 week recovery. Valve may re-narrow later.	Restores native valve. No prosthetic valve. No warfarin needed (unless AFib persists).	Balloon procedure if anatomy fits; valve replacement if leaflets too damaged.
Valve replacement (mechanical or tissue valve)	Mechanical: warfarin lifelong, diet limits. Tissue: re-operation in 10–15 years. General surgical risks.	Long-lasting fix. Mechanical valves can last decades. Tissue valves suit patients who cannot take warfarin.	Balloon procedure or repair if anatomy allows.



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Common Misconceptions

Myth	Reality
"Valve disease means I need surgery right away."	Not true for mild MS. Many patients are watched with echo and medicines for years. Surgery or a balloon procedure is needed only when the valve area drops below a set level or symptoms are bad.
"Any blood thinner will work for my AFib."	Not with rheumatic MS. Warfarin is the right choice here — not the newer pills. The INVICTUS trial showed warfarin worked better than rivaroxaban for rheumatic valve AFib. Ask us before switching.
"The balloon procedure is too risky."	In skilled hands, balloon valvuloplasty (PBMV) has great results for suitable rheumatic valves. It avoids open surgery, has a fast recovery, and is safe in pregnancy.
"MS only happens in other countries."	Rheumatic MS is more common in lower-income areas. But it occurs everywhere. Calcium-related MS is common in older adults in all countries.
"My AFib is harmless — just an irregular beat."	In MS, AFib greatly raises stroke risk. Blood pools in the stretched upper chamber and forms clots. Without a blood thinner, stroke risk is 10–17 times normal. AFib here always needs treatment.
"After the procedure, I'm done."	The balloon procedure and surgery ease symptoms and help you live longer. But the valve can re-narrow after balloon treatment. Prosthetic valves need follow-up. AFib may persist and still need care.



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
AFib — irregular heart rhythm	Up to 40% of MS patients develop AFib as the upper chamber stretches. AFib raises stroke risk and needs rate control and a blood thinner.
Stroke and blood clots	Blood pools in the slow, enlarged upper chamber and forms clots. Clots travel to the brain or limbs. A blood thinner prevents this.
High lung blood pressure	Constant backed-up pressure damages lung vessels. Mild cases improve after valve treatment. Severe cases may not fully resolve.
Right heart failure	High lung pressure makes the right side of the heart work too hard. It slowly weakens. Signs: leg swelling, fatigue, belly fluid.
Coughing blood	Bleeding from engorged lung veins. Usually brief. Triggered by sudden rises in lung pressure.
Valve infection	A scarred valve is more open to infection. Fever and chills after dental work need same-day evaluation.
Worsening during pregnancy	Extra blood volume in pregnancy can trigger sudden breathlessness or fluid in the lungs. Early cardiology care is key.



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Points to Know

If you remember nothing else, remember these key points.

- MS moves slowly — symptoms often appear 20–40 years after rheumatic fever. Regular echo follow-up catches the right time to act.
- Severity: mild valve area $> 1.5 \text{ cm}^2$, moderate $1.0\text{--}1.5 \text{ cm}^2$, severe $< 1.0 \text{ cm}^2$.
- AFib in MS raises stroke risk greatly. **Warfarin** (not newer blood thinners) is the right choice for rheumatic MS with AFib.
- **PBMV** (balloon valvuloplasty) is the first-choice procedure for suitable rheumatic MS. Less invasive than surgery. Safe in pregnancy. Lasts 10–15 years.
- Wilkins echo score guides PBMV fit: score of 8 or lower = good candidate; score above 8 = surgery more likely.
- Women with MS who want to get pregnant need cardiology review first. Extra blood volume during pregnancy stresses a narrow valve.
- Treating strep throat with antibiotics is the best way to prevent rheumatic heart disease.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- **Call 911** for sudden severe shortness of breath — especially lying flat, or if you cough up pink frothy fluid.
- **Call 911** for sudden arm or face weakness, trouble speaking, or vision loss — stroke warning signs.
- **Call our office today** if you feel short of breath with routine tasks — walking, climbing stairs, getting dressed.
- **Call our office today** if you feel a fast or irregular heartbeat.
- **Call our office today** if you cough up blood.
- **Call our office this week** for ankle or leg swelling, or weight gain of 3+ pounds in a few days.
- **Call before dental or other invasive work** — some valve patients need antibiotics first.
- **Call us before or early in pregnancy** — MS worsens during pregnancy and needs close follow-up.

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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [AHA — Mitral Valve Stenosis](#) - AHA patient page on mitral stenosis.
- [Mayo Clinic — Mitral Valve Stenosis](#) - Symptoms, causes, diagnosis, and treatment overview.
- [Cleveland Clinic — Mitral Valve Stenosis](#) - Easy-to-read overview from a leading valve center.
- [NIH MedlinePlus — Mitral Stenosis](#) - Plain-language NIH reference.
- [ACC/AHA 2020 Valve Guideline — Summary](#) - Current US guideline for mitral stenosis decisions.
- [World Heart Federation — Rheumatic Heart Disease](#) - Global view on rheumatic heart disease prevention.
- [Related guide: Mitral Regurgitation](#) - Our guide on the leaky mitral valve.
- [Related guide: Atrial Fibrillation](#) - Our AFib guide on rhythm, rate control, and blood thinners.
- [Related guide: Aortic Stenosis](#) - Our guide on a similar valve narrowing on the aortic side.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [2020 ACC/AHA Guideline for Valvular Heart Disease](#) [Guideline]
Primary US guideline: MS staging, intervention thresholds, PBMV candidacy criteria.
- [2021 ESC/EACTS Guidelines on Valvular Heart Disease](#) [Guideline]
European guideline: Wilkins score, PBMV recommendations, pregnancy management.
- [Rheumatic Heart Disease — Global Burden and Prevention](#) [Review]
Epidemiology of rheumatic heart disease as the dominant cause of MS worldwide.
- [Jung B et al. Contemporary presentation of MS: Euro Heart Survey](#) [Study]
Real-world clinical presentation, symptom onset, and complication rates in MS.
- [Wilkins Score — Echocardiographic Scoring for PBMV](#) [Study]
Original Wilkins score publication: echo scoring system for PBMV candidacy.
- [PBMV vs Surgery for MS — Randomized Trial Evidence](#) [Study]
PBMV outcomes vs surgical valvotomy and replacement in suitable candidates.
- [Mitral Stenosis in Pregnancy — Management Review](#) [Review]
Hemodynamic changes of pregnancy in MS; PBMV during pregnancy; maternal outcomes.
- [AFib and Stroke Risk in Mitral Stenosis](#) [Study]
Stroke rate and anticoagulation evidence in MS with and without AFib.
- [Cleveland Clinic — Mitral Valve Stenosis](#) [Patient-Education]
Plain-language overview of MS; patient-facing benchmark.
- [Mayo Clinic — Mitral Valve Stenosis](#) [Patient-Education]
Patient-facing symptoms, causes, diagnosis, and treatment overview.
- [AHA — Problem: Mitral Valve Stenosis](#) [Patient-Education]
AHA patient page: risk factors, symptoms, treatment options.
- [NIH MedlinePlus — Mitral Stenosis](#) [Patient-Education]
NIH plain-language reference for patients; general audience framing.
- [Pulmonary Hypertension in Mitral Stenosis](#) [Study]
Mechanism and outcome of pulmonary hypertension as a MS complication.
- [World Heart Federation — Rheumatic Heart Disease Action Plan](#) [Guideline]
RHD prevention context: importance of strep treatment and prophylaxis.



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Version: 2026-08-15

Reviewer note: Reviewed Mayo Clinic, Cleveland Clinic, AHA, and ACC/AHA guideline summaries. This guide adds: visual severity grading, Wilkins-score PBMV candidacy, pregnancy counseling, and AFib stroke-risk framing.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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