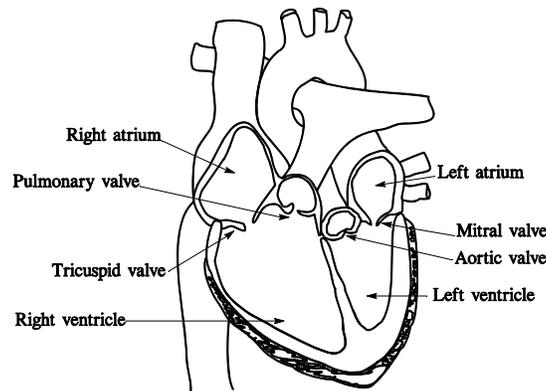




Mitral Valve Prolapse (MVP)

Mitral valve prolapse (*MVP*) is also known as the “click-murmur” syndrome, “Barlow’s Syndrome,” and “floppy” valve syndrome. In this syndrome, one or both leaflets (*cusps*) of the mitral valve are thin or floppy (*redundant*) and sometimes the valve fails to close properly. It usually is an idiopathic condition meaning that the cause is unknown but can be part of an underlying connective tissue disorder.



Mitral valve prolapse is possibly the most common heart valve lesion in existence. Present in both men and women, it has been estimated to occur in 5-15% of young women. Many individuals with MVP are asymptomatic. Others experience symptoms such as chest pain, palpitations, shortness of breath or dizziness. The best diagnostic test available is the echocardiogram.

Most applicants with mitral valve prolapse have a favorable prognosis. Complications that may develop include progressive mitral insufficiency, endocarditis, thromboembolism, and arrhythmias, especially premature ventricular and atrial contractions. Mitral valve prolapse is sometimes “silent,” in that no abnormal heart sound is detected. Other applicants with MVP may have a soft systolic heart murmur or click.

For the majority of applicants with mitral valve prolapse, the prognosis is essentially normal and this condition is not rated. Occasionally applicants with MVP have mitral insufficiency. They will be rated based on age and severity. When underlying causes are found (*such as Marfan or Ehlers Danlos syndromes*) or when serious complications/symptoms develop, ratings up to rejection for these impairments will apply.

To get an idea of how a client with a history of MVP would be viewed in the underwriting process, please feel free to use the *Ask “Rx” pert underwriter* on the reverse side for an informal quote.

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