

Editorial on Pulmonary Valve Stenosis

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Editorial

Pulmonary valve stenosis is a narrowing of the valve that connects the lower right chamber of the heart (right ventricle) to the lung arteries (pulmonary arteries). The valve flaps (cusps) of a narrowed heart valve may become thick or stiff. This reduces the flow of blood through the valve. Typically, pulmonary valve disease develops as a result of a heart problem that occurs before birth (congenital heart defect). Adults, on the other hand, may develop pulmonary valve stenosis as a complication of another illness. The severity of pulmonary valve stenosis varies. Some people with mild pulmonary valve stenosis have no symptoms and may only require routine doctor's visits. Moderate to severe pulmonary valve stenosis may necessitate a valve repair or replacement procedure. The most common cause of pulmonary valve stenosis is a congenital heart defect [1-3]. The precise cause is unknown. During the baby's development in the womb, the pulmonary valve does not develop properly.

The pulmonary valve is made up of three thin flaps of tissue (cusps). The cusps open and close with each heartbeat, ensuring that blood flows in the proper direction. One or more of the cusps may be stiff or thick in pulmonary valve stenosis, or the cusps may be joined (fused) together. As a result, the valve does not fully open. The smaller valve opening makes blood flow out of the lower right heart chamber more difficult (right ventricle). The pressure inside the right ventricle rises as it tries to push blood through the small pore. Measles in Germany (rubella) Having German measles (rubella) during pregnancy raises the baby's risk of pulmonary valve stenosis. The Noonan syndrome this genetic disorder causes a variety of structural and functional issues with the heart. Rheumatic fever, a complication of strep throat, can cause permanent heart damage, including damage to the heart valves. It can raise the chances of developing pulmonary valve stenosis later in life. Carcinoid syndrome is caused by a rare cancerous tumour that releases certain chemicals into the bloodstream, causing shortness of breath, flushing, and other symptoms. Carcinoid heart disease [4,5], which damages heart valves, affects some people with this syndrome.

Infection of the heart lining (infective endocarditis) people who have heart valve problems, such as pulmonary stenosis, are more likely to develop bacterial infections of the heart's inner lining. People with pulmonary stenosis are more likely to have an irregular heartbeat (arrhythmia). Unless the stenosis is severe, irregular heartbeats caused by pulmonary stenosis are usually not fatal. Because of the thickening of the heart muscle in severe pulmonary stenosis, the right ventricle of the heart must pump harder to force blood into the pulmonary artery. Because of the strain on the heart, the muscular wall of the ventricle thickens (right ventricular hypertrophy). Childhood is a common

time for pulmonary valve stenosis to be diagnosed. However, it is possible that it will not be detected until later in life. The doctor will listen to your or your child's heart with a stethoscope. A whooshing sound (murmur) may be heard as a result of choppy (turbulent) blood flow across the narrowed valve. Electrocardiogram (ECG) (ECG or EKG) this quick and painless test captures electrical signals from the heart. Sticky patches (electrodes) are applied to the chest, as well as the arms and legs on occasion.

The electrodes are linked by wires to a computer, which displays the test results. An ECG can reveal information about how the heart is beating and may reveal signs of heart muscle thickening. Catheterization of the heart a thin tube (catheter) is inserted into the groin and threaded through the blood vessels all the way to the heart. To make blood vessels more visible on X-rays, dye can be injected through the catheter (coronary angiogram). Cardiac catheterization is also used by doctors to measure pressure within the chambers of the heart in order to determine how forcefully blood pumps through the heart. If you have pulmonary valve stenosis, your doctor can determine how severe the condition is by comparing the blood pressure difference between the right lower heart chamber and the pulmonary artery. Other imaging studies to confirm the diagnosis of pulmonary valve stenosis, Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) scans are sometimes used.

Conflict of Interest

None.

References

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