Mitral stenosis (MS) is the narrowing of the opening of the mitral valve which limits the flow of the blood from the left atrium to the left ventricle. MS is usually a consequence of rheumatic fever and is very common in developing countries.

Benefits of balloon valvuloplasty over surgery:

- Minimally invasive
- Causes less pain
- Faster recovery
- Minimal Scarring

If mitral stenosis is left untreated:

- Left Atrial enlargement
- Atrial fibrillation
- Left atrial thrombus

Treatment options for mitral stenosis:

- Surgical commissurotomy using Tubb’s dilator
- Percutaneous balloon valvuloplasty
Eligibility criteria for mitral balloon valvotomy

Patient selection relies on the structural information about mitral valve and sub-valvular apparatus obtained using trans-esophageal echocardiography (TEE).

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### Indication
- Patient with moderate or severe mitral stenosis with a valve area < 1.5 cm².

### Contraindication
- Patients with:
  - Pre-existing significant mitral regurgitation
  - Left atrial thrombus

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### Mitral Balloon Valvuloplasty procedure

- This procedure is most often performed with the hourglass shaped Inoue balloon.

1. The inoue balloon is introduced percutaneously into the femoral vein using a catheter.
2. The catheter is guided to the right atrium and passed across atrial septum.
3. The balloon is positioned across the stenosed mitral valve.
4. The balloon is inflated and the narrowed mitral valve is widened.

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### Wilkin's scoring system
- It is the echocardiographic score which can predict the success of mitral balloon valvuloplasty based on valve structure.
- It considers four characteristics - valve mobility, leaflet thickening, subvalvular thickening, and calcification.
- Score <8 gives better results than scores of > 8.

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### Balloon valvuloplasty outcomes:

1. Immediate and long term results are similar to those with surgical valvotomy
2. Balloon valvuloplasty can be repeated if commissural restenosis occurs.

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### Contact Us

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