

Aortic Valve Regurgitation

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INTRODUCTION

When aortic valve leaks, it's called aortic valve regurgitation or aortic insufficiency. The aortic valve is also one of the valves in heart's 4. These valves help the blood inflow through the heart and out to the body. Typically, the aortic stopcock stops blood from flowing back into the left ventricle. The left ventricle pumps blood high in oxygen and also nutrients to the body. With aortic valve regurgitation, some blood leaks back through the valve as the heart relaxes. The valve is typically made of 3 towel flaps (circulars) that open and close together like a door to allow blood to pass. Aortic stopcock regurgitation happens more frequently with age. It can affect anyone.

Aortic valve regurgitation can be acute or habitual. With acute aortic valve regurgitation, the valve suddenly becomes dense. The heart doesn't have time to get used to the leak in the valve. With habitual aortic valve regurgitation, the valve slowly becomes leakier. This gives the heart time to get used to the leak.

DESCRIPTION

Causes of aortic valve regurgitation

Aortic valve regurgitation can be caused by any condition in which the circulars or the ring structure of the valve is damaged. This can do with the ensuing conditions. Weakening and calcification of the valve from growing.

High blood pressure: Disfigurements of the aortic valve present at birth (natural). This might be a bicuspid valve, rather of the normal tricuspid. A bicuspid valve has 2 circulars rather of the normal 3 circulars.

- Rheumatic heart complaint, an seditious complaint caused by Strep bacteria
- Widening of the aorta for unknown reasons
- Marfan pattern, a connective tissue disease
- Certain types of arthritis. These include enclosing spondylitis, rheumatoid arthritis, and reactive arthritis.
- Syphilis, a Sexually Transmitted Infection (STI)
- Ehlers-Danlos pattern, a connective tissue disease
- Use of certain appetite-suppressing drugs

- Bacterial infection of the heart valve (endocarditis)
- Tearing of the aorta
- Injures

Threat for aortic valve regurgitation

- Advancing age is a common threat factor for aortic regurgitation. You can reduce some threat factors for aortic valve regurgitation similar as
- Manage high blood pressure with life and drugs
- Use antibiotics to treat rheumatic fever and help rheumatic heart disorder
- Do not use IV (intravenous) medicines. This lowers the threat for heart valve infection.
- Instantly treat health conditions that can lead to the disease
- There are other threat factors similar as age that you can't change. You also can't change certain inheritable conditions similar as Marfan pattern.

Symptoms of aortic valve regurgitation

- You may not have any symptoms from mild aortic regurgitation. However, you may develop symptoms that worsen over time, if the condition becomes more severe. These may include
- Briefness of breath with exertion
- Briefness of breath when lying flat
- Fatigue
- displeasing mindfulness of your heartbeat (pulsations)
- Lump in your legs, tummy, and the modes in your neck
- Chest pain or miserliness with exertion
- Strong beats felt in the neck
- unexpected severe aortic valve regurgitation is a medical exigency, and includes symptoms similar as
- Symptoms of shock (similar as pale skin, unconsciousness, or rapid-fire breathing)
- Severe briefness of breath
- Abnormal heart measures that make the heart unfit to pump effectively

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Diagnosed for aortic valve regurgitation

Your healthcare provider will take your health history and give you a physical test. Using a stethoscope, they will check for heart murmurs or traffic in your lungs. You may also have tests similar as Transthoracic Echocardiogram (ultrasound of the heart, TTE), to make the opinion, assess inflexibility and estimate for a possible cause. This ultrasound is done by putting an inquiry on the face of the skin to take images. Trans esophageal echocardiogram (ultrasound of the heart taken from the esophagus, TEE), to further assess inflexibility and estimate for tearing of the aorta if demanded. Stress testing may be advised to assess how well your heart works under physical stress

CT or MRI can also be used to assess for tearing of the aorta. MRI may be advised to assess inflexibility and heart function if echocardiogram images aren't ideal. Cardiac catheterization, aortography, or coronary angiography may be advised before aortic stopcock surgery or when original testing provides unreliable data. Electrocardiogram (ECG), to assess heart meter, chest X-ray, can identify blowup of the heart and aorta

How is aortic valve regurgitation treated?

Treatment varies according to how severe your conditions. However, you may need only regular check-ups with your healthcare provider, if you have a mild form of the condition. You may not have symptoms for numerous times. Symptoms may get worse sluggishly over time and not affect diurnal life.

In severe aortic regurgitation, surgery is generally advised. The timing of surgery is important to bandy with your healthcare

provider and surgeon. In some cases, severe aortic regurgitation may be treated with drug. Medicine may also be used in the short-term before valve relief surgery. Or it may be used ongoing if you aren't suitable to have valve relief surgery.

It's also important to manage your blood pressure.

Treatment options

- Medicines to lower blood pressure and help the heart relax
- Antiarrhythmic drugs to help maintain the heart's meter
- Water capsules (diuretics) to reduce swelling
- For people with severe aortic regurgitation, symptoms, blowup of the left ventricle or abnormal pump function, the treatment is frequently kindly different

You may need surgery to replace the valve.

Your healthcare provider may recommend surgery indeed if you don't yet have symptoms. People with advanced symptoms are less likely to recover well from the surgery. Because of this, it's important to nearly follow up with your healthcare provider to make sure timing of surgery is right for you.

You may need to take drugs until you have surgery.

CONCLUSION

Utmost people need an artificial aortic valve. In some cases, an aortic valve form may be advised. The surgeon may do open surgery or may use a minimally invasive approach. Still, your healthcare provider may advise aortic valve relief at the same time, if you need heart surgery for another reason.