American Heart Association.



Echo Ordering & Follow Up

Valvular heart disease (VHD) is common, often progressive and frequently first identified or monitored in the primary care setting.

This one-page guide summarizes valve disease stages and highlights recommended intervals for serial echocardiographic surveillance based on standard guideline thresholds.

STAGE	DEFINITION	DESCRIPTION
A	At risk	Patients with risk factors for development of VHD
B	Progressive	Patients with progressive VHD (mild to moderate severity and asymptomatic)
C	Asymptomatic severe	Asymptomatic patients who have the criteria for severe VHD: C1: Asymptomatic patients with severe VHD in whom the LV or RV remains compensated C2: Asymptomatic patients with severe VHD with decompensation of the LV or RV
D	Symptomatic severe	Patients who have developed symptoms as a result of VHD

LV indicates left ventricle;and RV, right ventricle

Patients with VHD should be informed about the importance of reporting any change in symptom status immediately. At a minimum, a yearly history and physical examination are necessary. The onset of symptoms or a change in the physical examination should raise concern about the cardiac response to the valve lesion, necessitating a repeat transthoracic echocardiogram. This requires that patients with known VHD have access to a primary care professional and a cardiovascular specialist.

STAGE	TYPE OF VALVE LESION			
	AORTIC STENOSIS*	AORTIC REGURGITATION	MITRAL STENOSIS	MITRAL REGURGITATION
Progressive (Stage B)	**Every 3-5 y** (mild severity; V_{max} 2.0-2.9 m/s)	**Every 3-5 y** (mild severity)	**Every 3-5 y** (MV area >1.5 cm^2)	**Every 3-5 y** (mild severity)
	Every 1-2 y (moderate severity; V_{max} 3.0-3.9 m/s)	**Every 1-2 y** (moderate severity)		**Every 1-2 y** (moderate severity)
Severe asymptomatic (Stage C1)	**Every 6-12 mo** (V_{max} ≥ 4 m/s)	**Every 6-12 mo**	**Every 1-2 y** (MV area 1.0-1.5 cm^2)	**Every 6-12 mo**
		Dilating LV: More frequently	**Every year** (MV area <1.0 cm^2)	**Dilating LV:** More frequently

**Patients with mixed valve disease may require serial evaluations at intervals earlier than recommended for single-valve lesions*

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