



Differential Diagnosis of Mitral Valve Prolapse (MVP)

Disease	Notes
Primary heritable form of MVP	There are no characteristic findings that suggest a familial form of MVP; the inheritance pattern is autosomal dominant, with a higher prevalence in women
Marfan syndrome	Characterized by arachnodactyly, ectopia lentis, and aortic aneurysms; the patient is typically tall and has skeletal abnormalities, including kyphosis, scoliosis, and pectus excavatum or pectus carinatum.
Rheumatologic disorders	A variety of rheumatologic diseases, including SLE, relapsing polychondritis, and polyarteritis nodosa, have been associated with MVP.
Postinflammatory (rheumatic) disease	MVP can develop after rheumatic fever as a result of the postinflammatory changes in the mitral valve.
Atrial septal defect	Approximately 20% of patients with a secundum atrial septal defect also have MVP; atrial septal defect results in chronic right ventricular volume overload; the physical findings include a right ventricular lift, a midsystolic pulmonary outflow murmur, and a fixed split S ₂ .

Table adapted from *Physicians Information and Education Resource (PIER)*, Mitral Valve Prolapse module.