



*Book Supplement*

**Differential Diagnosis of MS**

Disease	Notes
Rheumatic heart disease	Valvular heart disease that follows a group A streptococcal infection. The MV is most commonly affected, followed by the aortic valve. Rheumatic valvular disease can result in four types of thickening and/or fusion of the MV apparatus that can lead to MS: commissural; cuspal; chordal; combined. The most common cause of MS.
Malignant carcinoid	The vasoactive substances released by carcinoid tumors result in fibrosis of the valves and endocardium. The valves ultimately become scarred and may demonstrate stenotic and/or regurgitant lesions.
Systemic lupus erythematosus	Cellular and tissue abnormalities mediated by autoantibodies and immune complexes. Lupus can cause inflammatory valvulitis that results in scarring of the valve. Noninfective vegetations (Libman-Sacks lesions) are common on the MV, but rarely impair valve function.
Left atrial myxoma	Nearly 90% of myxomas occur in the left atrium. Large tumors may intermittently occlude the MV orifice.

MS = mitral stenosis; MV = mitral valve.

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