Mechanical heart valve

Mechanical heart valves (MHV) are prosthetics designed to replicate the function of the natural valves of the human heart. The human heart contains four valves: tricuspid valve, pulmonic valve, mitral valve and aortic valve. Their main purpose is to maintain unimpeded forward flow through the heart and from the heart into the major blood vessels connected to the heart, the pulmonary artery and the aorta. As a result of a number of disease processes, both acquired and congenital, any one of the four heart valves may malfunction and result in either stenosis (impeded forward flow) and/or backward flow (regurgitation). Either process burdens the heart and may lead to serious problems including heart failure. A mechanical heart valve is intended to replace a diseased heart valve with its prosthetic equivalent.

There are two basic types of valves that can be used for valve replacement, mechanical and tissue valves.

The question remains, when to restart therapeutic anticoagulation in mechanical heart valve patients surviving ICH. Proper studies on the subject are scarce and, thus, guidelines do not address this issue specifically. Therefore, the area is somewhat data free [1)].

1)
Verheugt FWA. Anticoagulation resumption after intracranial haemorrhage with mechanical valves: a data-free zone. Eur Heart J. 2018 May 14;39(19):1724-1725. doi: 10.1093/eurheartj/ehy116. PubMed PMID: 29538640.