Dear Editor,

I would like to thank our colleague for their interest in our investigation. The diagnosis of MVP occurred with a prevalence ranging from 5% to 15% in the early days of two-dimensional echocardiography. It is showed that mitral annulus was in fact saddle shaped with using three-dimensional echocardiographic imaging. This mitral geometry creates the possiblity that, the leaflets can appear to "break" the annular plane that's why prolapse appears when in reality they are normal. Echocardiographic MVP has since been defined as single leaflet or bileaflet prolapse of at least 2 mm beyond the longaxis annular plane, with or without mitral leaflet thickening. Prolapse with thickening of the leaflets > 5 mm is called classic prolapse, whereas prolapse with lesser degrees of leaflet thickening is regarded as nonclassic prolapse. Mitral leaflet thickening is associated with a higher risk of complications including sudden death, infective endocarditis, or cerebral embolic events. Previously, we found no correlation between ventricular arrhythmias and thickness of mitral leaflets.

We found that the echocardiographic prevalence of MVP was 0.36% and no major adverse events occurred in 8 subjects with MVP during the follow-up of 36 months. Previous studies have been limited by the use of hospital based or selected referral samples. Our results are based on a large population-based epidemiologic study. Additionally, we said that these results might apply only to that specific region or ethnical group; they suggest a possible overestimation of the real prevalence of mitral prolapsed.

We measured the thickness of the mitral leaflets. We planned to use these measurements for the categorization (classic and non classic MVP) and comparison of major adverse events. But, only 8 subjects had prolapse of mitral valve leaflets in our study. We thought there was no need to classified MVP or create a subgroup due to the small number of cases.

By means of this letter; 5 subjects had classic MVP, 3 had nonclassic MVP and mean thickness of anterior leaflet 5.2 ± 1.4 mm and mean thickness of posterior leaflet 5.4 ± 1.4 mm in MVP patients in our study.

Conflict of Interest
The Authors declare that they have no conflict of interests.

References
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