HEART MURMURS

1. **Name the 5 types of innocent heart murmurs.**

2. **What is important to know in the history of the patient with a murmur heard for the first time on exam?**

3. **What age ranges do these murmurs present?**

4. **What are the specific characteristics of each of these murmurs that classify them as innocent?**

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1. **Name the 5 types of innocent heart murmurs.**
    a. **Pulmonary and Aortic Flow murmurs**
    b. **Still's Murmur**
    c. **Peripheral Pulmonary Stenosis**
    d. **Venous Hum**
    e. **Supraclavicular Bruit**

2. **What is important to know in the history of the patient with a murmur heard for the first time on exam?**
    a. **Review birth history of patient- hx of maternal infections, maternal medications (anticonvulsants, amphetamines, or alcohol all associated with increased risk of CHD in infant), weight at birth and neonatal course, maternal illness such as gestational DM (at risk for VSD, Transposition, and PDA), lupus (heart block), or congenital heart disease in mom (increases risk in baby from 1% to 15%**
    b. **Feeding history and weight gain if pt. is an infant. In older children assess activity, dyspnea on exertion, chest pain, or palpitations.**
    c. **Family history is important**

3. **What age ranges do these murmurs present?**
    a. **Pulmonary and Aortic flow murmurs- any age**
    b. **Still's murmur- 2-8 year olds**
    c. **PPS- newborns up to 6 months**
    d. **Venous Hum- 2-5 year olds**
    e. **Supraclavicular Bruit- midchildhood to adolescence**

4. **What are the specific characteristics of these murmurs that classify them as innocent?**
    a. **Pulmonary and Aortic flow murmurs- grade 1 to 2, at left and right upper sternal border, high output state such as fever, dehydration, or anemia augments the murmur, often first heard on a sick visit to the clinic. Need to differentiate it from an ASD (listen for fixed split S2), pulm stenosis or aortic stenosis (have harsher quality and assoc click), if in doubt have pt. follow up once current illness resolves and re-evaluate.**

    b. **Still's Murmur- grade 2 to 3, often loud an ominous, low pitched systolic murmur at LLSB and apex, caused by turbulent flow into left ventricle by anomalous left muscular band, louder when supine with increased return to left side of heart, decreased with valsalva, differentiate it from VSD (different quality, may be assoc with thrill) and HOCM (increased with valsalva due to septal hypertrophy causing increased outflow obstruction)**

    c. **PPS- midsystolic ejection murmur at LUSB and RUSB, radiates to axillae and back, from turbulent flow at acute angle branching of pulm vessels, should disappear by 6 months, differentiate it from true branch pulm stenosis (persists after 6 months) and ASD (check for split S2)**

    d. **Venous Hum- soft blowing grade 1 to 3, continuous, loudest at infraclavicular area, due to turbulent flow through jugular veins, disappears when supine, with gentle pressure, or with neck turned to either shoulder. Differentiate from PDA or AV malformation- don't disappear with positioning.**

    e. **Supraclavicular Bruit- high pitched systolic murmur, grade 1 to 3, loudest in supraclavicular area radiating to lower neck, disappears with firm pressure to vessel and extension of neck. Differentiate from valvular aortic stenosis (associated with click and doesn't resolve with pressure)**

******Please make use of a great website from UCLA called the auscultation assistant. It allows you to listen to a variety of innocent and pathologic murmurs to get experience with the characteristics of each.**

http://www.med.ucla.edu/wilkes/intro.html