

Infective Endocarditis



1. Habib et al. Eur Heart J 2009 2. Foster Eet al. N Engl J Med. 2010;363: 156-165 Fewer diseases present greater difficulties in the way of diagnosis than (prosthetic) endocarditis.... The protean character of the malady, the latency of the cardiac symptoms, and the close simulation of other disorders combine to render the detection peculiarly difficult"

William Osler, 1885 Royal Gulstonian Lecture

re **EGno 2018**

Prosthetic valve Endocarditis •PVE accounts for 10-30% of IE [1] •Incidence ~1% per patient-year [1] •Risk : • Mechanical = Bioprosthetic valves; • Lower risk with mitral valve repair 1.5% at 15yrs [2] •S Aureus and coagulase-negative stophylocoperio 40% exceed[3]

staphylococci – 40% cases^[3]
 Health-care associated infections 40%
 Infected cannula, surgical wounds

Bowel related infections (Enterococcus etc)
 Explanted Mosaic TVR
 Cancer, polyps and diverticulitis

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Advantages of TOE in PVE

- MVR assessment
 MR detection
- Anatomy
 Incremental value of 3D for
 annular pathology



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Prosthetic Valve Endocarditis -Summary

- Profound clinical syndrome –
- septicaemia with prosthetic valve
- Transthoracic Echo
- entry level, anatomic, pathologic, hemodynamic
- Transoesophageal Echo
- high resolution, access, angulation and 3D
- \bullet MRI and CT for major structural distortions
- Repeated tests if suspicion remains high
- Clinical judgement for these very sick patients



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