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SURGICAL MANAGEMENT OF INFECTIVE ENDOCARDITIS: OUR EXPERIENCE

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Purpose In the light of improvement in results of surgery for acute infective endocarditis(IE),we analysed our surgical outcomes and risk factors associated with mortality in patients operated for acute IE in the past decade.

Methodology A retrospective study of 85 consecutive patients (54 males, 31 females, Mean age 50.4 ± 18.9 years) who underwent surgery for IE between January 1997 to December 2006 was performed. The preoperative profiles,intraoperative findings and the postoperative outcomes were analysed.

Results Native valve endocarditis (NVE) was present in 78/85 patients and prosthetic valve endocarditis(PVE) in 7/85 patients. The aortic, mitral, tricuspid and multiple valves were involved in 30, 28, 15 and 9 pateints respectively. Seven out of 12 intravenous drug abusers had tricuspid valve involvement.The commonest organism was Staphylococcus aureus. The indications for surgery were heart failure (75.2%), failure of medical management (15.2%), abcess (9.4%) and embolism (8.2%). 65 patients underwent valve replacements (55 prosthetic valves, 6 homografts and 2 Ross procedures). 20 patients underwent valve repairs/vegetectomies, of which 5 were mitral repairs. There were 16 in-hospital deaths (18.8% overall). The mortality was 16.6% in NVE compared to 42.8% in PVE ($p < 0.05$). PVE, ventilation greater than 24 hours, acute renal failure and severe left ventricular dysfunction were associated with increased mortality ($p < 0.05$). 4 patients required reoperation for recurrent endocarditis during 1 year follow-up.

Conclusion Operation for active IE carries acceptable mortality rate for this aggressive disease. Prolonged ventilation, renal failure and severe LV dysfunction are associated with increased risk of mortality.