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11. ¿Cuál es la indicación de **reparación valvular mitral** y de la **prótesis sin sutura** y homoinjerto en pacientes con EI?

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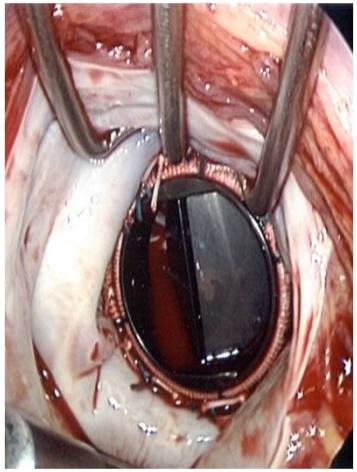
¿Cuál es la indicación de **reparación valvular mitral** y de la **prótesis sin sutura** y homoinjerto en pacientes con EI?

1. **Endocarditis infecciosa y RVM**
2. **Endocarditis infecciosa y Sutureless**
3. **Endocarditis infecciosa y Homoinjerto**

1. Endocarditis infecciosa y RVM



RVM

SVM

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Mitral Valve Repair and Replacement in Endocarditis: A Systematic Review of Literature

Harm H. H. Feringa, MD, Leslee J. Shaw, PhD, Don Poldermans, MD, PhD, Sanne Hoeks, MS, Ernst E. van der Wall, MD, PhD, Robert A. E. Dion, MD, PhD, and Jeroen J. Bax, MD, PhD

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Table 1. Clinical Characteristics of the Published Studies

	Studies Including Mitral Valve Repair (n = 13)	Studies Including Mitral Valve Replacement (n = 17)	*p* Value
Number of patients with mitral valve repair	470		
Number of patients with mitral valve replacement		724	
Men (%)	74.3% [13]	74.2% [17]	0.98
Mean age (years)	50.7 ± 8.4 [13]	49.5 ± 9.1 [17]	0.62
Surgical acuity			
Acute	66.3% [12]	77.8% [14]	< 0.0001
Chronic	33.7% [12]	22.2% [14]	< 0.0001
Time interval between start of antibiotic	21.9 ± 3.8 [9]	20.3 ± 10.6 [12]	0.66

Table 3. Metaregression Model to Predict Early and Late Mortality

	β Coefficient	Standard Error	*p* Value
Early mortality (model $p < 0.0001$)			
Mitral valve repair versus replacement	−1.76	(−2.10–1.42)	< 0.0001
Male sex	2.16	(0.89–3.43)	0.088
Acute surgery	0.65	(0.16–1.14)	0.18
Late mortality (model $p < 0.0001$)			
Mitral valve repair versus replacement	−2.05	(−2.29–1.81)	< 0.0001
Age (per year increase)	0.047	(0.021–0.073)	0.068

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concept. The importance of this study is that it adds additional grade A level 1c evidence that patients undergoing successful valve repair do better compared to those undergoing valve replacement in the setting of a patient preoperatively compromised by endocarditis (ie, sepsis, heart failure, renal insufficiency, embolism, and so forth).

2015 ESC Guidelines for the management of infective endocarditis

The Task Force for the Management of Infective Endocarditis of the European Society of Cardiology (ESC)

be used. However, valve repair is favoured whenever possible, particularly when IE affects the mitral or tricuspid valve without significant destruction.[302] Perforations in a single valve cusp or leaflet may be repaired with an untreated or glutaraldehyde-treated autologous or bovine pericardial patch. Isolated or multiple ruptured chordae may be replaced by polytetrafluoroethylene neo-chordae.

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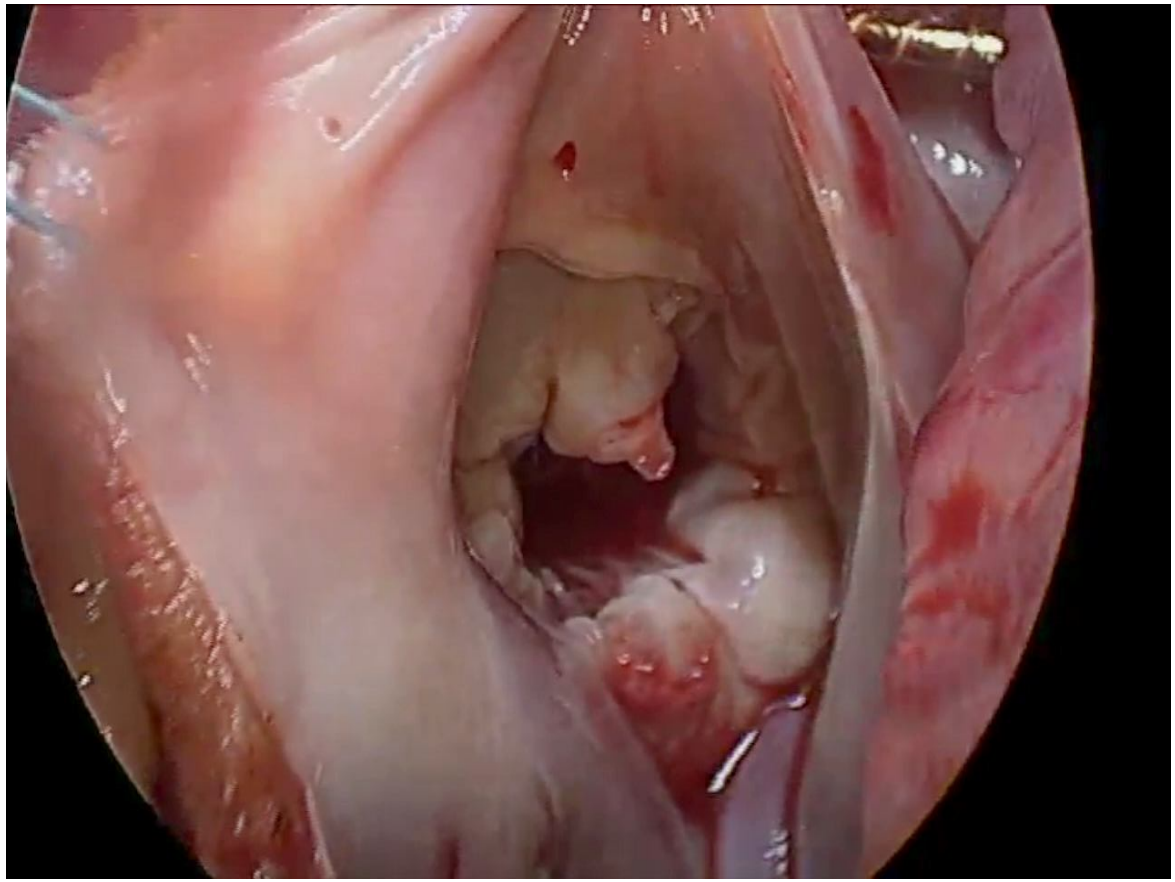
EJEMPLOS



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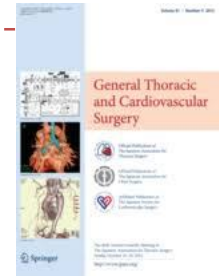
Mitral valve repair in infective endocarditis is not inferior to valve replacement: results from a Spanish nationwide prospective registry



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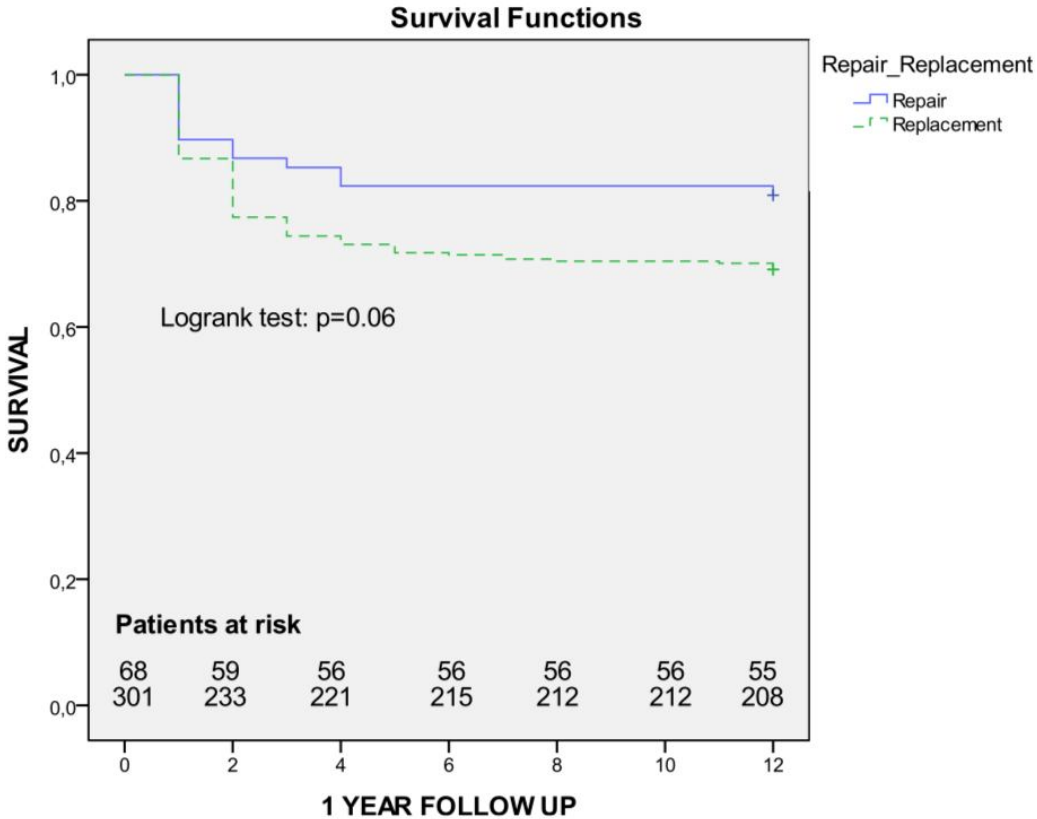

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2. Endocarditis infecciosa y Sutureless

6028-353 - UTILIZACIÓN DE LA PRÓTESIS SIN SUTURA PERCEVAL PARA EL TRATAMIENTO DEL ABSCESO PERIPROTÉSICO AÓRTICO

Gregorio Pablo Cuerpo Caballero[1], Elena Roselló[2], Ángela Irabien[1], Cristian Muñoz[3], Álvaro Pedraz[1], Cynthia Jahaave Las[1] y Ángel González Pinto[1] del [1]Hospital General Universitario Gregorio Marañón, Madrid, [2]Hospital de la Santa Creu i Sant Pau, Barcelona y [3]Hospital 12 de Octubre, Madrid.

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Endocarditis infecciosa y Sutureless

Use of the Perceval Sutureless Valve in Active Prosthetic Aortic Valve Endocarditis

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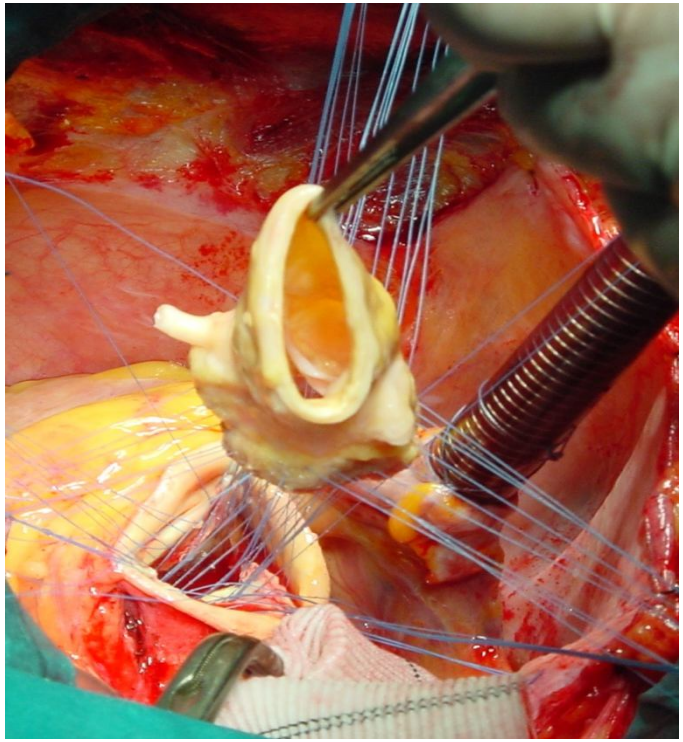
3. Endocarditis infecciosa y Homoinjerto



placement.[313,314] Owing to their natural biocompatibility, the use of cryopreserved or sterilized homografts has been suggested to reduce the risk of persistent or recurrent infection, especially in the presence of annular abscesses.[315,316] It is expert opinion and standard strategy in many institutions that the use of a homograft is to be favoured over valve prostheses, particularly in the presence of root abscess.[316,317] However, mechanical prostheses and xenografts have led to similar results in terms of persistent or recurrent infection and survival if associated with complete debridement of annular

mitral leaflet of the aortic homograft can be effectively used for reconstruction of the outflow tract. A monoblock aorto-mitral homograft has been suggested as a surgical option for extensive bivalvular IE.[320] In experienced hands, the Ross procedure may be used in children or adolescents to facilitate growth and in young adults for extended durability.[321,322]

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TAKEAWAYS

1. Favorecer la reparación mitral
2. Uso de homoinjertos en PVE o afectación anular
3. Sutureless: rescate

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