



SaludMadrid

Comunidad de Madrid

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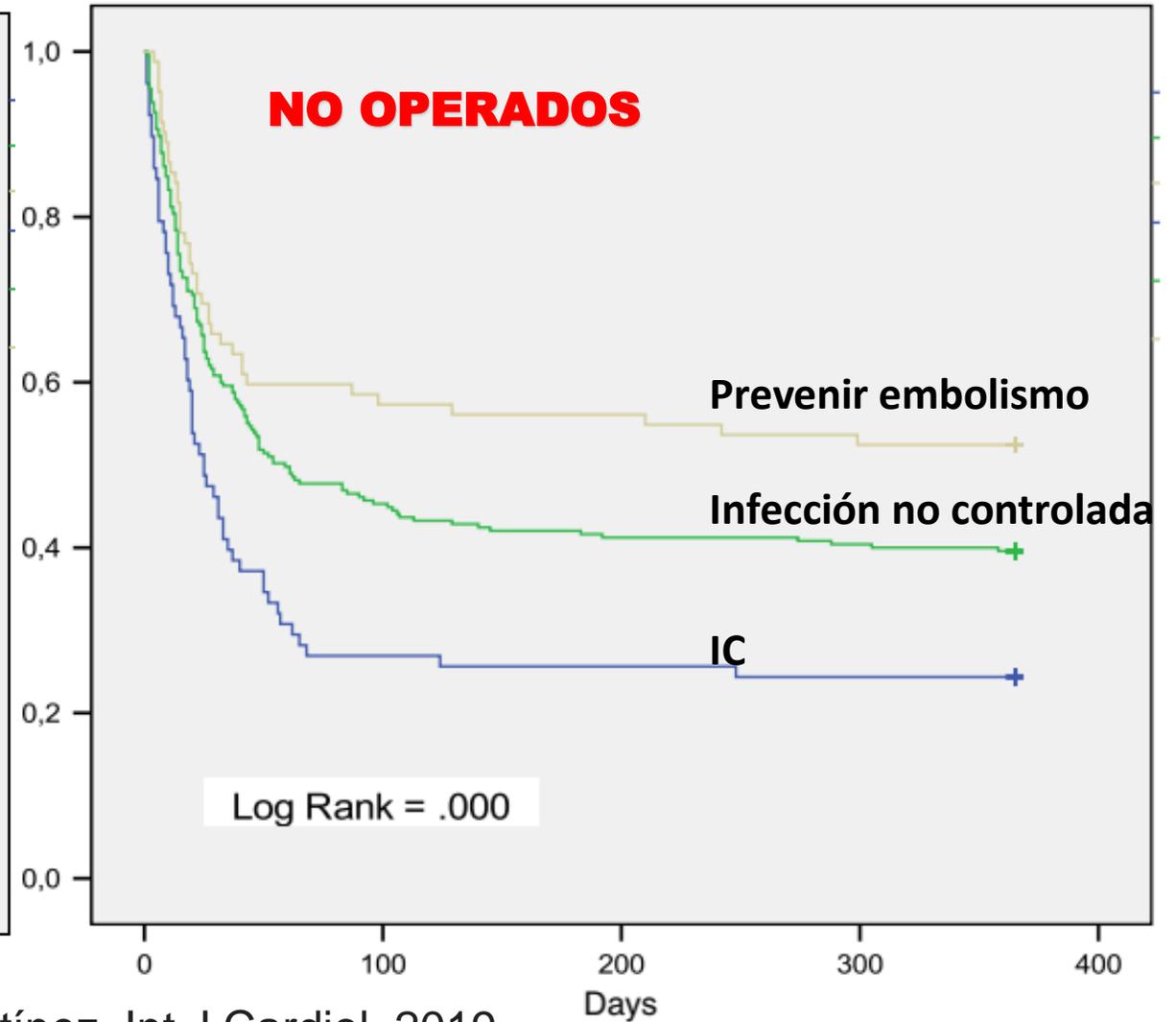
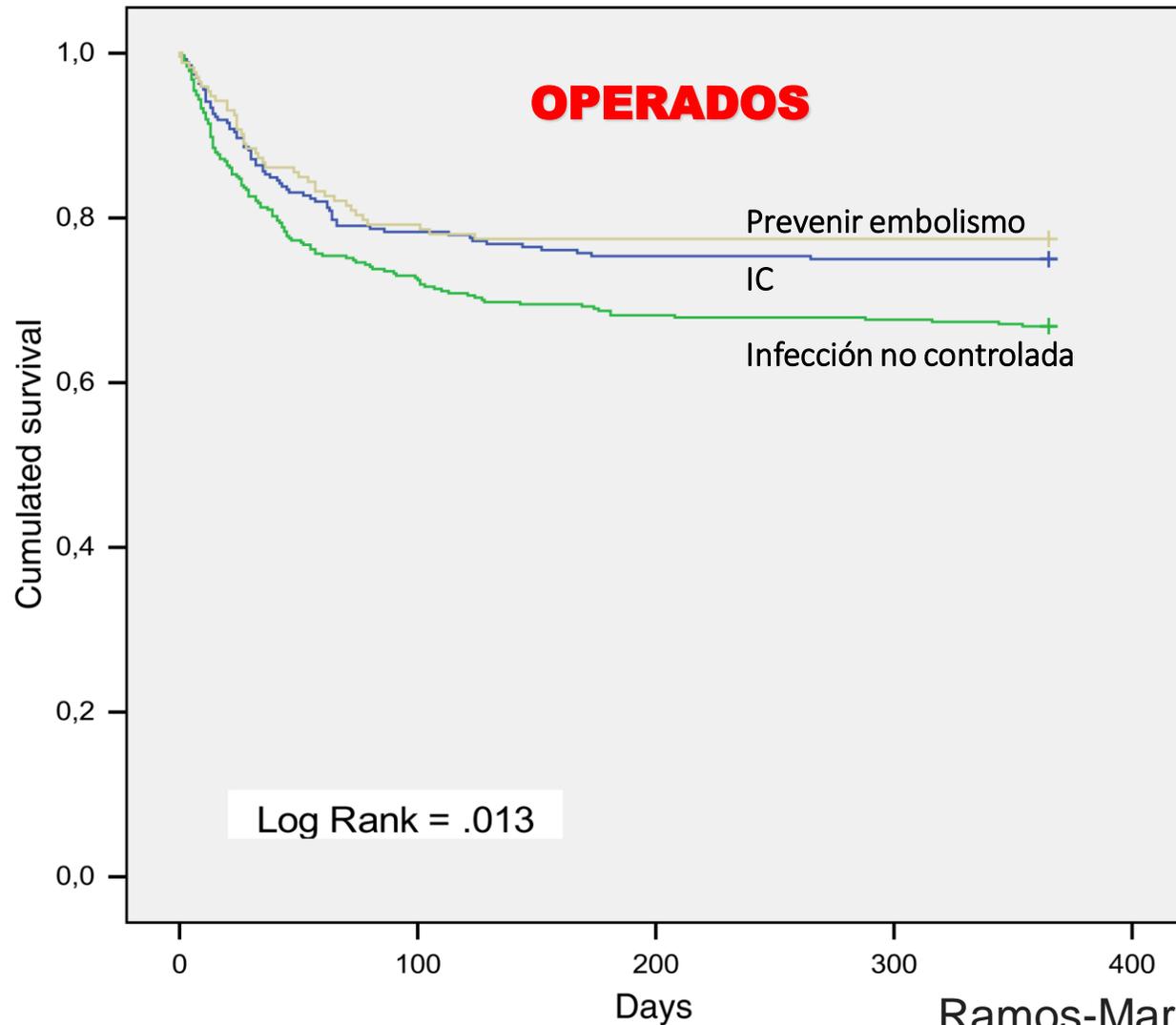
Endocarditis con indicación quirúrgica que no se operan

Causas y evolución

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La indicación quirúrgica se asocia con mortalidad en pts rechazados para cirugía



Indicación quirúrgica

Infective Endocarditis

15-25% early mortality
30-50% undergo surgery

Similarities in ESC and ACC/AHA Guidelines

Surgical indications

Both ESC and ACC/AHA Guidelines consider heart failure, uncontrolled infection, and embolic risk as surgical indications.

Heart failure

Severe valve dysfunction
NYHA class
LV function

Uncontrolled infection

Antibiotics persistently ineffective
Abscess or fistula
Resistant organism

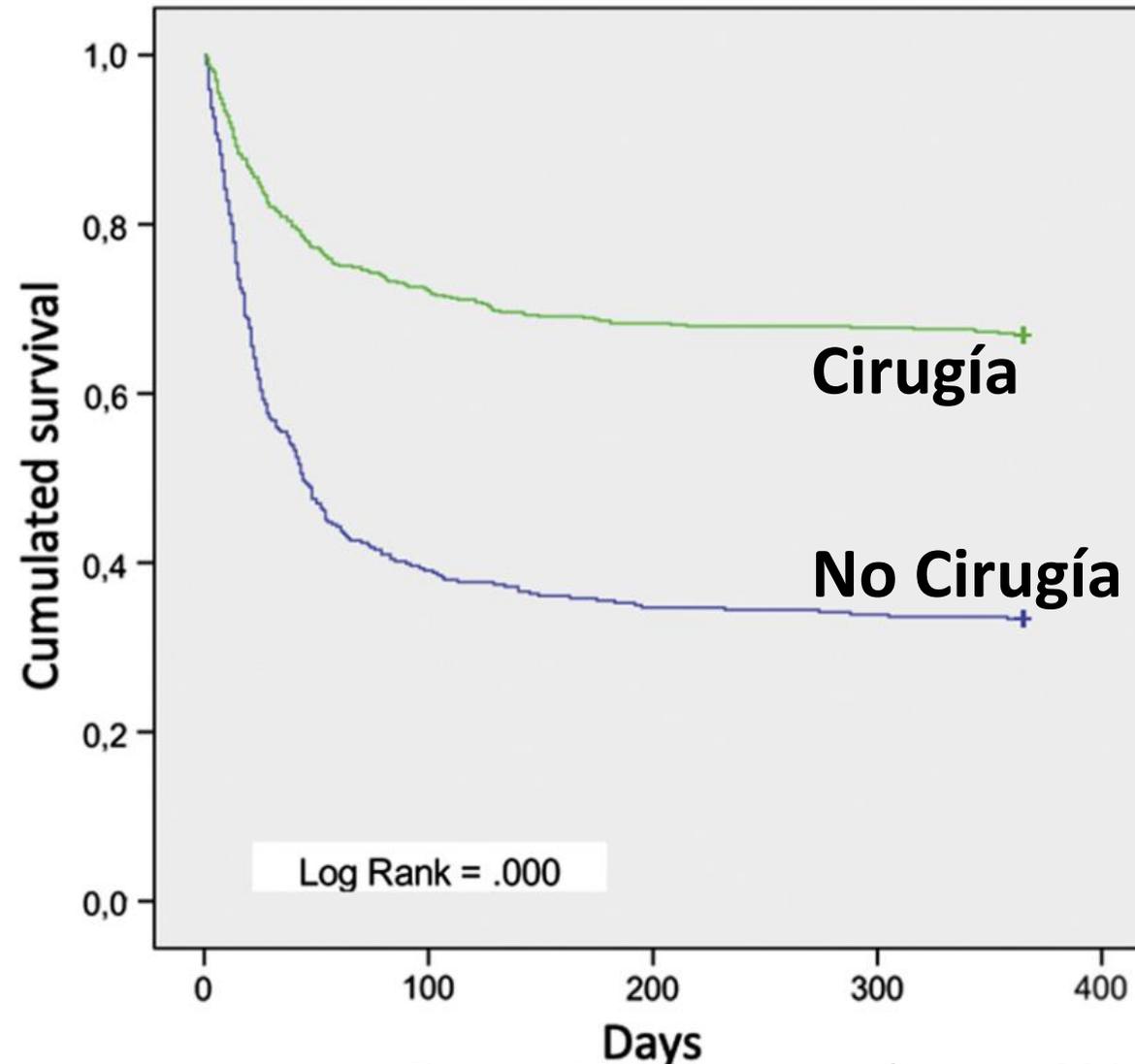
Embolic risk

Embolic event
Vegetation size

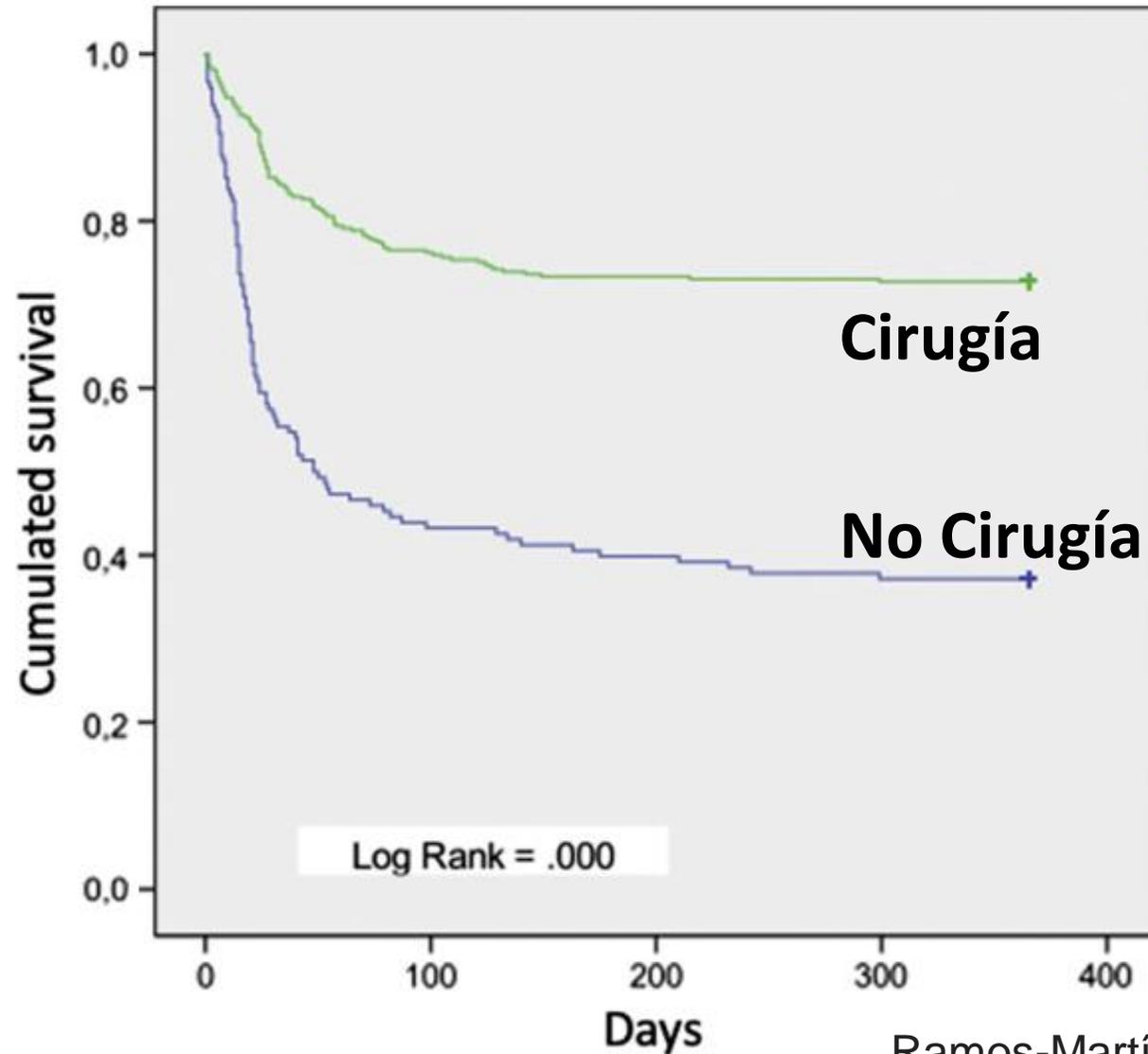
Dissimilarities in ESC and ACC/AHA Guidelines

	<u>ESC</u>	<u>ACC/AHA</u>
Timing of surgery	Emergent/urgent/elective	Early (before stop antibiotics)
Large vegetation	>30mm	>10mm
Vegetation size and emboli	Emboli+10mm vegetation→surgery	No or ≥1 emboli+10mm vegetation→surgery

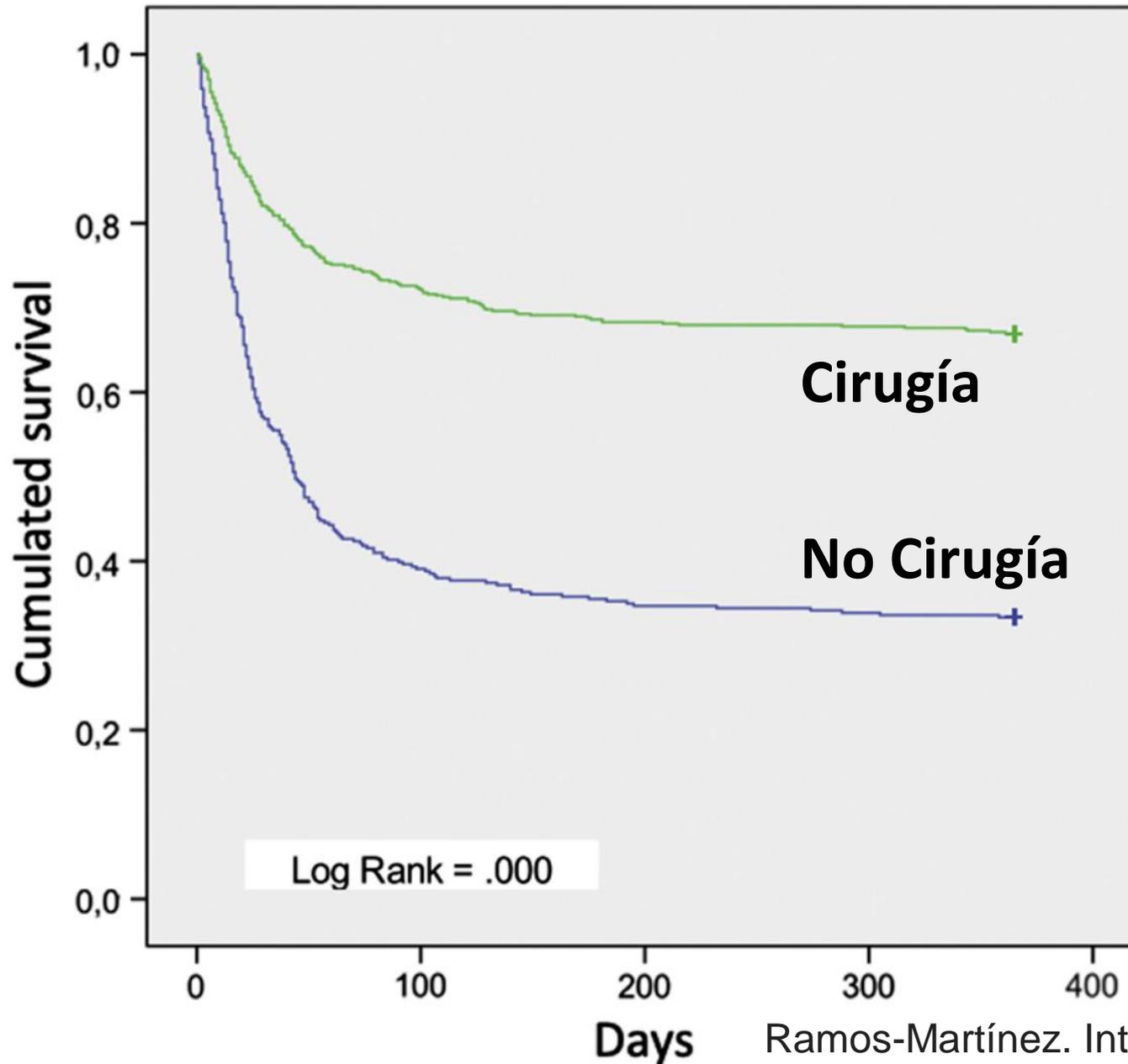
No respetar indicación quirúrgica en IC es particularmente peligroso...



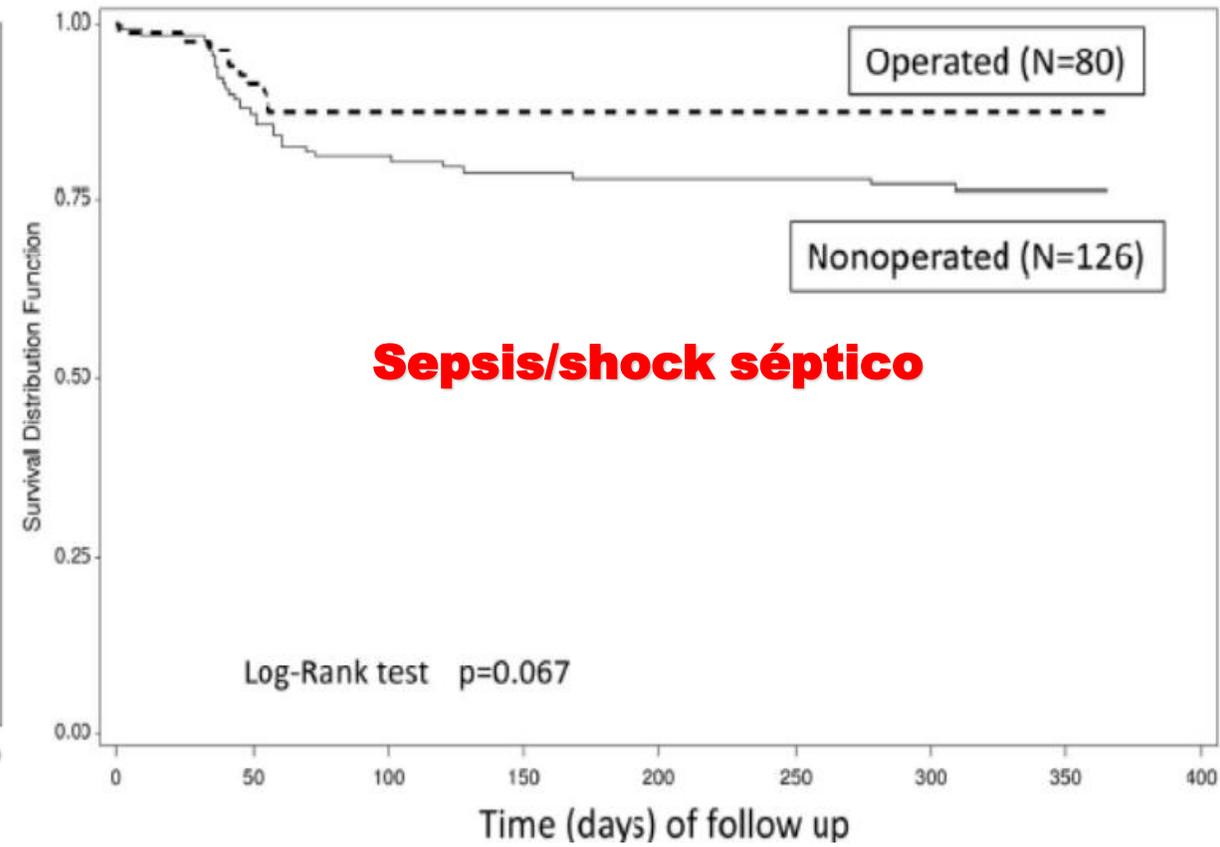
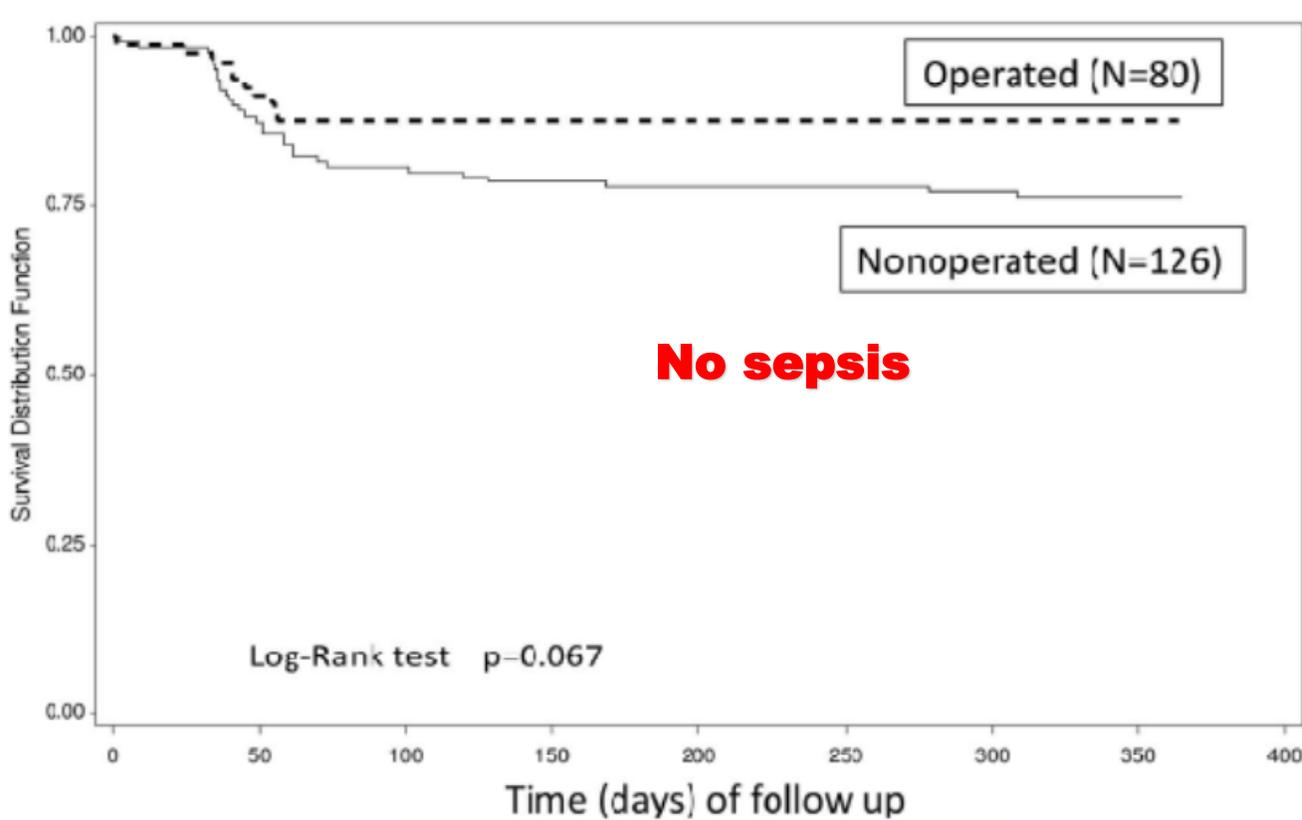
...Aunque también lo es en otras indicaciones quirúrgicas como riesgo de embolismo



... O infección no controlada



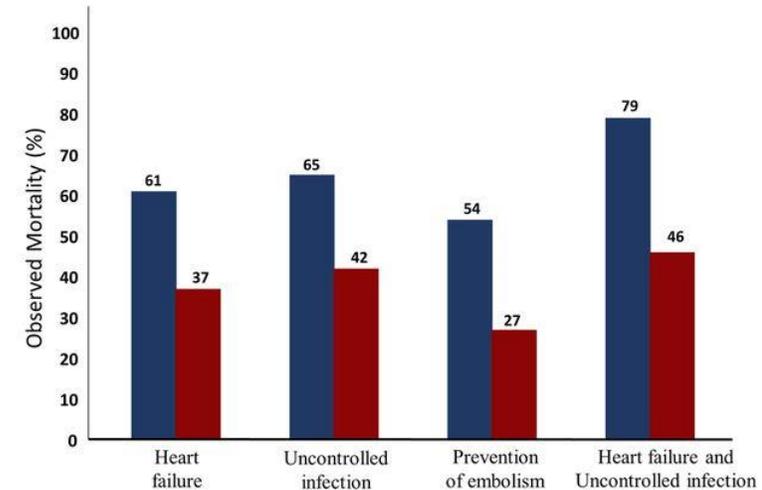
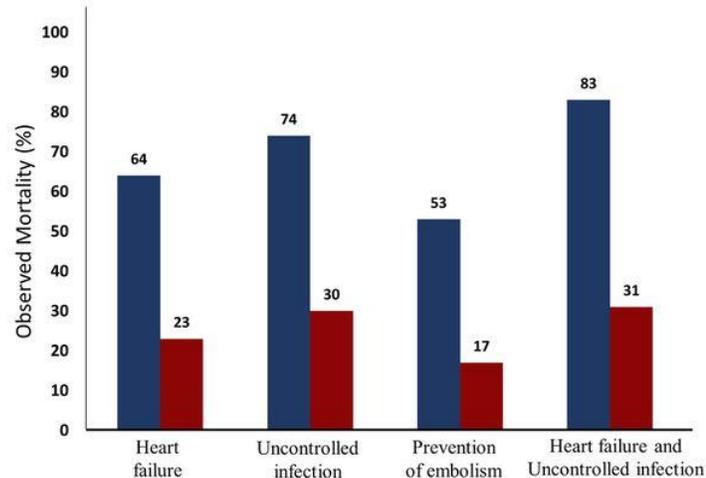
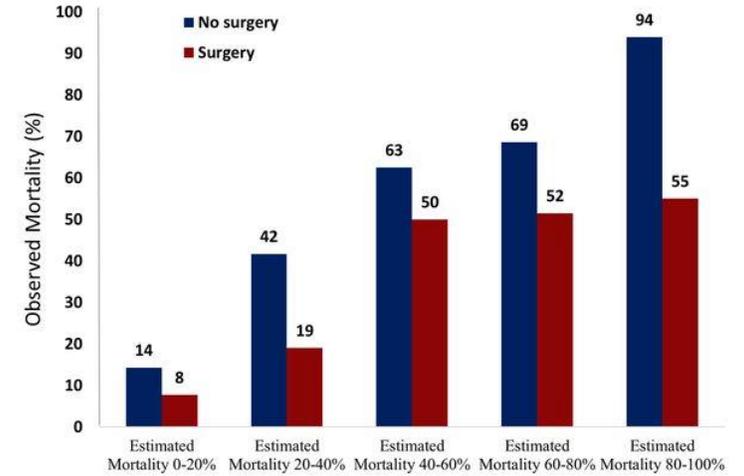
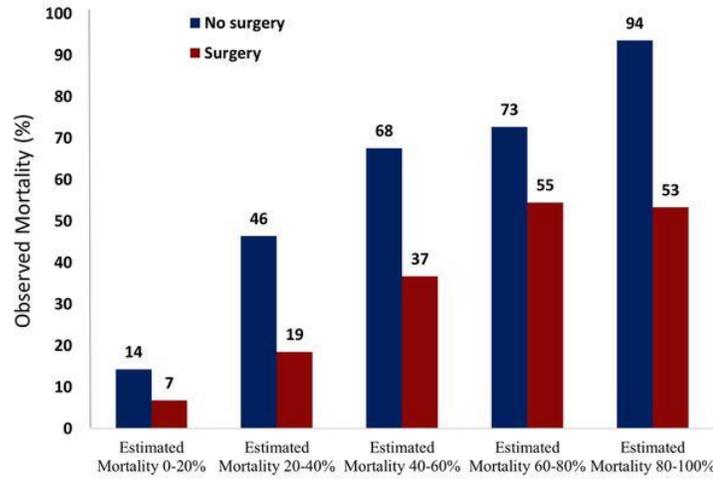
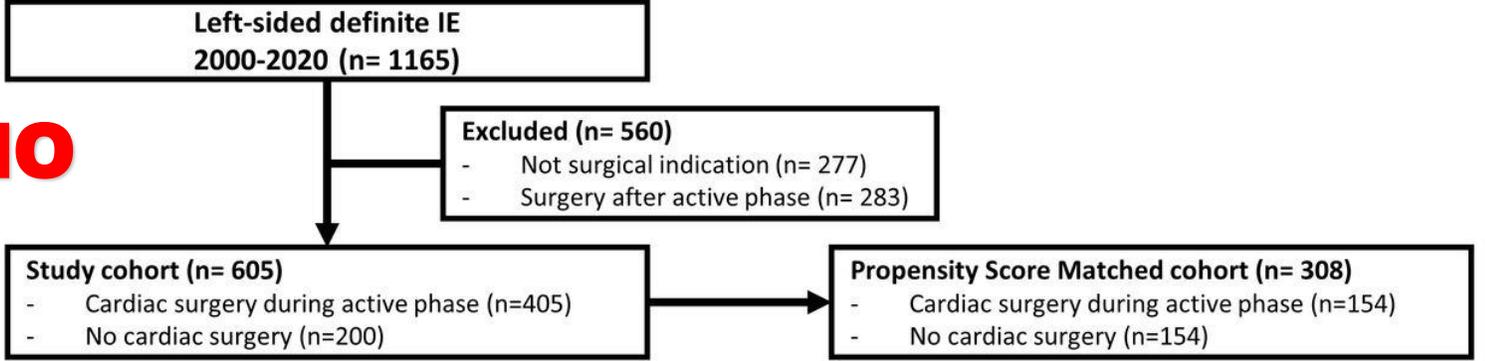
La indicación quirúrgica se debe mantener aunque exista sepsis o shock séptico



Alto riesgo quirúrgico NO contraindica cirugía

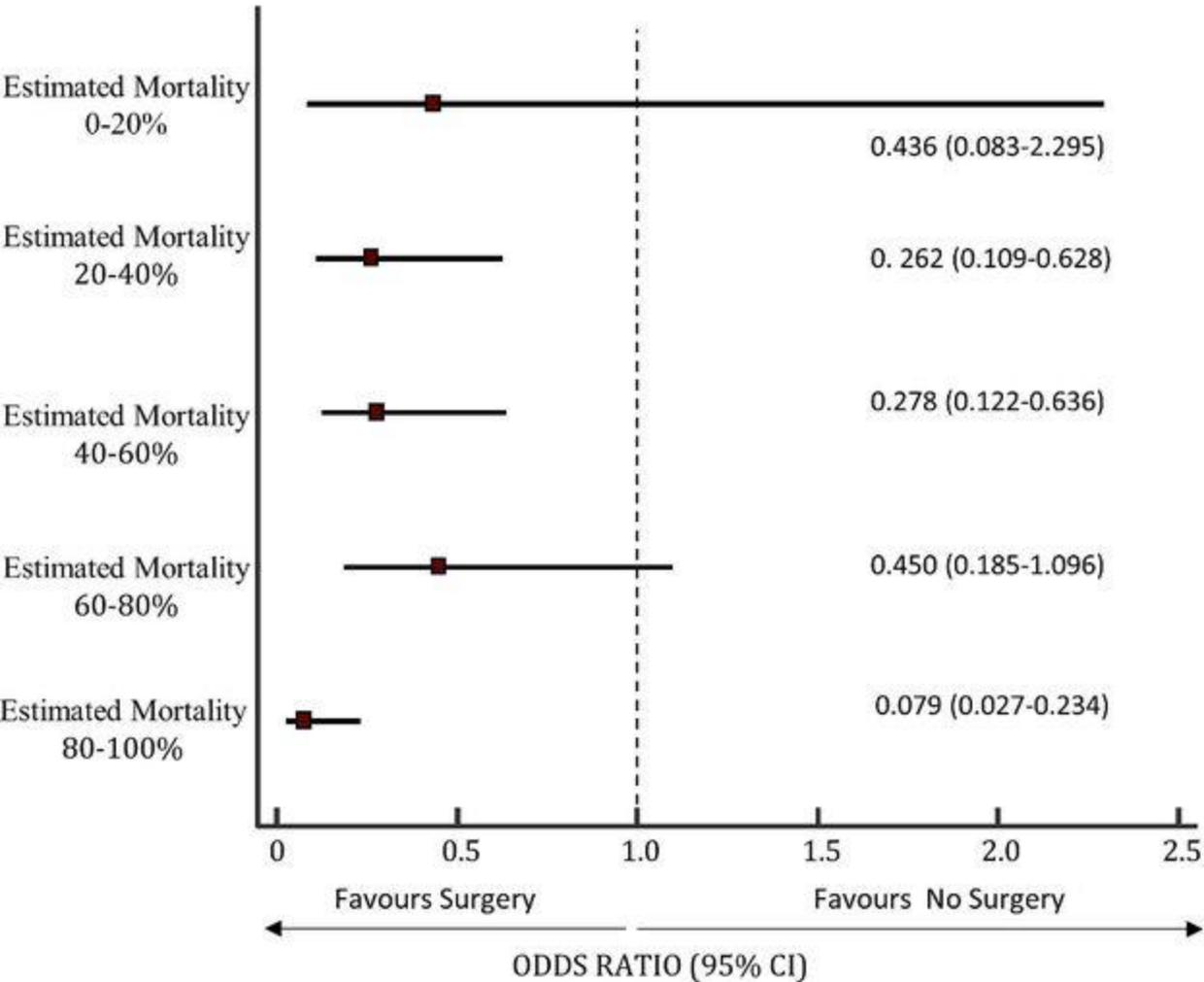
◆ La cirugía parece reducir mortalidad hospitalaria

◆ Cuanto mayor riesgo, mayor beneficio

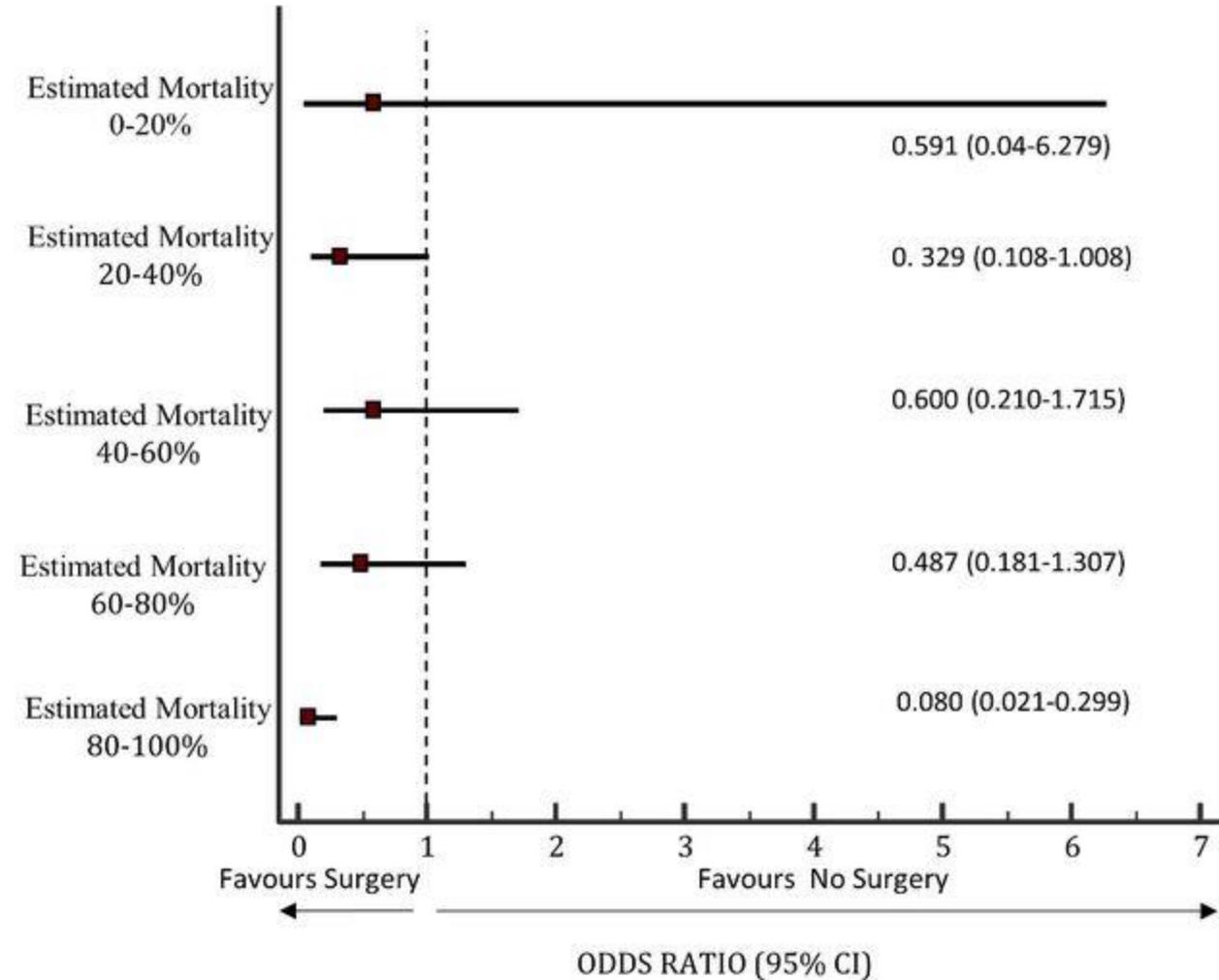


Alto riesgo quirúrgico NO contraindica cirugía

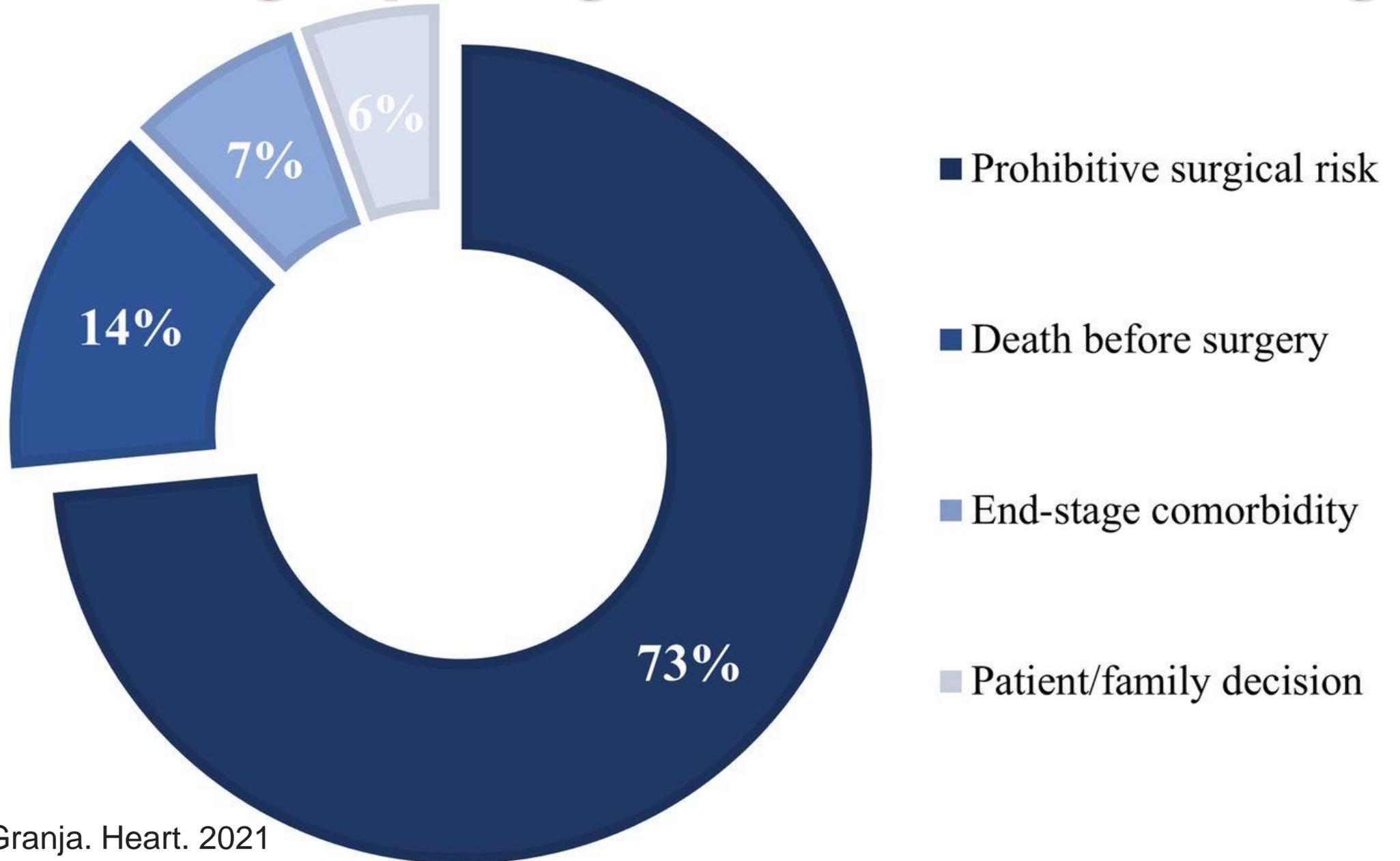
A GLOBAL COHORT



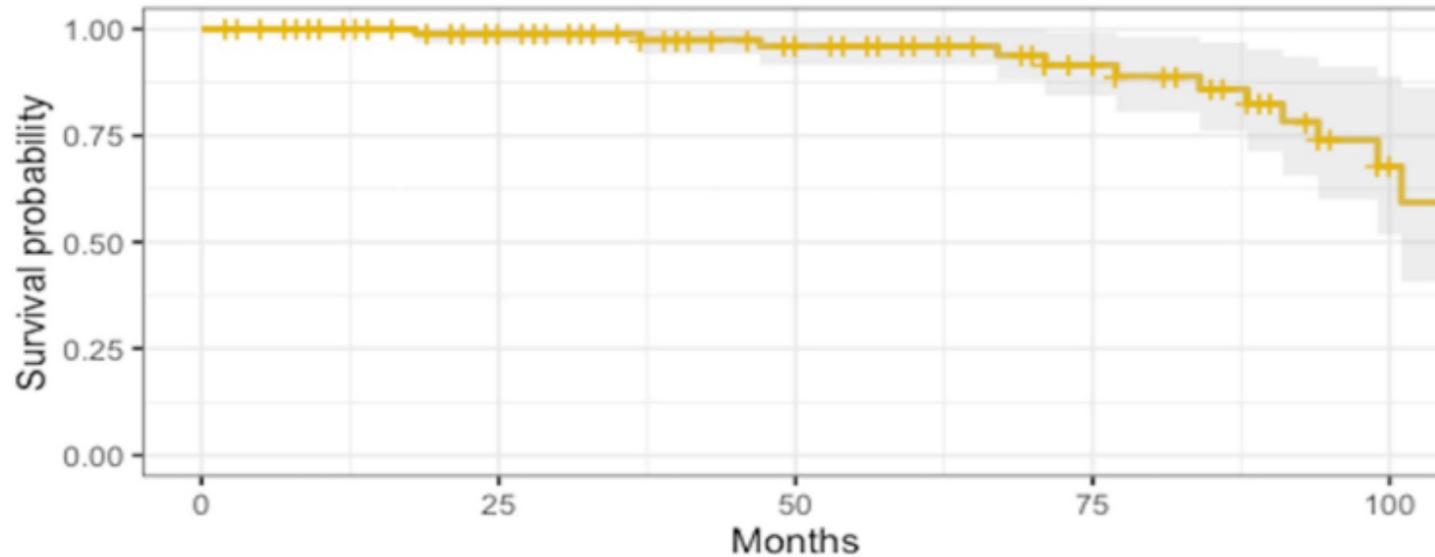
B PROPENSITY SCORE MATCHED COHORT



Pero alto riesgo quirúrgico 1ª causa NO cirugía



Alto riesgo quirúrgico debería inclinarse a cirugía

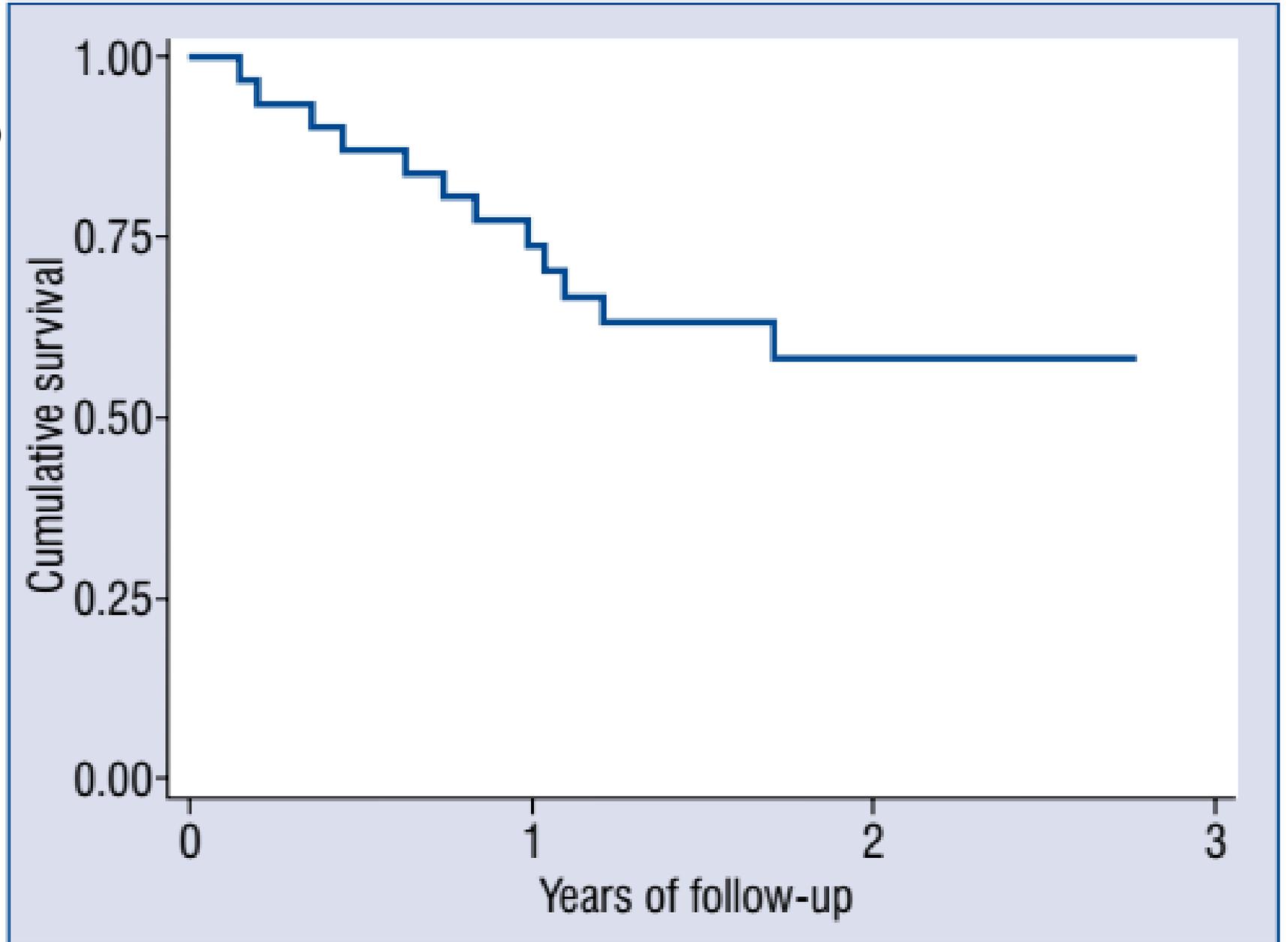


Nasso. Sci Rep. 2021

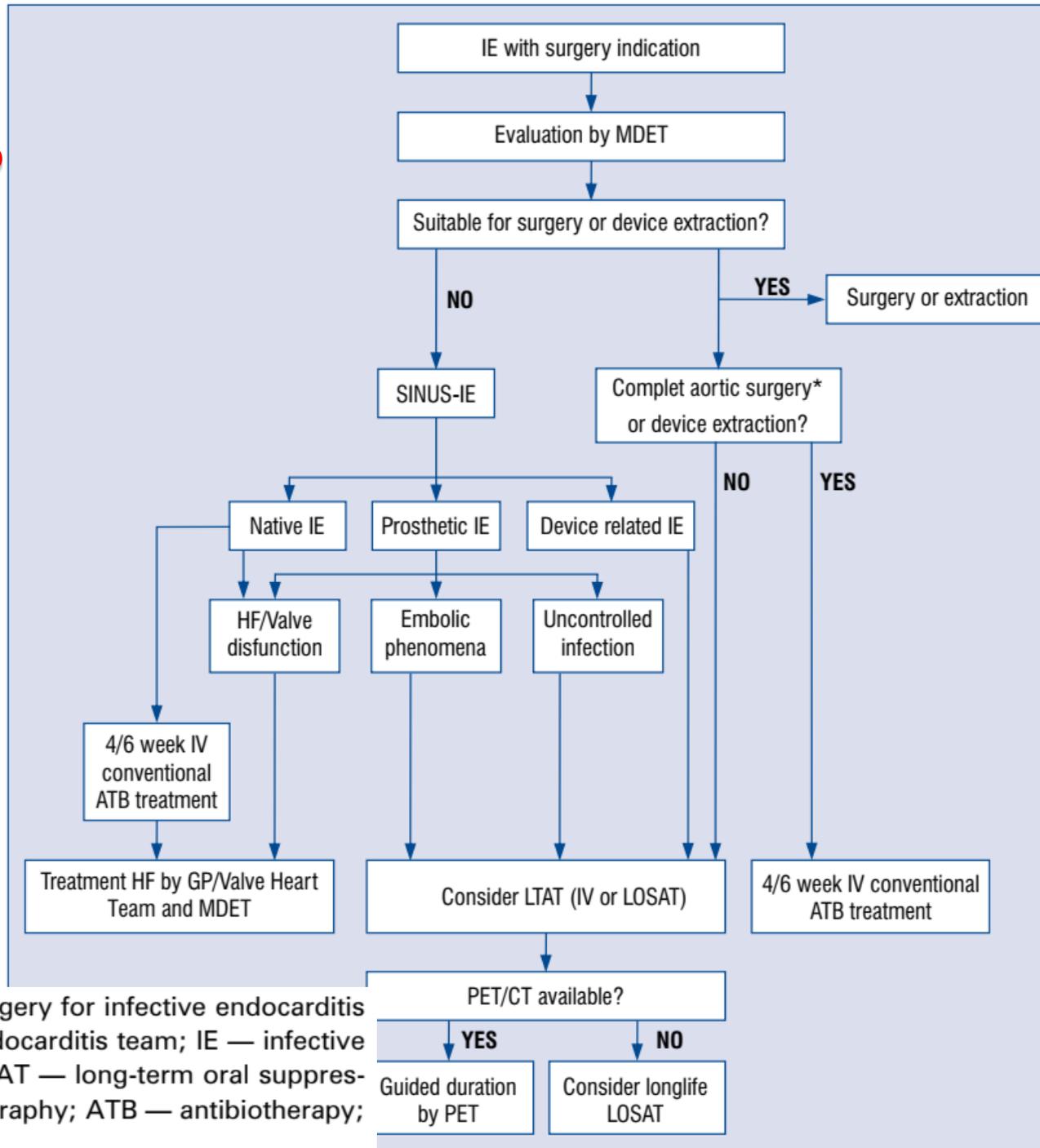
- ◆ In our opinion, a surgical and early approach should be adopted in these high-risk patients, as this strategy performs better than a “wait-and-see” or non-surgical approach, regardless of the predicted risk score
- ◆ This opinion is shared by other colleagues who also addressed the issue of hospital costs, concluding that these patients should receive a rapid diagnosis and treatment in order to improve morbidity, mortality and reduce postoperative hospital costs

¿Qué hacer si pese a indicación no se opera?

◆ TTo AB largo plazo



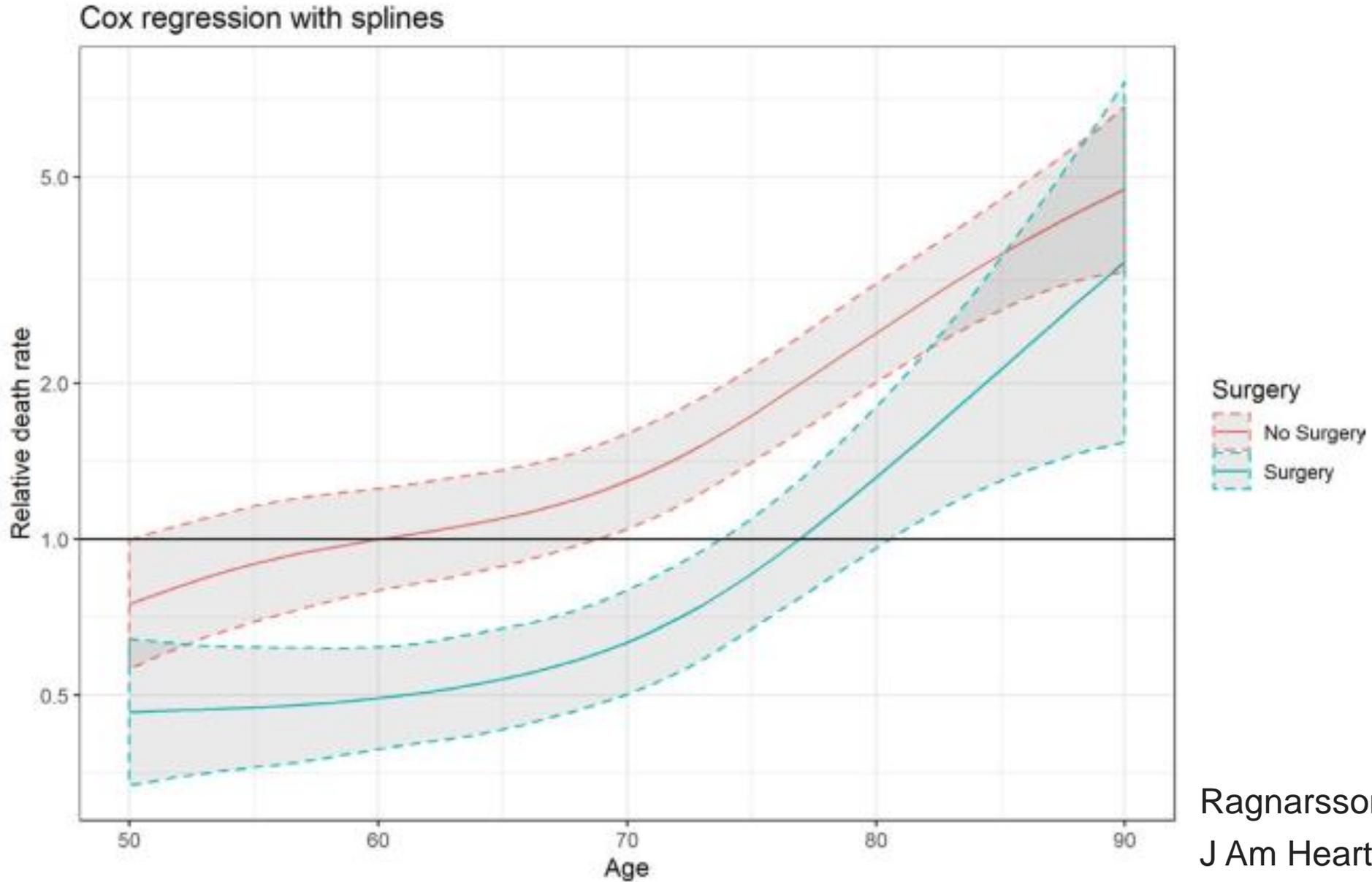
¿Qué hacer si pese a indicación no se opera?



Vallejo Camazon. Cardiol J. 2021

Figure 2. Proposed algorithm for treating surgery indicated, but did not undergo surgery for infective endocarditis (SINUS-IE) with long term antibiotic treatment (LTAT); MDET — multidisciplinary endocarditis team; IE — infective endocarditis; IV — intravenous; HF — heart failure; GP — general practitioner; LOSAT — long-term oral suppressive antibiotic treatment; PET/CT — positron emission tomography/computed tomography; ATB — antibiotherapy; *In cases of ascending aortic graft preservation.

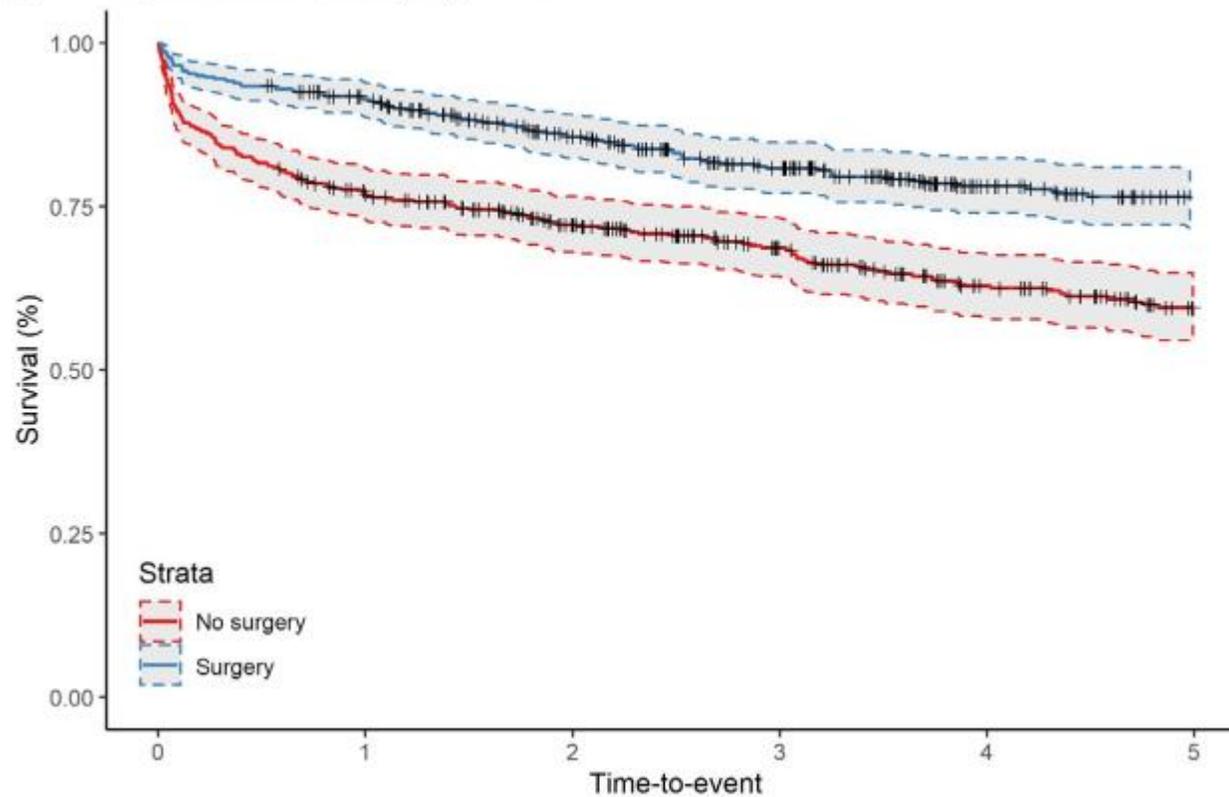
Importancia de la Edad



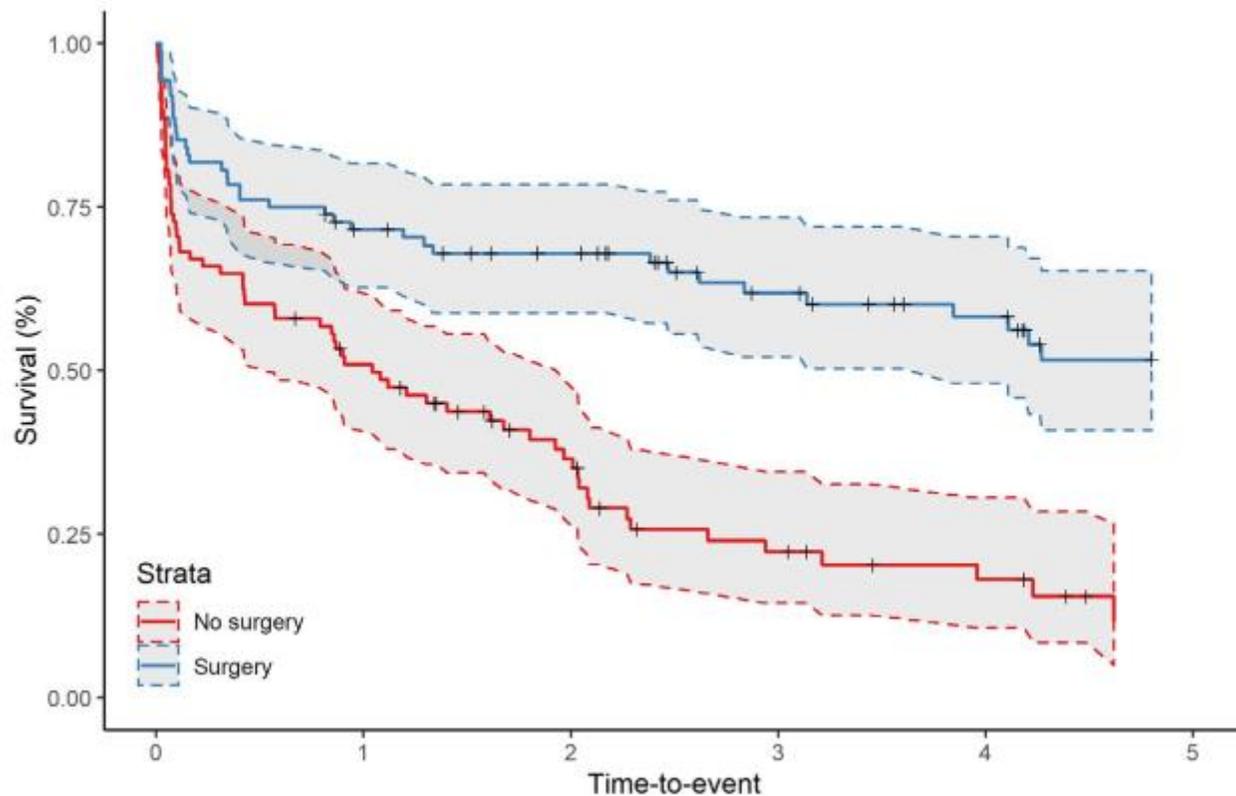
Ragnarsson.
J Am Heart Assoc. 2021

Importancia de la Edad

A Kaplan Meier Curve, Age < 75



B Kaplan Meier Curve, Age \geq 75



Importancia de la Edad. Datos GAMES >80a

- ◆ **Surgical management less common in pts with high comorbidity:**
 - **Charlson ≥ 3 68 (19%) vs. Charlson < 3 112 (30%), $p < 0.01$**
- ◆ **From 443 pts with surgical indication, surgery only in 176 (40%)**
- ◆ **Pts with surgical indication treated conservatively high mortality (inhospital: 147 [55%]) vs. 55 [31%], $p < 0.001$), (1-year : 172 [64%] vs. 68 [39%], $p < 0.001$)**

Importancia de Comorbilidad en >80a

Reasons for NO surgery (%)	Charlson ≥ 3 (357)	Charlson < 3 (369)	P
Stroke	12 (8.5)	19 (14.9)	0.104
Bleeding	6 (4.2)	6 (4.7)	0.863
Hemodynamic instability	20 (14.2)	18 (14.1)	0.979
Complexity of surgery	23 (16.4)	25 (19.6)	0.489
Emergent surgery no available	1 (0.7)	2 (1.5)	0.505
Estimated poor general prognosis	50 (35.7)	45 (35.4)	0.962
<u>Estimated poor surgical prognosis</u>	<u>88 (62.8)</u>	<u>53 (41.7)</u>	<u>0.001</u>
Negative of the patient	35 (25.0)	32 (25.2)	0.970
Negative of the surgeon	46 (32.8)	35 (27.5)	0.347
Death prior to surgery	11 (7.8)	8 (6.3)	0.621
Others	19 (13.5)	26 (20.4)	0.132
Surgery not indicated	151 (42.3)	132 (35.8)	0.026

Conclusión

- ◆ **Debemos respetar la indicación quirúrgica**
- ◆ **Aunque exista riesgo quirúrgico alto**
- ◆ **Aunque tenga mucha comorbilidad**
- ◆ **Pero si riesgo prohibitivo y un pt con indicación quirúrgica no se opera: seguimiento estrecho**