

POSTER PRESENTATION

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Factors associated with poor outcome in right heart endocarditis

Mihaela Lavinia Zamfira^{1,2*}, Șerban Benea^{1,2}, Cozmina Andrei¹, Georgeta Ducu¹, Daniela Camburu¹, Mihaela Ionică¹, Alina Cozma¹, Roxana Dumitriu¹, Otilia Elisabeta Benea^{1,2}

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Background

We studied factors associated with poor outcome in right heart endocarditis.

Methods

In the period January 2011 – December 2012 at the National Institute for Infectious Diseases “Prof. Dr. Matei Bals” were admitted 53 patients with right endocarditis, with 72 episodes.

Results

Males predominated (64.2%), patients in the age group 20-39 years (83%), those from urban areas (81%) and unemployed persons (69.8%). The infection was localized to the tricuspid valves – 42 cases, tricuspid valves plus left heart – 6 cases, right atrial wall – 3 cases, pulmonary valve – 1 case, right atrial device – 1 case. The main risk factor for right endocarditis was as IV drug use (86.8%). 87% of patients had HCV infection and 52.2% were HIV infected. Blood cultures were positive in 73.6% of cases. *Staphylococcus aureus* was the most frequently isolated (73.7%), type MSSA in 51.3% of cases.

Under treatment with antibiotics, anticoagulants, diuretics evolution was towards improvement in 52.8% of cases and 18.9% for death.

Factors associated with risk of poor outcome were: the presence of tricuspid murmurs (from 8/10 deaths vs. 13/43 survivors, $p=0.003$; OR=9.231, 95%CI: 1.719-49.55), the occurrence of embolic complications (4/10 deaths vs. 5/43 survivors, $p=0.03$; OR=5.067, 95%CI: 1.052-24.39), the presence of multiple pulmonary microabscesses

(8/10 patients vs. 14/43, $p=0.004$; OR=8.286, 95%CI: 1.551-44.26), tricuspid vegetations larger than 10 mm (7/10 deaths vs. 5/43 survivors, $p=0.0002$; OR=17.73, 95%CI: 3.431-91.66), the association of HIV infection with elevated HIV-RNA and severe immune deficiency with CD4 below 200 cells/cmm.

Authors' details

¹National Institute for Infectious Diseases “Prof. Dr. Matei Bals”, Bucharest, Romania. ²Carol Davila University of Medicine and Pharmacy, Bucharest, Romania.

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* Correspondence: mihaelazamfira@yahoo.com

¹National Institute for Infectious Diseases “Prof. Dr. Matei Bals”, Bucharest, Romania

Full list of author information is available at the end of the article