



Title : Clinical Spectrum and Outcomes of Infective Endocarditis : Cryptic Challenges Faced !

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Abstract

Introduction : Few diseases present greater difficulty in the way of diagnosis than cure, Infective endocarditis being one of them, the hurdles are insurmountable in practice. A bacterial or fungal infection of valvular or endocardial surface of heart, Endocarditis when caused by more virulent organisms presents as acute febrile illness complicated by early embolisation, acute valvular regurgitation & myocardial abscess formation. Demystified approach on the causative organism and targeted antimicrobial therapy is hence of utmost importance.

Aim & Objectives :

1. To study the clinical profiles & thereby predict outcomes of infective endocarditis at a tertiary care centre
1. To analyse the frequency of microbiological association in the case population
2. To review the choice of antibiotic therapy and role of intervention when indicated

Methods : A retrospective case study. 30 hospitalisations at SRMC, screened through modified Dukes criteria, during the period 2019-2022 were studied and followed up till present. Data pertaining to demography, clinical presentation, echocardiography (TTE & TEE), microbiological evidence, choice of antibiotic, surgical interventions, complications during course and outcomes were tabulated and analysis made from the same.

Results : On preliminary analysis of 30 patients, 70% male & 30% female, mean age of presentation 55.04Yrs (SD 10.898), NVE accounted to 76% (n=23) and the rest PVE. Out of which, 5 had prior history of RHD. 60.7% had fever as presenting symptom. 26%(n=8) of the cases were culture negative, suggesting fungal or atypical foci. Among the culture positive, 46% recovered staphylococcus (CONS, aureus, epidermidis). Vegetations were present in 50% cases, TEE more sensitive in diagnosing cardiac complications. 40%

(n=12) needed ICU Care with embolic phenomena, most common being CVA. 80% (n=24) recovered well, with 5 lost to follow up and 1 death.

Conclusion : To conclude, IE is one of the most curable diseases with good outcomes, given accurate intuition and pinned diagnosis. Many scenarios are just 'hidden in plain sights' and meticulous evaluation in a systemic approach helps early detection and prompt management. Role of TEE and repeat cultures should be considered with due importance.

Keywords : INFECTIVE ENDOCARDITIS, VALVE, VEGETATIONS

Biography :

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