INFECTIVE ENDOCADITIS

- Most common cause of IE in developing countries: strep. Viridans
- Most common cause of IE in developed countries: staph. Aureus
- Most common cause of acute IE: staph. Aureus
- Most common cause of subacute IE: strep. Viridans
- Microbial causes of acute IE: strep.pyogenes (group A streptococci) / strep.pneumonia / staph.Aureus
- Microbial causes of subacute IE: strep.virudans
- Acute IE:

Rapid progression, seeds to extracardiac sites, rapidly cause cardiac damage, leads to death within weeks if untreated

Subacute IE:

Slow progression, rarely metastasized, slowly causes cardiac damage

Gram-negative bacteria cause subacute or chronic IE such as:

- 1. "HACEK" group: Haemophilus, Aggregatibacter, Cardinobacterium, Eikenlla, Kingella
- 2. Pseudomonas species
- 3. Bartonella

Yeast and filamentous fungi:

- Rarely case IE, but have a high mortality rate
- Cause infection in immunocompromised and who are receiving prolonged antibiotics or IV nutrition or who are using catheters or respiratory intubation
- The most common species to cause IE: candida ablicans
- Histoplasma and asperigillus also case IE

- Staph. Aureus: catalase+ / coagulase+ / beta hemolysis
- Staph. Epidermidis: catalase+ / coagulase- / no hemolysis (gamma)
- Strep. Viridans : catalase- / coagulase- / alpha hemolysis
- Enterococci: catalase- / coagulase- / alpha or beta or gamma hemolysis
- Strep. Bovis: catalase- / coagulase- / gamma hemolysis

Symptoms:

- 1. Cardiac --> murmus (results from turbulent blood flow)
- 2. Non-cardiac --> fever in 80% and septic emboli

This detached embolus can go to several places:

- fingernails and stick there causing subungual hemorrhage (Associated with acute IE.
- palms or soles causing Janeway lesions (Associated with subacute IE)
- 3. Immune reaction (antigen-antibody complex form deposits in different parts of the body):
- in fingers and toes forming Osler node (in acute IE, painful).
- in the eye forming Roth spot which is a retinal hemorrhage with a white center.
- in the kidney causing glomerulonephritis (rare)

Diagnosis:

clinical presentation + blood cultures + Echocardiography

Management:

- 1. Vancomycin + gentamicin
- 2. Surgical treatment

Prevention:

give prophylactic antibiotics to people with high-risk factors before any surgical procedure e.g:

- 1. people with a history of endocarditis or rheumatic heart disease
- 2. people with prosthetic heart valves

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