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Webinar

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### The clinical and microbiological spectrum of patients with endocarditis presented to national hospital Kandy Sri Lanka. A review of 220 patients.

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**Objective:** Infective endocarditis is an infection affecting endocardial surface of the heart which is inevitably fatal if left untreated. Prompt diagnosis and institution of appropriate treatment early in the course of illness will determine the favourable outcome of individual patients.

It is of paramount importance to understand the demographic, clinical and microbiological spectrum of infective endocarditis in local population as it makes the caregivers more efficient and confident in managing patients of different clinical circumstances.

**Method:** We regularly maintain a registry of patients with endocarditis and their clinical data is entered to a database maintained at our high volume cardiac centre. We have retrieved data of all adult patients who presented with endocarditis to our unit from January 2013 to December 2020.

**Results:** A total of 220 patients were identified. Their mean age was  $47.66 \pm 16.12$  years with majority being male (69.10%, n=152). Out of them 96.82% (n=213) had native valve endocarditis and 3.18% (n=7) had prosthetic valve endocarditis. The commonest clinical sign was fever (86.36%, n=190) while, anaemia (35.00%, n=77), heart failure (29.10%, n=64) and embolic events (5.00%, n=11) were among common clinical presentations.

History of rheumatic valvular heart disease, chronic renal failure undergoing haemodialysis, congenital heart disease, and previous episodes of endocarditis were observed in 17.27% (n=38), 13.64% (n=30), 8.64% (n=19) and 1.36% (n=03) of cases respectively.

With respect to the valve structure involved, mitral valve 50.91% (n=112) was the commonest involved valve. Aortic valve (28.64%, n=63), tricuspid valve (9.09%, n=20), and pulmonary valve (6.36%, n=14), were involved in declining order of frequency. Both aortic and mitral valves were involved in 5.00% (n=11) of cases. 66.36% (n=146) of cases had positive blood culture, of which Streptococcus (49.34%, n=72) including Streptococcus viridians (26.03%, n=38) was the commonest organism encountered. Methicillin resistant staphylococcus aureus which is implicated in health care associated endocarditis was isolated in 25.34% (n=37) of cases. Rest of the culture positive group comprises Enterococcus species (9.59%, n=14), Staphylococcus aureus (4.79%, n=7), Candida species (4.11%, n=06) and other organisms (6.85%, n=10).

However 33.64% (n=74) of patients were diagnosed as culture negative endocarditis of which 93.24% (n=69) were given prior antibiotic therapy.

Forty-one (18.64%) patients had undergone valve replacement including Mitral valve replacement (MVR) (10.91%, n=24), Aortic Valve Replacement (AVR) (6.82%, n=15) and Dual Valve Replacement (DVR) (0.91%, n=02).

Mortality rate of 9.55% (n=21) was mainly attributed to worsening heart failure (n=9, 42.86%).

### Biography

Indika Wickramatungaa is a Senior registrar in general, interventional and imaging Cardiology. He has done MBBS, MD, MRCP qualified and awaiting foreign training in UK or Australia prior to board certification as a consultant cardiologist. His main interests are interventional cardiology and general cardiology.