Mortality Predictors in Patients with Infective Endocarditis Undergoing Surgery

Infective endocarditis (IE) is considered a series disorder with high in-hospital mortality, so early detection and therapy can improve outcomes. Diagnosis relies upon consistent history and manifestations like persistent bacteremia, fungemia or active valvulitis. Surgical treatment in infective endocarditis is considered as a part of management rather than a consequence of medical treatment failure.

To assess the risk factors influencing the early outcome of surgical intervention in patients with IE. Patients.

This prospective cohort study was conducted on sixty patients diagnosed with infective endocarditis and underwent cardiac surgery. We tested preoperative, intraoperative and postoperative factors that may act as prospective predictors of mortality.

Rheumatic heart was found to be the most common underlying fundamental issue among most of the cases. Mitral valve regurgitation was the frequent lesion found (61.7%). The mean EuroScore II in non-survivor group was 25.69 ± 8.13. The hospital mortality was 21.7% (13 patient), while the 6-month mortality was 12.8% (6 patients). Congestive heart failure, embolization, and periannular extension of infection are the most significant predictors of hospital mortality and 6 month mortality also.

Surgery for IE keeps on being challenging. EuroScore II was found to have a very good capability to anticipate mortality in IE surgery. Also favorable outcomes could be acquired with valve repair techniques even in cases of IE.