

C104. Surgical Treatment For Active Infective Prosthetic Valve Endocarditis: 22-year Single Center Experience

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OBJECTIVES: We retrospectively analyzed the profile and outcome of surgically treated patients with active infective prosthetic valve endocarditis (PVE) over a period of 22 years.

METHODS: Between 4/1986 and 07/2008, 1238 endocarditis patients were operated upon. Of these 323 (26.1%) patients (n=234 men, median age 61 years) had PVE with 74 (23%) of them showing early PVE (Procedures were 131 single valve, 36 double valve and 156 aortic root replacement (ARR), 127 of them with a homograft. Perioperative characteristics, probability of survival, freedom from recurrence and reoperation and predictors for hospital mortality were analyzed. Follow-up (maximum 19.3 years) was completed in 97.2% (total 981 patient years).

RESULTS: Overall in-hospital mortality was 29.7% (96/323). Predictors were development of septic shock (OR 14.28), necessity of ventilation (OR 7.08), high doses of catecholamines (OR 5.60) and aorto-ventricular dehiscence (OR 5.12). Survival for homograft ARR at 30-days, 1, 10 and 15 years was 74.6%±3.9%, 67.1%±4.2%, 35.0±5.4 and 29.4%±5.9%. Thirty-nine (12.0%) required reoperation either for SVD (n=20, 6.2%) or for recurrent endocarditis (n=19, 5.8%). Sixty-day reoperation mortality rate was 23.0% (n=9). Staph. aureus (19.1%) was the most frequent causative microorganism

CONCLUSIONS: PVE not only carries a high in-hospital mortality but is also associated with a high long-term mortality risk. Complications of PVE strongly predict early outcome. Early surgery is strongly recommended for these patients. In periannular abscess formation ARR with homograft remains the preferred procedure in our institution.