

Impact of postoperative antibiotics duration on prognosis in patients with infective endocarditis

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INTRODUCTION

Infective endocarditis (IE) remains a major medical problem with high morbidity and mortality. Appropriate antibiotic treatment in patients with IE lowers the risk of embolism, recurrence, and long-term mortality. However, there are concerns about renal toxicity and an increase in the incidence of resistant strains due to long-term use of antibiotics. In this study, we compare the difference in overall mortality according to the duration of postoperative antibiotics therapy in patients with IE for each group.

METHODS

From 2005 to 2017, we retrospectively reviewed 416 patients with IE at a 2400-bed tertiary hospital in South Korea. A total of 239 IE patients who underwent valve surgery and appropriate antibiotics duration were enrolled. The primary endpoint was long-term overall mortality. The secondary endpoints were reoperation rate, recurrence rate, and postoperative complications, such as new-onset heart failure, paravalvular and embolic complications.

RESULTS

The median follow-up duration was 71 (interquartile range, 46–109) months. The duration of postoperative antibiotic therapy was less than 2 weeks in 67 patients (28.0%) and more than 2 weeks in 127 patients (72.0%). The median age was 53 years. The overall mortality was 13.0% (31/239). There were no statistical differences in overall mortality (13.4% vs. 12.8%, p=0.894), reoperation (6.0% vs. 4.1%, p=0.507), and recurrence (7.5% vs. 2.9%, p=0.148) between patients with postoperative antibiotic therapy for \geq 2 weeks and less than 2 weeks. The duration of postoperative antibiotic therapy based on 2 weeks in the Kaplan-Meier curve was not associated with overall mortality (log-rank test, p=0.971).

CONCLUSION

In conclusion, there was no statistically significant difference in the overall mortality, recurrence, and reoperation rate according to the duration of postoperative antibiotic therapy. When surgery and recommended total antibiotics duration are properly performed according to guidelines, the effect of duration of postoperative antibiotic therapy on overall mortality, recurrence rate, and reoperation rate is reduced to a statistically insignificant extent.

Table 1. Baseline Characteristics of patien	ts with infective			ırgery	
	Postoperative antibiotics duration				
	Total (n=234)	≤2wks	>2wks	p valu	
		(n=62, 26.5%)	(n=172, 73.5%)		
Age (years)	53 (39-63)	53 (37-67)	53 (39-63)	0.853	
Male sex	155 (66.2%)	40 (64.5%)	115 (66.9%)	0.738	
Nosocomial infection	23 (9.8%)	3 (4.8%)	20 (11.6%)	0.124	
Previous IE (infective endocarditis)	8 (3.4%)	2 (3.2%)	6 (3.5%)	0.999	
Previous history of valves	92 (39.3%)	22 (35.5%)	70 (40.7%)	0.471	
Prosthetic valve	27 (11.5%)	6 (9.7%)	21 (12.2%)	0.593	
Previous valve surgery	36 (15.4%)	9 (14.5%)	27 (15.7%)	0.825	
Cardiac devices	4 (1.7%)	0 (0.0%)	4 (2.3%)	0.576	
Affected valve					
Aortic valve	112 (47.9%)	25 (40.3%)	87 (50.6%)	0.166	
Mitral valve	,	47 (74.8%)	107 (62.2%)	0.053	
Tricuspid valve	\ /	4 (6.5%)	8 (4.7%)	0.523	
Pulmonary valve	· ·	1 (1.6%)	5 (2.9%)	0.999	
Multiple valves	,	14 (22.6%)	32 (18.6%)	0.499	
Other Comorbidities	(1011,70)	(,	J_ (131373)		
Diabetes mellitus	34 (14.5%)	7 (11.3%)	27 (15.7%)	0.399	
Chronic heart failure	,	2 (3.2%)	8 (4.7%)	0.999	
End stage renal disease	,	0 (0.0%)	5 (2.9%)	0.329	
Liver disease	,	0 (0.0%)	10 (5.8%)	0.066	
Solid cancer	,	3 (4.8%)	10 (5.8%)	0.999	
Hematologic malignancy	, ,	1 (1.6%)	1 (0.6%)	0.46	
Connective tissue disease	,	2 (3.2%)	5 (2.9%)	0.999	
Immunosuppressive therapy	5 (2.1%)	1 (1.6%)	4 (2.3%)	0.999	
Central venous access	,	0 (0.0%)	7 (4.1%)	0.393	
Charlson Comorbidity Index	1 (0-3)	1 (0-3)	1 (0-3)	0.192	
EuroSCORE value	2.06 (1.53-2.86)	1.86 (1.53-2.84)	2.08 (1.53-2.87)	0.17	
	2.00 (1.33-2.00)	1.00 (1.33-2.04)	2.00 (1.33-2.01)	0.000	
Clinical signs and symptoms (initial)	167 (71 40/)	44 (74 00/)	100 (71 50/)	0.024	
Fever (≥ 38°C)	167 (71.4%)	44 (71.0%)	123 (71.5%)	0.935	
LV dysfunction (EF<50%)	90 (38.5%)	19 (30.6%)	71 (41.3%)	0.140	
Sepsis (including septic shock)	155 (66.2%)	40 (64.5%)	115 (66.9%)	0.738	
CNS embolic complications	,	19 (30.6%)	51 (29.7%)	0.883	
Peripheral embolic complications	,	5 (8.1%)	14 (8.1%)	0.985	
Skin lesions	3 (1.3%)	1 (1.6%)	2 (1.2%)	0.999	
Microbiology	10 (= =0()	o (o =o()	40 (= 00()	0 ==4	
Coagulase negative staphylococci (CoNS)	` '	6 (9.7%)	12 (7.0%)	0.578	
S.aureus (Staphylococcus aureus)	17 (7.3%)	4 (6.5%)	13 (7.6%)	0.999	
MSSA	11 (4.7%)	3 (4.8%)	8 (4.7%)	0.999	
MRSA	6 (2.6%)	1 (1.6%)	5 (2.9%)	0.999	
Enterococcus species	,	3 (4.8%)	14 (8.1%)	0.570	
Streptococcus species	\ ,	27 (43.5%)	72 (41.9%)	0.818	
HACEK	2 (0.9%)	1 (1.6%)	1 (0.6%)	0.46	
Gram negative bacilli (except HACEK)	3 (1.3%)	0 (0.0%)	3 (1.7%)	0.568	
Others	,	2 (3.2%)	9 (5.2%)	0.732	
Culture Negative	70 (29.9%)	19 (30.6%)	51 (29.7%)	0.883	
Valve culture positivity	18 (7.7%)	2 (3.2%)	16 (9.3%)	0.167	
Duration of total antibiotic treatment (days)	33 (27-41)	29 (21-37)	35 (28-42)	<0.00	
Patients with vegetation (initial)	218 (93.2%)	58 (93.5%)	160 (93.0%)	0.999	
Median maximal vegetation size (cm)	1.10 (0.70-1.60)	1.10 (0.70-1.80)	1.10 (0.70-1.60)	0.816	

Table 2. Postoperative outcomes of patients with infective endocarditis who underwent valve surgery							
	Total (n=234)	Postoperative ar					
Postoperative outcomes		≤2wks	>2wks	p value			
		(n=62, 26.5%)	(n=172, 73.5%)				
overall mortality	30 (12.8%)	8 (12.9%)	22 (12.8%)	0.982			
overall reoperation	11 (4.7%)	4 (6.5%)	7 (4.1%)	0.488			
overall recurrence	10 (4.3%)	5 (8.1%)	5 (2.9%)	0.135			
New-onset heart failure	25 (10.7%)	10 (16.1%)	15 (8.7%)	0.105			
New conduction abnormality	19 (8.1%)	2 (3.2%)	17 (9.9%)	0.100			
Paravalvular complication	33 (14.1%)	6 (9.7%)	27 (15.7%)	0.243			
Embolic complication							
CNS involvement	67 (28.6%)	18 (29.0%)	49 (28.5%)	0.935			
Renal failure	20 (8.5%)	5 (8.1%)	15 (8.7%)	0.874			
PAOD	3 (1.3%)	0 (0.0%)	3 (1.7%)	0.568			
Other systemic emboli	20 (8.5%)	5 (8.1%)	15 (8.7%)	0.874			

Table 3. Univariable and multivariable analysis of overall mortality in patient with infective endocarditis										
by Cox Proportional-Hazards Model										
Characteristics	N	Univariable analysis			Multivariable analysis					
		HR	95% CI	p-value	HR	95% CI	p-value			
Sex										
Male	155	1								
Female	79	0.906	0.398-2.066	0.815						
Prosthetic valve	27	3.466	1.232-9.749	0.018	2.957	1.221-7.161	0.016			
Multiple valve involvement	46	1.218	0.493-3.010	0.669						
Previous infective endocarditis	8	0.650	0.122-3.463	0.613						
Charlson comorbidity index		1.249	1.120-1.392	<0.001	1.231	1.111-1.364	<0.001			
Microbiology										
S.aureus	17	1.746	0.493-6.185	0.388						
Unknown	70	1.368	0.588-3.183	0.467						
Postoperative antibiotics										
duration										
≤ 2 weeks	62	1								
> 2 weeks	172	0.867	0.374-2.013	0.741						
New onset HF	25	3.515	1.283-9.627	0.014	3.575	1.341-9.528	0.011			
New onset CNS complication	67	2.681	1.291-5.570	0.008	2.661	1.299-5.454	0.007			

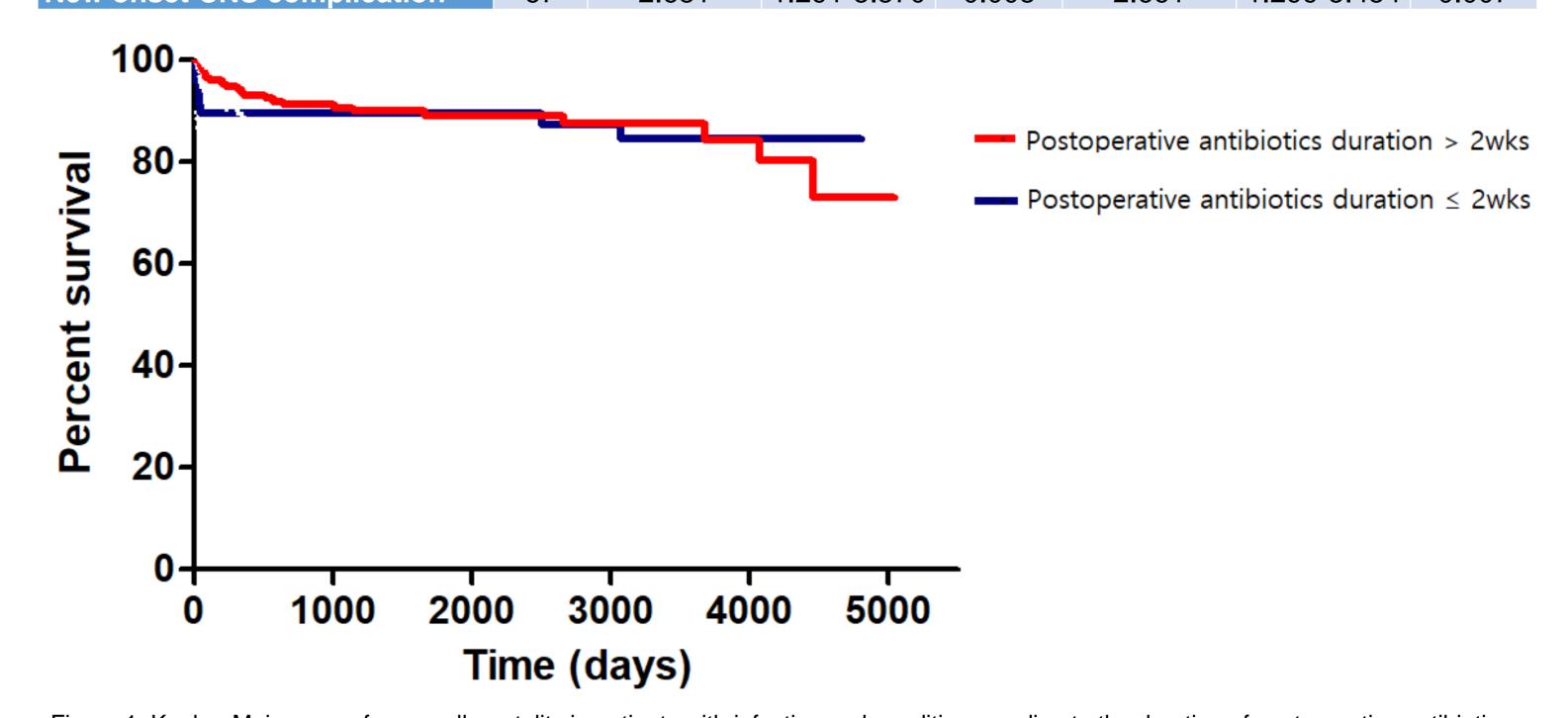


Figure 1. Kaplan-Meier curve for overall mortality in patients with infective endocarditis according to the duration of postoperative antibiotic usage